Over the last 15–20 years, attachment theory has become a topic "of the highest importance for psychoanalysis and psychoanalysts" (Sandler, 2003, p. 13). Hundreds of papers, special issues of journals, and a slew of monographs integrating psychodynamic clinical work with attachment theory and research have appeared. In the first edition of this handbook (Fonagy, 1999b) and in a separate monograph (Fonagy, 2001a), Fonagy identified points of contact and divergence between attachment theory and psychoanalytic theories as a whole. This chapter presents a more selective consideration of the issue. First, we analyze the overarching relation between attachment theory and psychoanalysis, exploring common general assumptions and changes in psychoanalytic thinking that may account for the increasing acceptance of attachment theory. We then closely examine two areas of active integrative work: relational psychoanalysis, where the move is from a well-established set of psychoanalytic ideas toward attachment theory and research; and mentalization-based theory and treatment, where research originally undertaken from an attachment theory and laboratory-based perspective aims to make contact with clinical concerns and ideas.

ANALYZING THE RELATIONSHIP BETWEEN PSYCHOANALYSIS AND ATTACHMENT THEORY

The recent rapprochement between psychoanalysis and attachment theory results from (1) the common ground between the two theoretical frameworks, as elaborated systematically by attachment theorists and researchers; (2) a shift in what psychoanalysts implicitly consider core to their discipline (Canestri, Fonagy, Bohleber, & Dennis, 2006); and (3) the emergence of both a psychoanalytically rooted exploration of the attachment system (relational psychoanalysis) and an attachment-rooted psychoanalytic clinical approach (mentalization-based theory and treatment).

Common Foundations

Although unlikely to be embraced by all psychoanalytic theorists, the following precepts may constitute a common terrain for attachment theory and psychoanalytic approaches (Holmes & Bateman, 2002; Person, Gabbard, & Cooper, 2005):

1. A shared notion of psychological causation. All psychodynamic approaches, including attach-
ment theory, assume that mental disorders can be meaningfully understood as specific organizations of an individual's conscious or unconscious beliefs, thoughts, and feelings. Whereas Bowlby argued that interpersonal experiences, particularly in the family context, could account for many disorders, he was equally clear that in his psychological model, social influences are understood to act on cognitive structures (Bowlby, 1988a). Thus, whereas both psychoanalytic and attachment theories acknowledge a wide range of influences on personality development, both assume that we need (also) to understand and address these influences at the level of the individual's beliefs, wishes, and feelings.

2. The central role of the first object in psychic functioning. Even those who are hostile to attachment theory acknowledge a shared concern in Bowlby's insistence on the formative nature of the mother–infant relationship (e.g., Zepf, 2006). Both theoretical frameworks claim that the first years of life play a fundamental role in personality development, and they agree that maternal sensitivity is a key causal factor in determining psychic development. Bowlby also claim that the infant–caregiver relationship is based on an independent need for a relationship that creates the biological context within which mental functions can develop (Fonagy, 2001a, pp. 158–164).

3. Limitations of consciousness and the influence of nonconscious mental states. Psychodynamic clinicians and attachment theorists both generally assume that to understand conscious experiences, we need to refer to other mental states of which the individual is unaware. In both theoretical frameworks, nonconscious narrative-like experiences, analogous to conscious fantasies, are assumed implicitly and explicitly to influence behavior and the capacity both to regulate affect and to handle interpersonal environments. This should not be taken to diminish the emphasis placed on consciousness by either attachment theory or psychoanalysis. For both Bowlby and Freud, it is the effect that awareness of unconscious expectations can have on behavior that places work with what is nonconscious at the heart of the dynamic approach.

4. The assumption of internal representations of interpersonal relationships. Attachment theorists and psychodynamic clinicians are by no means alone in considering interpersonal relationships (and family relationships in particular) to be key to the organization of personality. Both theoretical frameworks, however, differ from other social–psychological approaches in which current interpersonal relationships are emphasized, because they assume that intense relationship experiences are internalized and aggregated over time, thereby forming schematic mental structures that shape both later interpersonal expectations and self-representations. Within both attachment theory and many psychoanalytic models, self-other relationship representations are also considered as the organizers of emotion, and particular feelings are thought to characterize particular patterns of interpersonal relating.

5. The ubiquity of psychological conflict. It is axiomatic for both theoretical frameworks that wishes, affects, and ideas will at times come into conflict. Both theories see incompatibilities of motive, thought, and feeling as key causes of distress and the lack of a sense of safety (Main & Morgan, 1996). Clinical experience shows that such conflicts are frequently associated with adverse environmental conditions (Hennighausen & Lyons-Ruth, 2005). For example, neglect or abuse is likely to aggravate a child's arguably natural but mild predisposition to relate with mixed feelings toward the caregiver, who is perceived as vital to the child's continuing existence. Attachment and psychodynamic models often diverge in their clinical foci: The former aims to address conflicts between an individual's needs and expectations regarding the attachment figure; the latter focuses on the conflict between the need for and the internal rejection of the attachment figure and the contempt that subsequently arises (Eagle, 2006). In both theoretical contexts, however, conflicts are thought not only to cause distress but also potentially to undermine the normal development of key psychological capacities (Fonagy & Target, 2003; Freud, 1965).

6. The assumption of psychic defenses. Both attachment theory and psychoanalysis are organized around the idea of mental operations that distort conscious mental states to reduce their capacity to generate anxiety, distress, or displeasure. Self-serving distortions of mental states are generally accepted and are frequently demonstrated experimentally in an attachment context (Blagov & Singer, 2004; Lyons-Ruth, 2003). Internal working models are often defensive; for example, traumatic experiences may give rise to omnipotent internal working models to address a feeling of helplessness. Deactivating (dismissing or avoidant) attachment strategies include defensively suppressing ideas related to painful attachment experiences, repressing painful memories, minimizing stress and dis-
tress, and segregating mental systems to exclude distressing material from the stream of consciousness (Bowlby, 1980; Cassidy & Kobak, 1988; Mikulincer, Shaver, & Cassidy, in press).

7. The assumption of complex meanings. In terms of the specific meanings that clinicians assign to particular pieces of behavior, there are major differences between many psychodynamic approaches and attachment theory. However, both frames of reference assume that behavior may be understood in terms of mental states that are not explicit within the awareness of the person concerned.

8. The emphasis on the therapeutic relationship. There is a consensus that aspects of relationships with supportive, respectful, and empathic people will benefit patients. Within different clinical models, the significance of establishing an attachment relationship with a clinician may be understood differently. Ferenczi (1922/1980) and Winnicott (1965) both emphasized the mutative aspects of the new personal and emotional experiences provided by therapy. Bowlby's (1988b) suggestion that therapists function as a secure base implies that psychodynamic therapists are, in part, conducting attachment therapy. There is accumulating evidence for this claim (Diamond, Stovall-McClough, Clarkin, & Levy, 2003; Parish & Eagle, 2003). Converging theorization and research data suggest that engagement with an understanding and empathic adult triggers a basic set of human capacities for relatedness and generates an alliance that appears therapeutic—apparently almost regardless of content—and that the quality of the alliance is one of the better predictors of outcome (Orlinsky, Ronnestad, & Willutzki, 2004).

9. A developmental perspective. Psychodynamic psychotherapies are formulated in developmental terms, although specific assumptions concerning normal and abnormal child and adolescent development vary (Fonagy, Target, & Gergely, 2006). This developmental orientation generates a shared clinical orientation with attachment theory, because therapists are invariably interested in the developmental aspects of their patients' presenting problems, and work at least in part to optimize developmental processes, sometimes in the somewhat naive hope of rekindling an aborted developmental process (e.g., Gedo, 1979).

Reviews of longitudinal studies of attachment confirm that the quality of early experiences with caregivers is reflected in adaptation to salient life tasks at least through young adulthood (Grossmann, Grossmann, & Waters, 2005; see Weinfield, Sroufe, Egeland, & Carlson, Chapter 4, this volume), although a number of influential scholars continue to express doubts about this (e.g., Brue, 2002). In any case, neither psychoanalytic nor attachment theories are developmentally deterministic models. Attachment research reveals the ongoing impact of early experiences even when later experiences are controlled for. It also gives ample indication of complex developmental paths with cumulative effects, as well as of the increasingly active role of the individual in determining his or her environment, including the interpersonal world.

In asserting the connections between childhood and adulthood, psychoanalytic approaches often go considerably beyond attachment research, which warns us about the danger of making unequivocal links between past and present. For example, Adult Attachment Interview (AAI) accounts of childhood highlight that even when there is a "fit" between attachment classification in infancy and adult attachment, the historical construction is less than perfect. Adults with so-called "earned-secure" attachment status (i.e., those who, according to their attachment narratives, appear to have struggled out of insecure relationships to achieve adult attachment security) are most likely to have been secure in infancy as well, and the historical account of "earning security" is more of an indication of their current states of mind than of their actual childhood experiences (Grossmann et al., 2005).

Changes in Psychoanalytic Ideas
Changes in psychoanalytic thinking may have contributed to the recent rapprochement of psychoanalysis and attachment theory. Psychoanalysis has become more pluralistic and accepting of differences (e.g., Wallerstein, 2005), but there are other factors:

1. The increasing hegemony of object relations models has created a psychoanalytic culture in which attachment theory's emphasis on an autonomous need for a relationship is increasingly embraced by all (with a few notable exceptions; e.g., Widlocher & Fairfield, 2004). This shift has been one of those implicit theoretical changes in psychoanalysis to which Sandler (1983) alerted us, and it has only recently become a subject of systematic study (Canestri, 2006).

2. Closely linked with the dominance of object relations theory is the increasing interest
in infant development as a legitimate way of explaining differences in adult behavior. Although this interest is controversial (see Geyskens, 2003), the opportunity that attachment theory affords to systematize infant–caregiver behavior and to make it emotionally meaningful undoubtedly assists in integrating such concepts as affect regulation, sensitivity, and bonding into clinical psychoanalytic vocabulary. The work of Beebe (e.g., Jaffe, Beebe, Feldstein, Crown, & Jasnow, 2001), Emde (e.g., Emde & Spicer, 2000), and others has been reviewed frequently and systematically (Ogden, 2000; Tyson & Tyson, 1990)—and there has been a gradual modification of the image of the “psychosocial infant” from a hypothetical creature based on speculative reconstruction from adult narratives, to a picture that is constrained and moderated by actual systematic observations of children.

3. Main (e.g., Main, 2000) identified narrative coherence, which was a similar research-led force for integration, as an indicator of attachment security, thereby bringing attachment researchers and psychoanalysts closer together. Clinically, psychoanalysts have increasingly utilized their knowledge of the nature and form of patients’ internalized representations, and appear to be able to make reliable judgments about these (Westen, Nakash, Thomas, & Bradley, 2006). Attachment research findings have given more confidence to psychoanalytic clinicians that they were not simply creating useful fictions with their patients, and that attachment narratives had predictive value when studied systematically (Cortina, 1999).

4. Driven initially by the embarrassment of the apparently endemic neglect of childhood maltreatment (Masson, 1984), psychoanalysts subsequently embraced the trauma concept with enthusiasm (e.g., Person & Klar, 1994). The hegemony of object relations theory also contributed to increasing recognition of the formative nature of the child’s external, social environment. Perhaps clinicians also increasingly encountered clients who had endured serious deprivation (e.g., Downey, 2000). Engaging with the psychological consequences of childrearing patterns characteristic of families with serious social disadvantages has forced psychoanalysts to rethink the concept of trauma (e.g., Bohleber, 2007), bringing their conceptualization closer to attachment formulations.

5. There is increasing recognition of the need for measurement in relation to the outcomes of psychoanalytic therapy (PDM Task Force, 2006). Psychoanalysts now generally accept that systematic research must be carried out on all mental health interventions, including psychoanalysis, and that the combination of clinical and quantitative research on psychoanalytic ideas is the only way to ensure that Freud’s insights are developed (Mayes, Fonagy, & Target, 2007).

A number of issues related to attachment research may have played a part in the shift in psychoanalysis toward attachment theory:

1. Attachment theory has helped psychoanalysis respond to charges of being a pseudoscience (Grünebaum, 1993), by providing evidence for the view that human development and the construction of meaning are indeed law-governed if not deterministic processes (Cortina, 1999, p. 562).

2. The strong psychometric contributions of attachment researchers have quickly been recognized and further developed by psychoanalytic researchers. In particular, the links between the attachment construct and object relations patterns of self–other representation have been carefully studied (Priel & Besser, 2001). In general, self-report measures of attachment tend to predict consciously regulated behavior, whereas narrative-based and other implicit assessment measures often turn out to be better predictors of behavior over time (Westen, 1998).

3. Adult attachment measurement tools are also increasingly applied in clinical settings (Buchheim & Kachele, 2003; Steele et al., 2007). For example, the AAI was creatively used in the context of psychoanalytic parent–infant psychotherapy (Baradon et al., 2005) as an indicator of mental functioning in relation to unresolved attachment issues that could be unconsciously repeated in parents’ interactions with their infants (Steele & Baradon, 2004). The integration of attachment measures into routine clinical work seems both clinically desirable and empirically justified. A landmark study from Westen’s laboratory demonstrated that a nationally representative sample of doctoral-level clinicians could reliably assess attachment patterns on the basis of ongoing psychotherapy hours (Westen et al., 2006).

4. The past decade has seen a significant rise in attachment-theory-oriented randomized controlled trials (RCTs) and preventive interventions that psychoanalytically oriented reviewers (Fonagy, Target, Cottrell, Phillips, & Kurtz, 2002) have claimed as evidence for the general effectiveness of the psychodynamic approach. In a large-scale
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1 a significant rise randomized con- trolled interventions l reviewers (Fon Kurtz, 2002) have ear effectiveness . In a large-scale RCT, toddler–parent psychotherapy reduced the rate of insecure attachment in the 3-year-old children of chronically depressed mothers (Toth, Rogosch, Manly, & Cicchetti, 2006). A similar RCT of mother–child therapy with excellent outcomes was reported earlier by Lieberman, Van Horn, and Ippen (2005). A further, well-controlled RCT found that parent–infant psychotherapy for maltreating families was effective, relative to a standard community control, in increasing secure attachment and reducing disorganized attachment in the infants (Cicchetti, Rogosch, & Toth, 2006).

Open-label trials of psychodynamically rooted interventions have found attachment-focused interventions for high-risk groups to be effective in reducing insecure-disorganized attachment (Hoffman, Marvin, Cooper, & Powell, 2006). It should be noted that not all psychodynamically informed attachment-security-focused RCTs yielded significant effects (Brisch, Bechinger, Btzler, & Heine- mann, 2003). In general, psychodynamic treat- ments are more likely to be effective in populations that carry high psychosocial risk (e.g., victims of maltreatment, severe neglect, or abuse).

5. Attachment may enable us to predict which individuals are better suited to psychoanalytically oriented treatments. There is some evidence from RCTs that patients with binge-eating disorder and high attachment anxiety benefit more from psychodynamic group therapy, whereas those patients with lower attachment anxiety benefit more from group cognitive therapy (Tasca et al., 2006). In a study of depression contrasting interpersonal therapy (IPT) with cognitive-behavioral therapy (CBT), patients with higher scores on avoidant attachment also exhibited significantly greater reduction in depression severity with CBT than with IPT (McBride, Atkinson, Quilty, & Bagby, 2006).

In a unique study that experimentally manipulated the frequency of transference interpretations in psychodynamic psychotherapy, patients with poor pretreatment social networks (arguably greater attachment problems) did well when random- ized to the high-transference-interpretation group (Hoglund, Johansson, Marble, Bogwald, & Amlo, 2007). In an observational study of IPT, fearfully avoidant women also responded more slowly to treatment (Cyranoowski et al., 2002). The attach- ment research framework has enabled the extension of the researchable domain of psychoanalytic work, through exploration of personality structure, RCTs of psychoanalytically informed treatments, and identifying the personality types best suited to this kind of work.

6. A number of research-driven theoretical developments have brought attachment theory and psychoanalytic ideas closer together. One of these—the mentalization-based approach that emerged from attachment research—is discussed in detail later in this chapter, but there have been many other important advances. Among the most notable is the work of Blatt, who has integrated a psychoanalytic and a cognitive-developmental perspective to create an epigenetic view of the de- velopment of self- and other-representation (Blatt, 1995). Blatt suggested that personality development involves two fundamental, parallel develop- mental lines: (a) an anamnestic or relatedness line, which involves the development of the capacity to establish increasingly mature and mutually satisf- isying interpersonal relationships; and (b) an introjective or self-definitional line, which involves the development of a consolidated, realistic, essentially positive, differentiated self-identity (Blatt & Blass, 1990). Normal development throughout the life cycle involves a complex, reciprocal transaction between these two developmental sequences, but they get out of kilter in most forms of psychopathology (Blatt, 2004; Blatt & Blass, 1990). This dichotomy overlaps with the two common forms of attachment insecurity: avoidant and anxious.

RELATIONAL AND RELATIONSHIP-FOCUSED PSYCHOANALYSIS

Arguably the most radical change in psychoanalytic thinking has been the emergence of an interpersonal relationship-focused perspective—perhaps best exemplified by the so-called "relational school," partly rooted in the work of Sullivan (Benjamin, 1998; Bromberg, 1998; Mitchell & Aron, 1999; Sullivan, 1953). Mitchell (1988) introduced a framework including a range of theoretical developments that collectively may be termed "relational psychoanalytic theories." This framework formed a "relational matrix" of self-object relational configurations, which include as ingredients the self, the other, and the relatedness they co-construct. These elements can be configured and reconfigured to create multiple new theories. The theory is more of an orientation than a coherent body of ideas, and many great theoreticians and clinicians who emphasize relational issues do not necessarily identify themselves as "relational psychoanalysts." Each of the major theorists with this orientation has offered a slightly different integration of the relational matrix (e.g., Mitchell's
theory of relational conflict, Ogden's intersubjectivity theory, and Hoffman's social-constructivist theory), meaning that there is no single, unifying relational psychoanalytic theory. Relational theories are metatheories, in which human relations are considered to play a superordinate role in the creation of human character.

Relational psychoanalysis often appears to combine the concerns of modern psychoanalysis with the traditional concerns of attachment theory. Psychodynamic therapists who wish to embrace the relational approach often move toward an attachment model, albeit unwittingly (Cortina, 2001). Buechler (1997), herself a relational psychoanalyst, has elaborated 12 points of contact between relational psychoanalytic theory and attachment theory. For example, both regard emotional problems as the result of interference with an innate potential for interrelatedness; both view patterns of relating as crucial for diagnosis and treatment; and both consider the meaning of behavior in terms of its interpersonal functions. Looking at the growth points of relational and attachment theories, we see a marked convergence between the two, and little by way of fundamental incompatibility. Both see the dynamic transactions between people (rather than what transpires within the individual mind) as the primary context for theory building and analytic technique. Furthermore, relational psychoanalysis and modern attachment theory both argue for the following: (1) attachment and intersubjectivity as motivational systems; (2) subtle aspects of interpersonal interaction in the creation of identity and thus also in therapeutic change; (3) a systemic perspective in which the subject and object have interchanging roles (i.e., the baby affects the parent just as the parent influences the baby); (4) an emphasis on the dyadic nature of affect representations; (5) the dynamics of recognition and otherness that grow out of a transactional understanding of relationships; and (6) the central role of reality in development.

The Developmental Perspective

Relational psychoanalysis emerged as psychoanalysis moved toward the developmental framework established within attachment theory and other dynamic psychological approaches rooted in observing early development. Mitchell's early papers (e.g., Mitchell, 1984) explicitly argued against the "developmental tilt" of psychoanalytic writings—not because of an antipathy toward the developmental approach, but through impatience with the tendency to exclude the current relational perspective from the "high table" of psychoanalytic theorizing. Typically, it was relegated to the early years of development, only to be overshadowed by traditional concerns regarding drive-related and Oedipal issues that could readily preclude the self, other, and interaction relational perspectives. Relational analysts have also traditionally been concerned that a focus on early development might lead to a (defensive) avoidance of the participation of the real adults in the therapeutic relationship. However, Mitchell's work, and that of other relational analysts such as Benjamin (1998), increasingly focused on developmental theory. The developmental approach of relational theory, unlike most other psychoanalytic formulations, does not rely on a conception of the child's mind as organized by endogenous infantile givens that are preserved directly into adulthood (particularly in cases where development goes awry); rather, developmental and relational models are brought together by the "transactional systems perspective" (Sameroff & Chandler, 1975).

From the transactional systems perspective, factors such as temperament transform the impact of other factors, such as parental sensitivity; these factors interact over time, creating new patterns. In other words, development involves factors whose effects are measured only through their interaction with other factors, which is exactly the kind of interpersonal dynamic that relational psychoanalytic theorists wanted to capture in their writings. This transactional perspective was generally adopted by developmental psychopathologists influenced by attachment research (e.g., Belsky, 2005). Transactional interaction patterns emerged clearly in the study of temperament and attachment in primates, where the genetic predisposition of both caregivers and infants could be experimentally manipulated (Suomi, 2000, and Chapter 8, this volume; Vaughn, Bost, & van IJzendoorn, Chapter 9, this volume).

Intersubjectivity and the Self

The relational model starts from the assumption that subjectivity is interpersonal—that is, the intersubjective replaces the intrapsychic (Mitchell, 1988). This renders the human mind a contradiction in terms, since subjectivity is invariably rooted in an intersubjective matrix of relational bonds within which personal meanings are embedded (Mitchell, 2000), rather than in biological drives.
Unlike most other psychoanalytic theories, the relational model lacks a specific explanation of how relationality and intersubjectivity may develop. For this reason, attachment theory and conclusions drawn from the observation of attachment relationships may be helpful.

Bowlby was a quintessential relational theorist, thanks to his unwavering focus on child-caregiver interaction as the primary driver of social development. Among others, Bowlby clearly influenced Trevarthen (e.g., Trevarthen & Aitken, 2001), who argues that infants are innately predisposed to social relationships and that primary intersubjectivity characterizes the mental experience of infants during infant–caregiver interactions (Trevarthen, 1993; Trevarthen, Aitken, Vandekerckhove, Delafield-Butt, & Nacy, 2006). In addition to a predisposition to relate, attachment theory posits and describes other adaptations—including defensive processes—that develop in the context of specifically elaborated relational processes, which themselves occur at the interface between infant distress and the caregiver’s response. That is, attachment theory, like relational theory, is a two-person theory of conflict and defense, which sees defensive mechanisms as arising from the conflict between the infant’s needs and the caregiver’s response (Lyons-Ruth, 1999, 2003).

The Relational Baby

Following from Bowlby’s work, in the 1980s the relational approach was augmented and modified by the intersubjective vision of philosophically oriented psychoanalysts such as Stolorow (1997) and infant researchers such as Emde (e.g., Emde, Kubicek, & Oppenheim, 1997). Relational theory posits that the infant is oriented toward the outside world from birth, and that the baby’s mind is already organized and becomes increasingly complex and integrated as it meets a fully supportive caregiving environment and interacts in dyadic structures such as the infant–parent relationship.

These structures can be manifested internally, externally, or in the intersubjective spaces between them. For example, Tronick’s (1989, 2007) mutual regulation model of infant–adult interaction, and Beebe’s (Beebe, Lachmann, & Jaffe, 1997) interactive regulation model, focus on the subtle, nonverbal, microregulatory, and socioemotional processes that unfold in mother–infant interactions. They allow us to operationalize such concepts as the “holding environment” (Winnicott, 1965) and “background of safety” (Sandler, 1960), and take us toward a genuinely relational model of change in psychoanalytic treatment. Furthermore, studies of the contingency between the mother’s and infant’s vocalizations can help us to predict secure attachment relationships (Jaffe et al., 2001).

Both attachment theory and relational psychoanalysis posit self-with-other schemas as the organizing structures of the mental world. The infant’s development is molded by its dependence on the caregiver and by the latter’s special sensitivity. Similarly, the therapeutic process is thought to be shaped by the therapist’s sensitivity in a clinical context. We are thought to become aware of ourselves as seen by others, and we come to develop a sense of ourselves in the process of becoming aware of the other’s awareness of us. The subjective self cannot develop self-understanding without the experience of having been reflected on by another and “understood.”

The Subjectivity of the Mother

Attachment theory placed maternal behavior and the subjective experiences of mothering at center stage (George & Solomon, 1999 and Chapter 35, this volume), with some theorists analyzing the impact of the mother’s conscious and unconscious beliefs and fantasies on parenting (Lieberman, 1999). Main’s work on the AAII (Hesse & Main, 2006; Main, 2000), together with Slade’s (2005) mapping of the parent’s conception of the child’s mind with the Parent Development Interview (PDI), also opened up new ground.

Psychoanalysts, however, were slow to focus on maternal experience, even in the tradition of British object relations theory. It was the feminist influence within relational theory that finally generated interest in the independent role of maternal subjectivity. Within this frame, there has been considerable interest in the intergenerational transmission of the mothering role (Chodorow, 1994), the developmental process underpinning this role, and the fundamental dynamics of submission and dominance entailed in how mothers help their babies to establish their subjectivity (Benjamin, 1998).

The Intersubjective and Therapy

Relational analysts have adapted infant research to apply the principle of ongoing dyadic regulation to the therapeutic situation (Stern et al., 1998). The therapist and the patient supposedly create a
dyadic state of consciousness through mutual affect regulation; each patient–therapist dyad is different, but will influence future exchanges for both parties—both with each other and with other people. Therapy happens when existing states of consciousness are reintegrated and reconfigured for the patient.

The hypothesis of procedural representations of implicit relational knowing raises the theory of internal object relations to a more general “systems” conception. The implicit relational knowing of two partners or of a patient and an analyst will be altered by moments of “meeting”—by the enactment of a new potential that will come to be represented as a future possibility. The best-documented forms of procedural implicit relational knowing are displayed during the first 2 years of life, when interactions are registered in representations of interpersonal events in a nonsymbolic form. The unique configuration of adaptive strategies that emerges from the attachment relationship comes to constitute the initial organization of the child’s domain of implicit relational knowing (internal working models, proto-narrative envelopes, themes of organization, relational scripts).

The Pragmatics of Therapy

If traditional psychoanalytic approaches emphasize fantasy (poetics) as a core explanatory construct, then relational psychoanalysis, after Sullivan, supplements this by paying greater attention to pragmatics (descriptions of experience). Sullivan’s break from traditional psychoanalysis mirrors Bowlby’s conflict with the British psychoanalytic community: Bowlby shared an emphasis on dyadic relationships with interpersonalists, but he also shared with Sullivan (1964) an interest in observable behavior. Neither Bowlby nor Sullivan could specifically be labeled “behaviorist,” but they shared a systematic and consistent interest in what happens between people. For Sullivan, this entailed a detailed inquiry into who said what to whom, whereas Bowlby’s focus was on what happened in the past to explain the current state of affairs. In general, both attachment theorists and interpersonalists are reluctant to privilege fantasy over actuality. Interpersonal and intrapsychic factors are seen as equally important.

Current relational thinking often uses psychopathological accounts of trauma to highlight the relational aspects of actual experience (e.g., Davies, 1996). “What really happened” is combined with attention to the subjective experience of the patient, not in order to separate veridical events from distortions associated with unconscious fantasy, but rather to elaborate the overwhelming nature of the experience itself—especially because the context of trauma is assumed to preclude awareness of its meanings (Pizer, 2003). It is the inherent paradox of attachment trauma (i.e., an apparently unintended trauma perpetrated by a figure on whom one depends) that a stance of “not knowing what one knows” (Bowlby, 1988b, p. 99) may be adopted to keep the crucial relationship intact. Relational psychoanalytic (Stern, 1997) and attachment-inspired (Hesse & Main, 2006) clinical descriptions provide similar formulations of dissociation linked with traumatic experience.

The Presymbolic

Mitchell (2000) has identified a number of basic modes through which relationality can generate psychiatric disorder. Nonreflective, presymbolic behavior (or what people actually do with each other) involves reciprocal influence and mutual regulation, which are key to the organization of relational fields. This topic area includes work on the representation of interpersonal interactions in procedural memory (Crittenden, 1997), whether relegated to this by repression of trauma (Davies & Frawley, 1994) or constraints imposed by cognitive development (Stern, 1994).

Many of these ideas resonate with attachment theory. Defensive attachment strategies also involve nonconscious, implicit representations that develop in earliest childhood, before the explicit memory system begins to function properly (Stern et al., 1998). As Lyons-Ruth (2003, p. 888) has pointed out, these implicit two-person representations contain within them the “deep structure of the early parent–infant affective dialogue, including deletions and distortions … that will eventually become intrapsychic defenses.” The relational approach also meshes well with Lyons-Ruth’s work on maternal behaviors associated with disorganized infant attachment (e.g., Lyons-Ruth & Spielman, 2004).

Bowlby’s original concept of internal working models was elaborated and expanded within the relational framework. Its essence was incorporated into Stern’s (1985) concept of generalized representations of interactions, Lyons-Ruth’s (1998) concept of implicit interpersonal knowledge, and Lichtenberg’s (1989) concept of model scenes. For both attachment and relational psychoanalytic theories, there is a linear progression of develop-
mental stages, although the development of procedural systems is likely to be task-organized under the sway of increasingly complex control or meaning systems. These concepts both emphasize non-declarative psychological patterns that operate on a nonreflective level of personality organization. We cannot reflect on the specific dyadic interactions that have shaped our patterns of relating. Rather, it is the “way of being with” another that is made explicit, reflected upon, and modified within the therapeutic context (Fonagy, 1999a).

**Affective Permeability**

“Affective permeability” refers to a shared experience of intense affect across permeable boundaries where direct resonances emerge in interpersonal dyads (Bromberg, 1998). The attachment-based work of Lyons-Ruth has once again fleshed out this idea: In developing a new coding system for the AAI, she and her colleagues have described an atypical state of mind that can predict infant disorganization in the absence of loss or trauma (Lyons-Ruth, Yellin, Melnick, & Atwood, 2005). Lyons-Ruth and colleagues (2005) have argued that some individuals’ unintegrated and fearful affect is rooted solely in their relationship with their caregivers, and is generated, for example, by implacably hostile parental affect. They have proposed a relational diathesis model of the intergenerational transmission of disorganized attachment, where unintegrated states of mind in the caregiver are thought to be primary mediators of fear-inducing experiences, deviant caregiving, or a combination of both. This is in line with a relational approach to conflict, which is no longer seen as within the individual, but as produced by contradictory signals and values in the environment (Sullivan, 1964).

**A General Relational Model of Therapeutic Change in Psychodynamic Psychotherapy**

The emphasis on the mutual influence of infant and caregiver informs an emerging relational model of therapy as a two-person process, with little room for a detached analyst with pretensions of “objectivity.” The assumption that people are predisposed toward co-constructed systems that provide a context for psychic change led to the view that the quality of engagement between therapist and patient is part of the core of therapeutic action—in keeping with attachment theory. The relational therapist, like the therapist offering developmental help, does not seek simply to impart understanding; his or her style is more active and participatory and aims to explore the nature of and reasons for maladaptive patterns of behavior. The emphasis is on the mutativeness of the combination of relatedness and interpretative insights—with one depending on the other for therapeutic effectiveness. An interpretation is thought of as “performative,” in the sense that it always partially reflects or enacts the relationship itself. Similarly, the relationship itself is considered to be a form of interpretation, which may be explored and understood once it has been experienced. What changes the mind, then, is not just the insights gained, but learning from the interactional experience of being with another person. The interplay between relatedness, reflection on that relatedness, co-constructed interpretation of its symbolic meanings, and a similar exploration of “there and then” and extratherapeutic life is considered mutative in treatment. Neither the analyst nor the patient can be considered as forging meaning; rather, meaning is co-constructed.

Overall, developmental research implies that patient and therapist affect each other in myriad mutually influencing ways, including both a rapid flux of moment-to-moment changes and slower-changing parameters. Projective identification is seen as occurring in a bidirectional interpersonal field between analyst and patient—a model clearly adapted from Kleinian approaches to infant–caregiver interaction (Seligman, 1999). If we take this perspective seriously, we have to concede that all analytic interventions change the situations into which they are introduced, and that their content and style always reflect the analyst’s countertransference or response to the treatment situation (e.g.; Hoffman, 1998). Relational psychoanalysis advocates making explicit the interactional influence of analyst upon patient. As Levenson (1983, p. ix) put it, the key therapeutic question is not “What does this mean?”, but rather, “What is going on around here?” The therapist will “act” on the patient; this is not a therapeutic disaster, but rather a potentially progressive and certainly inevitable part of the process. This too, of course, mirrors the infant–parent interaction, where disruption and repair create the potential for the expansion of dyadic consciousness (Tronick, 2007).

The most intriguing relational model of therapy was advanced a decade ago by the Process of Change Study Group (Nahum et al., 2002; Stern et al., 1998). Its members proposed that change in therapy is the consequence of the impact of
the shared implicit relationship between patient and therapist on the patient's implicit relational knowledge. Repetitive behavior by the patient—for example, expectation of nonresponse, indifference, and rejection—is engaged and potentially disconfirmed as part of a process of ongoing mutual regulation (Beebe & Lachmann, 1994). The emphasis on relational knowledge is based on attachment theory's assumption that the capacity for self-regulation in infancy is acquired through the internalization of mutual but asymmetrical mother–infant interactions (Stroope, 1996; Tronick, 2007). The goals of the interaction are both physiological (coordinating sleeping and feeding) and intersubjective (mutual recognition and sharing). By analogy, changes in implicit relational knowledge in the course of therapy are through "moments of meeting"—moments when the shared implicit knowledge of both parties is altered.

Present moments become represented as schemas of "ways of being with" another. "Now moments" occur when the traditional frame of the therapy is (or should be) broken (e.g., when the patient makes the analyst laugh or when major life events call for the therapist to react). At such moments of meeting the protagonists of the therapy are able to encounter each other "unhidden by their usual therapeutic roles" (Stern et al., 1998, p. 913). The idea of heightened affective moments in the course of therapy is not new (Fenichel, 1941; Pine, 1981; Strachey, 1934), but defining the idea in terms of discontinuity of implicit relational knowing is. The relational space opens, and the change in the intersubjective environment causes a dyadic expansion of consciousness, which in turn permits a change in the patient's relational knowing (Tronick, 2001). Importantly, this shared relational knowing is considered as distinct from traditional constructions based on transference and countertransference. Disruptions are not solely a consequence of the patient's resistance; nor are they solely a result of the analyst's countertransference. The analyst's spontaneous, personal, nontechnical response may be the most important component in bringing about the desired shift, since repairs are jointly constructed (Harrison, 2003).

The technical implications of this new model are far from clear (Fonagy, 1998). Ryle has advanced a model of psychotherapy based on the realization that unconscious relationship procedures can be described, and that the resulting descriptions can be of considerable value in psychotherapy (Ryle, 2003; Ryle & Fawkes, 2007). Cognitively analytic therapy identifies and represents a relatively small number of underlying relationship patterns, including issues of care, dependency, control, submission, love, and anger, as "reciprocal role procedures." Reciprocal role procedures are addressed explicitly by the therapy, including through formal correspondence between therapist and patient. Relational ideas also underpin IPT (Klerman, Weissman, Rounsaville, & Chevron, 1984), which has a strong evidence base in the adult literature on depression, albeit somewhat more meager one for its adolescent adaptation (see Mufson, Dotta, Olsson, Weissman, & Hoagwood, 2004; Mufson, Dotta, Wickramaratne, et al., 2004; Mufson, Gallagher, Dotta, & Young, 2004; Mufson & Moreau, 1999; Warner, Weissman, Mufson, & Wickramaratne, 1999; Young, Mufson, & Davies, 2006). IPT may have moved too far from its origins to be considered a genuine psychodynamic approach (even in the broad sense of that term); yet the clearly psychoanalytic adaptations of the interpersonal psychodynamic tradition retain the focus on the relationship-seeking aspect of human character, and remain the key pragmatic concern of both the child and the therapeutic relationship in this context.

Having looked at the common ground between relational psychoanalysis and attachment theory, let us now develop our argument further by introducing a new concept that has itself sprung from considerations of attachment theory: "mentализation."

ATTACHMENT THEORY AND THE DEVELOPMENT OF MENTALIZATION

Mentalization-based theory and treatment represent a recent psychoanalytic extension of attachment theory and research. This extension specifically concerns itself with the parent's understanding and reflection on the infant's internal world; it claims a vital synergistic relationship between attachment processes and the growth of the child's capacity to understand interpersonal behavior in terms of mental states (Fonagy, Gergely, Jurist, & Target, 2002). This capacity is referred to as "mentalization." It is operationalized for research (usually based on AAI narratives) as "reflective function."

Our model was first outlined in the context of a large empirical study, in which security of infant attachment with each parent proved to be strongly predicted not only by that parent's secu-
33. Psychoanalytic Constructs and Attachment Theory

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rity of attachment during the pregnancy (Fonagy, Steele, & Steele, 1991), but even more by the parents' capacity to understand their own childhood relationships with their own parents in terms of states of mind (Fonagy, Steele, Moran, Steele, & Higgitt, 1991). On the basis of empirical observations and theoretical elaboration, we proposed that the capacity to mentalize is a key determinant of self-organization and affect regulation, and that it emerges in the context of early attachment relationships. We have tried to describe how a child's understanding of itself as a mental agent grows out of interpersonal experience, particularly in the child-caregiver relationship (Fonagy, Gergely, et al., 2002).

Mentalization involves both a self-reflective and an interpersonal component, is both implicit and explicit, and concerns both feelings and cognitions (Lieberman, 2007). In combination, these skills enable a child to distinguish inner from outer reality; to construct representations of himself or her own mental states from perceptible cues (arousal, behavior, context); and to infer and attribute others' mental states from subtle behavioral and contextual cues. In our view, the mind is not transparent to itself. All too often we have presumed an innate capacity for primary introspective access to our internal mental states, providing us with "first-person authority" over the contents of our private subjective mental lives; this presumption means that the role of attachment relationships in the emergence of subjectivity has been ignored (see Carpendale & Lewis, 2006). We contend that the full development of mentalization depends on interaction with more mature and sensitive minds. In this section, we consider some of the evidence linking mentalization to the quality of attachment relationships, and we outline our psychoanalytic model inspired by attachment theory and research.

**Attachment Experience and Mentalization**

Linking the attachment and mentalization constructs has been made easier by recent research in biological psychology, including behavior genetics and functional neuroimaging.

**Genetics of Mentalization**

Can attachment influence social cognition? Not if, as with most cognitive capacities, genetics leaves little room for attachment (Carpendale & Lewis, 2006). There is, however, evidence that environmental factors have a substantial effect on attachment. In a longitudinal sample of 1,116 twin pairs (age 60 months) who completed a comprehensive battery of theory-of-mind (ToM) tasks, behavioral genetic models of the data showed that environmental factors explained the largest part (85%) of the variance in ToM performance (Hughes et al., 2005). Bivariate genetic analysis revealed that, to the extent that genetic factors can be said to influence ToM, these were the same as those that determine verbal ability and account for a relatively small proportion of the variance in this ability (15%). Forty-four percent of the variance in ToM was nonshared and specific to ToM.

If mentalization is not predominantly genetically determined, then factors influencing it should be largely environmentally determined. Attachment classification shows little heritability in twin studies (Fearon et al., 2006), and shared environmental influence accounts for the biggest proportion of the variance (53%). Attachment is associated with the quality of the infant-caregiver relationship, which is consistent with an environmental focus. Roisman and Fraley (2006) reported from the nationally representative Early Childhood Longitudinal Study data set that observed variation in the quality of the infant-caregiver relationship also could not be accounted for by genetic variation (heritability = .01), and that both shared and unique environmental contributions were substantial (shared = .40 and nonshared = .59). There appears to be a selective advantage to leaving early attachment and social cognition maximally open to environmental influence and social heredity. Behavior genetic studies are helpful not only in indicating the social determinants, but also in specifying that in looking for social influence on both infant attachment and mentalization, we are searching for a combination of family-level (shared) and relationship-level or dyad-specific (nonshared) factors.

**Functional Neuroimaging of Attachment and Mentalization**

Recent neuroimaging studies have confirmed the association between the attachment system and mentalization. The vasopressin and oxytocin systems play a vital role in establishing social bonds and regulating emotional behavior (Fries, Ziegler, Kurian, Jaçorís, & Pollak, 2005). Investigations of pair bonding as well as mother–infant attachment in rodent models have linked them to the oxytocin and vasopressin mediated activation of the
mesocorticolimbic dopaminergic reward circuit (e.g., Lim, Murphy, & Young, 2004). Because this circuit plays a key role in mediating the process of addiction (Panksepp, 1998), attachment has even been interpreted as an addiction (Insel, 2003). Functional magnetic resonance imaging studies also indicate specific activation of these reward-sensitive pathways in the brain when people see their own partners or offspring (but not the partners or children of other people) (Nitschke et al., 2004).

Bartels and Zeki (2000, 2004) have shown that when the areas of the brain that mediate maternal and/or romantic attachments are stimulated, brain activity in regions mediating different aspects of cognitive control are simultaneously suppressed. They suggest that attachment suppresses two neural systems. The first includes the medial prefrontal, inferior parietal, and medial temporal cortices (mainly in the right hemisphere), as well as the posterior cingulate cortex, which specializes in attention and long-term memory (Cabeza & Nyberg, 2000), and which has variable involvement in both positive (Maddock, 1999) and negative (Mayberg et al., 1999) emotions. Some propose that these regions may specifically be responsible for integrating emotion and cognition (Maddock, 1999), whereas lesion studies suggest that they play a role in judgments involving negative emotions (Adolphs, Damasio, Tranel, Cooper, & Damasio, 2000). The second system deactivated by the activation of the attachment system includes the temporal poles, parietotemporal junction, amygdala, and mesial prefrontal cortex. This system constitutes the primary neural network that allows us to identify and to interpret mental states (both thoughts and feelings) in other people (Gallagher & Frith, 2003), as well as in ourselves (Lieberman, 2007).

The way in which activation of the attachment system interferes with the two systems identified by Bartels and Zeki (2000, 2004) sheds light on the nature of individual differences in attachment representations, on the relationship of attachment and mentalization, and consequently on our understanding of dysfunctions associated with problems in mentalizing. Broadly speaking, we may envision three types of associations between aspects of social cognition and attachment. These are created by attachment relationships based on intense romantic and maternal love, attachment relationships based on threat/fear, and secure and predictable attachment relationships. More specifically, (1) associations mediated by dopaminergic structures of the reward system in the presence of oxytocin and vasopressin (i.e., love-related activation of the attachment system) can inhibit the neural systems that underpin the generation of negative affect; (2) threat-related activation of the attachment system may also evoke intense arousal and overwhelming negative affect, activating posterior cortical and subcortical areas and switching off frontal cortical activity, including mentalization (Mayes, 2000); and (3) a secure and predictable attachment relationship may be most effective in preempting threat, which possibly reduces the need for frequent activation of the attachment system, thus enhancing mentalization (Coan, Schaefer, & Davidson, 2006; see also Coan, Chapter 11, this volume).

It is perhaps worth noting that Bowlby (1969/1982, 1973) assumed fear—in particular the loss of the attachment figure, to be the primary reason for activation of the attachment system. An unpredictable, insecure caregiver–infant relationship is likely to result in frequent activation of the attachment system, accompanied by deactivation of neural structures underpinning aspects of social cognition. Evidence also suggests that the level of attachment anxiety is positively correlated with activation in emotion-related areas of the brain (e.g., the anterior temporal pole, which is activated when an individual is sad) and inversely correlated with activation in a region associated with emotion regulation (orbitofrontal cortex) (Gillath, Bunge, Shaver, Wendelken, & Mikulincer, 2005). These findings suggest that anxiously attached people may underrecruit the brain regions normally used to down-regulate negative emotions. Because insecure, unpredictable parent–child relationships are most likely to activate the attachment system, we may predict on the basis of recent neuroimaging data alone that a stable parent–child relationship should facilitate the development of mentalization, since it is likely to be associated with limited inhibitory interference with the brain mechanisms subserving mentalization.

**Prediction of Mentalizing by Secure Attachment**

Many studies support the suggestion that secure children are better than insecure ones at mentalization (measured as passing ToM tasks earlier in development) (e.g., de Rosnay & Harris, 2002). Children with secure attachment relationships assessed by the Separation Anxiety Test do better than children with disorganized attachment on a test of emotion understanding ( Fonagy, Redfern,
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& Charman, 1997). The first of these findings 
reported from the London Parent–Child Project 
(Fonagy, Steele, Steele, & Holder, 1997) found 
that 82% of children who were secure with their 
mothers in the Strange Situation passed Harris's 
Belief–Desire–Reasoning Task at 5 ½ years, com-
pared to 50% of those who were avoidant and 
33% of the small number who were ambivalent/resistant. Findings along these lines are not always 
consistent (see, e.g., Meins et al., 2002), but it 
genetically seems that secure attachment and men-
talization are subject to similar social influences. 
In the next section, we briefly explore some of 
these influences.

Understanding Why Secure Attachment 
Predicts Mentalizing 
Mentalizing and Parenting

Two decades of research have confirmed parent-
ing as the key determinant of attachment security. 
Can aspects of parenting account for the overlap 
between mentalization and attachment security? 
In particular, does parental mentalization of the 
child have an influence? Researchers designate 
the mother's capacity to take a psychological per-
spective on her child by different terms, including 
maternal "mind-mindedness," "insightfulness," 
and reflective function. These overlapping 
attributes appear to be associated with both secure 
attachment and mentalization (Sharp, Fonagy, & 
Goodyer, 2006).

Meins (e.g., Meins, Fernyhough, Fradley, 
& Tuckey, 2001), Oppenheim (e.g., Oppenheim 
& Koren-Karie, 2002), and Slade (e.g., Slade, 
Grienenerberger, Bernbach, Levy, & Locker, 2005) 
have sought to link parental mentalization with the 
development of affect regulation and secure 
attachment by analyzing interactional narratives 
between parents and children. Although Meins 
and colleagues (2001) assessed parents' quality of 
narrative about their children in real time (while 
the parents were playing with their children), and 
Oppenheim's group did this in a more "offline" 
manner (while parents narrated a videotaped in-
teraction), both groups concluded that maternal 
mentalizing was a more powerful predictor of at-
tachment security than, say, global sensitivity. 
Meins and colleagues found that mind-related 
comments by mothers at 6 months predicted at-
tachment security at 12 months (Meins et al., 
2001), mentalizing capacity at 45 and 48 months 
(Meins et al., 2002), and stream-of-consciousness 
performance at 55 months (Meins et al., 2003). 
Oppenheim and Koren-Karie (2002) found that 
a secure mother–child relationship was predicted 
by high levels of mentalization about the child's 
havior.

Slade and colleagues (2005; see also Slade, 
Chapter 32, this volume) also observed a strong 
association between infant attachment and the 
quality of the parent's mentalizing about the child. 
Rather than using an episode of observed interac-
tion, Slade et al. used an autobiographical memo-
ry-based interview about the child, the PDI. High 
scorers on the PDI's mentalizing scale are aware of 
the characteristics of their infants' mental func-
tioning, and they grasp the complex interplay 
between their own mental states and their children's 
putative inner experience. They are likely to have 
secure relationships with infants whom they de-
scribe in a mentalizing way. Low-scoring mothers 
on the mentalizing scale in Slade's studies were 
more likely to show atypical maternal behavior 
on the Atypical Maternal Behavior Instrument for 
Assessment and Classification system (Bronfman, 
Parsons, & Lyons-Ruth, 1999), which relates not 
only to infants' attachment disorganization, but 
also to unresolved (disorganized) attachment sta-

tus in the mothers' AAI (Grienenberger, Kelly, & 
Slade, 2005).

Taken together, these results suggest that a 
mentalizing style of parenting may well facili-
tate the development of mentalization. Mindful 
parenting probably enhances both attachment 
security and mentalization in a child. Consistent 
with this conclusion is a range of findings cover-
ing aspects of parenting that have been shown 
to predict performance on ToM tasks. Precoc-
cious understanding of false beliefs is predicted 
by more reflective parenting practices (Ruffman, 
Perner, & Parkin, 1999), including the quality of 
parental control (Ruffman et al., 1999); parental 
discourse about emotions (Meins et al., 2002); 
the depth of parental discussion involving affect 
(Dunn, Brown, & Beardsall, 1991); parents' beliefs 
about parenting (Vinden, 2001); and non-power-
assertive disciplinary strategies (Pears & Moses, 
2003) that focus on mental states (e.g., a victim's 
feelings, or the unintentional nature of transgres-
sions) (Charman, Ruffman, & Clements, 2002). 
All of these measures reflect concern with a child's 
subjective state.

We should, however, be cautious about these 
correlations. They are as readily explained by 
child-to-parent as by parent-to-child effects. For 
example, less power-assertive parenting may be
associated with mentalization not because it facilitates it, but because less mentalizing children are more likely to elicit controlling parenting behavior. Moreover, the same aspects of family functioning that facilitate secure attachment may also facilitate the emergence of mentalizing. For example, tolerance for negative emotions is a marker of secure attachment (Sroufe, 1996) and precocious mentalizing (Hughes & Dunn, 2002).

The process of acquiring mentalization is so ordinary and normal that it may be more correct to consider secure attachment as removing obstacles rather than actively and directly facilitating its development. The key to understanding the interaction of attachment with the development of mentalization may be to look at instances where normally available catalysts for mentalization are absent.

**Family Discourse**

Exposure to normative conversational and social opportunities appears to be a precondition for mentalization. For example, deaf Nicaraguan adults who grew up without hearing references to beliefs appear incapable of passing false-belief tests (Pyers, 2003, cited in Siegal & Patterson, in press). It is fair to say that under normal circumstances, conversations with frequent and accurate elaboration of psychological themes may be the "royal road" to understanding minds (Harris, 2005). Maitre's (2000) groundbreaking work has linked attachment to this kind of communication with words. Coherent family discourse characteristic of secure attachment (Hill, Fonagy, Safer, & Sargent, 2003) helps to generate explanatory schemas by means of which the behavior of others can be understood and predicted.

**Playfulness**

Classical work links quality of play with attachment (Steele, Fonagy, Yabsley, Woolgar, & Croft, 1995; see Grossmann, Grossmann, Kindle, & Zimmermann, Chapter 36, this volume). Play may also be important in acquiring mentalizing. The impact of lack of playfulness is most obvious in extreme cases. In blind children, active pretend play is quite limited (Tröster & Bambiring, 1994), and they also understand pretend play poorly (Lewis, Norgate, Collis, & Reynolds, 2000). They are delayed on false-belief tests (Green, Pring, & Sweetenham, 2004), and pass only when they reach a verbal mental age of 11 as opposed to the more normal 5 (McAlpine & Moore, 1985). Hobson (2002) has explored the social and developmental implications of blindness in this context. Blind infants miss out on access to parental nonverbal information about internal states, such as facial expression, and can experience problems of identity, which are perhaps associated with mentalization problems. For example, they may refer to themselves as "you" while speaking (Dunlea, 1989).

**Maltreatment**

Maltreatment disorganizes the attachment system (see Cicchetti & Valentino, 2006, for a comprehensive review). There is also evidence to suggest that it may disrupt mentalization. Young maltreated children manifest certain characteristics that could suggest problems with mentalization: (1) Like blind children, they engage in less symbolic and dyadic play (Alessandro, 1991); (2) they sometimes fail to show empathy when witnessing distress in other children (Klimes-Dougan & Kistner, 1990); (3) they have poor affect regulation (Maughan & Cicchetti, 2002); (4) they make fewer references to their internal states (Shipman & Zeman, 1999); and (5) they struggle to understand emotional expressions, particularly facial ones (During & McMahon, 1991), even when verbal IQ is controlled for (Camras et al., 1990). Maltreated children tend to misattribute anger (Camras, Sachs-Alter, & Ribe, 1996) and show elevated event-related potentials to angry faces (Cicchetti & Curtis, 2005). The evidence for significant developmental delay in the emotional understanding of maltreated young children is consistent (Pears & Fisher, 2005), if slightly reduced, when IQ and socioeconomic status are controlled for (Smith & Walden, 1999).

Understanding sad and angry emotions at age 6 predicts social competence and social isolation at age 8 (Rogosch, Cicchetti, & Aber, 1995).

In addition to problems of emotional understanding, there have been reports of delayed ToM understanding in maltreated children (Cicchetti, Rogosch, Maughan, Toth, & Bruce, 2003; Pears & Fisher, 2005). The capacity to parse complex and emotionally charged representations of the parent and of the self may even deteriorate with development (Toth, Cicchetti, Macfie, Maughan, & Vanmeenen, 2000).

Considered in relation to attachment, mentalization deficits associated with childhood maltreatment may be a form of decoupling, inhibition, or even a phobic reaction to mentalizing. First, adversity may undermine cognitive development in
general (Cicchetti, Rogosch, & Toth, 2000; Cran- 
dell & Hobson, 1999). Mentalization problems 
may also reflect arousal problems associated 
with exposure to chronic stress (see Cicchetti & Wal- 
ker, 2001). Finally, a child may avoid mentalization 
to avoid experiencing an abuser’s frankly hostile and 
malvolent thoughts and feelings about him or her 

Maltreatment can contribute to an acquired partial “mind-blindness” by compromising open 
reflective communication between parent and child. Maltreatment may undermine the benefit 
derived from learning about the links between internal states and actions in attachment relations-
ships (e.g., a child may be told that he or she “de-
serves,” “wants,” or even “enjoys” the abuse). This 
is more likely to be destructive if the maltreatment 
is perpetrated by a family member. Even when 
this is not the case, parents’ ignorance of maltreatment 
taking place outside the home may invalidate the 
child’s communications with the parents about 
his or her feelings. The child finds that reflective 
discourse does not correspond to these feelings— 
a consistent misunderstanding that could reduce 
the child’s ability to understand/mentalize verbal 
expressions of other people’s actions. In such 
circumstances, the child is likely to struggle to detect 
mental states behind actions and will tend to see 
these actions as inevitable rather than intended. 
This formulation implies that treatments should 
aim to engage maltreated children in causally co-
herent psychological discourse.

Summary

It would be absurd to suggest (from either a scient-
ific or a common-sense perspective) that secure 
attachment is the only relationship influence on 
the development of mentalization. Many impor-
tant influences may work in the opposite direc-
tion. For example, being able to mentalize may 
enable children maliciously to tease each other, 
thereby increasing vulnerability to relational ag-
gression (e.g., Cutting & Dunn, 2002), or, worse, 
to bully each other (Sutton, Smith, & Swetten-
ham, 1999a, 1999b). Negative experiences (e.g., 
emotionally charged conflict) may facilitate the 
rapid development of mentalizing as readily as the 
positive emotions linked to secure attachment 
(NEWTON, Reddy, & Bull, 2000). The reality is that 
numerous aspects of relational influence are likely 
to be involved in the emergence of mentalizing, 
some of which correlate with secure attachment. 
Each of these correlates of secure attachment in-

The Social-Cognitive Influence 
of Attachment Security from the Viewpoint 
of the “Pedagogical Stance”

The attachment figure’s pedagogical role has thus 
far been neglected as an aspect of human attach-
ment relationships. This facet of the relationship 
may hold essential clues to the association of att-
achment and social cognition. The evolutionary 
underpinnings of human culture require that the 
infant turn to the caregiver for information about 
the internal and external nature of the world (Csi-
brá & Gergely, 2006). Correspondingly, the care-
giver is biologically prepared to act as a teacher. 
We all grow up within a cognitive system that was 
collaboratively designed and that has evolved to 
ensure the efficient transmission of relevant cul-
tural information from knowledgeable people to 
ignorant ones, but specifically to receptive human 
infants (Gergely & Csibra, 2006). Gergely and Csi-
brá (2006) have suggested the term “pedagogical 
stance” for the ability to teach and to learn from 
teaching, which is a fundamental attitude in social 
interaction within the caregiver-infant relation-
ship. We have recently elaborated this model to 
incorporate the potential moderating influence of 
quality of attachment on the pedagogical aspect of 
infant and caregiver interaction (Fonagy, Gerge-
ly, & Target, 2007). Below, we briefly review the 
theory of natural pedagogy before presenting some 
ideas about its potential interface with psycho-
analytic ideas related to the emergence of social 
cognition.

The Theory of Natural Pedagogy

Adults produce two kinds of pedagogical commu-
nicative cues to which infants are specifically 
receptive: cues of “referential knowledge manifes-
tation” (a teacher transmitting knowledge—e.g., 
the name of an object) and “ostensive” cues that 
alert the infant to the speaker’s intention to com-
municate. Ostensive cues trigger a specific recep-
tive attitude (the pedagogical stance) in the in-
fant. They tell the infant that new and relevant 
knowledge is about to be communicated about the 
object, and also that the communication is specifi-
cally addressed to him or her. They may include
establishing eye contact, knowingly raising one's eyebrows, momentarily widening one's eyes, tilting one's head slightly forward toward the infant, calling the infant by name, and using "motherese." Turn taking and contingent reactivity also function as essential addressing and alerting cues (Csibra & Gergely, 2006). Thus early turn taking, joint attention, proto-declarative pointing, social referencing (Egody, Király, & Gergely, 2004), and imitative learning (Gergely & Csibra, 2006) are all examples of pedagogical communication whose primary function is to facilitate fast and efficient transfer of knowledge about the world, rather than (or perhaps as well as) enabling intersubjective sharing of internal psychological states (see Tornick, 2007).

The Natural Pedagogy of Subjective States

Children need to learn not only about physical objects in the external world, but also about their own and others' subjective states. Affect-mirroring interactions between infant and caregiver are critical to the development of this capacity for introspection. The human infant is equipped at birth with the capacity to exchange affective signals with the caregiver (Jaffe et al., 2001). To achieve normal self-experience, the infant requires his or her emotional signals to be accurately or contingently mirrored by an attachment figure (Gergely & Watson, 1996). Such mirroring is far more than acceptance and validation of the experience by a significant adult; it must support the child's sense of agency as someone who can make something happen (Ryan, 2005). The experience of control that ensues from inducing the attachment figure to mirror the infant's automatic affect expressions generates a sense of agency and pleasure in the infant, which can counteract emotional distress (Watson, 1984).

In mirroring the infant, the caregiver must achieve more than contingency (in time, space, and emotional tone). The mirroring must be "marked"; in other words, the way the infant's affect display is mirrored must involve a slightly distorted or transformed (e.g., exaggerated or schematized) rendering of the emotion expression if the infant is to understand the caregiver's display as referring to the infant's emotional experience rather than being an expression of the caregiver's actual affective state (Gergely, 2004). The unmarked form of the caregiver's emotion display would indicate to the child that the emotional display is not part of a communicative act of teaching, but an expression of the caregiver's own current dispositional state. The ostensive cues activate a search for the intended referent ("What is she trying to teach me?"). Since the caregiver is clearly oriented toward the infant while responding to the infant's internal states, the infant's attention will be directed toward his or her own face and body (Gergely, 2007b). This social biofeedback system of pedagogical interactions enables infants to internalize their caregivers' representations of the reflection of their experience, and thus to generate a representational system for internal states (Gergely & Watson, 1996).

The quality of the parent-infant relationship in particular and attachment security in general predict both theoretically (Fonagy, 2001b) and empirically (Fearon & Belsky, 2004) the capacity for self-control. If ostensive cues indeed reflect the quality of parent-child relations, then variation in the quality of these cues provides us with a possible mechanism for explaining the covariation of mentalization and attachment. We now turn to the issue of these individual differences.

Consequences of Referential Knowledge and Ostensive Cues for Affect Regulation and Mentalization

Parents may fail in the pedagogical process in two ways: They may not mirror the child's internal states congruently, or they may not "mark" their mirroring. In the absence of appropriate ostensive cues, an expression of affect congruent with the baby's state may overwhelm the infant. Disruptions in communication—such as frightening behavior, grossly noncontingent emotional responding, or role reversals involving seeking comfort from the infant—are clear failures of the pedagogical stance, and these are precisely the behaviors that may suggest a significant parental failure in mentalizing the child (Grienenberger et al., 2005). Such behaviors will fail to direct the infant's attention toward his or her internal experience. From this perspective, disorganization of attachment can be understood as the consequence of a baby being presented frequently with a contingent (relevant), but either grossly incongruent (inauthentic) or unmarked (realistic), negative emotional display.

The quality of parenting in this framework can be specified as the quality of teaching about internal states. We believe that a caregiver's capacity to focus on an infant in a way that enables the infant to focus on his or her current experience is the crucial and operationalizable aspect of the elusive construct of parental sensitivity. Quality of ostensive and referential cuing will predict both
attachment security and many of the developmental advantages that appear to flow from it. This model of infant–parent interaction is an elaboration of the general principle that the child’s capacity to create a coherent image of mind depends on an experience of being perceived as having a mind by the contingently responsive attachment figure. More generally, social understanding of the subjective self can then be seen as an emergent property of the child’s experience of “marked” mirroring interactions with the caregiver, which form the foundation for the eventual discovery that others have differing beliefs about the world from one’s own.

Neglect

The speculations above clearly imply that the foundations of subjective selfhood will be less robustly established in individuals who have experienced early neglect. Such individuals will find it harder to leef about how subjective experiences inevitably vary between people. In some longitudinal investigations, low parental affection or nurturing in early childhood appears more strongly associated with elevated risk for borderline, antisocial, paranoid, and schizotypal personality disorders diagnosed in early adulthood than even physical or sexual abuse in adolescence (Johnson, Cohen, Kasen, Ehrensaft, & Crawford, 2006). A number of studies have pointed to the importance of neglect, low parental involvement, and emotional maltreatment rather than the presence of abuse as the critical predictor of severe personality disorder (e.g., Johnson et al., 2001). Studies of family context of childhood trauma in borderline personality disorder tend to see the unstable, non-nurturing family environment as the key social mediator of abuse (Bradley, Jenei, & Westen, 2005), whereas underinvolvement is the best predictor of suicide (Johnson et al., 2002) and personality dysfunction (Zweig-Frank & Paris, 1991). The primary task of pedagogy is to draw attention to and represent the infant’s experience, thus facilitating the appropriate development of self-organization and social cognition (as suggested in Lyons-Ruth et al., 2005).

The Adaptive Value of Insecure Attachment and Low Mentalization

We have argued that insecure and unpredictable attachment relationships between parent and infant may create an adverse social environment that limits the infant’s opportunity to acquire “mind reading.” But why should evolution allow for such variation if mentalizing is such a valuable adaptive capacity? In social environments where resources are limited, nonmentalizing may be adaptive. A parent’s lack of mirroring behavior may serve as a signal for limited resources, warning a child that he or she will need to use physical force (even interpersonal violence) to survive. Violence is incompatible with mentalization (Fonagy, 2003a, 2003b). If violence rather than collaboration is required to survive, and violence is only possible when we avoid contemplating the mental state of the victim, then a child’s lack of mentalizing capacity may increase his or her chances of survival. By contrast, in resource-rich environments, adult carer-teachers are in a better position to facilitate children’s access to subjectivity. If parent–child interaction lacks marking, contingency, and other ostensive cues, mentalization will be less firmly established and more readily abandoned under emotional stress. A child may then manifest early aggression and conduct problems (Lyons-Ruth, 1996). From the point of view of appropriate intervention, it is probably more helpful to view this kind of aggression as an understandable adaptation than to demonize it as an incomprehensible genetic aberration, even if these behaviors are primed in some individuals by a very sizable genetic component acting transactionally (e.g., Silberg, Rutter, Tracy, Maes, & Eaves, 2007).

Natural Pedagogy and a Theory of the Differentiation of the Self

Pedagogy theory predicts that young children will initially view everything they are taught as generally available cultural knowledge—that is, as shared by everyone (Csibra & Gergely, 2006b). Thus, when they are taught a word for a new referent, they do not need to check who else knows it. Young children assume that knowledge of subjective states is also common and that there is nothing unique about their own thoughts or feelings. A sense of the uniqueness of one’s own perspective develops only gradually.

The gradual nature of this development was underscored by developmental discussion of the phenomenon that has been termed the “curse-of-knowledge bias” (Birch & Bloom, 2004). This refers to the common observation that if one knows something about the world, one expects that everyone else should know it too (e.g., Birch & Bloom, 2003). Young children commonly
report that other children will know facts that they themselves have just learned. The curse-of-knowledge bias explains the apparent egocentrism of young children who cannot appreciate another person's perspective: It is not the overvaluing of private knowledge, as Piaget's concept of egocentrism implies, but rather the undifferentiated experience of shared knowledge that hinders them from taking the perspective of the other. Of course, this makes sense from a social-constructionist perspective. We are correct to assume universal knowledge during development, since our representations of our own subjectivity were indeed someone else's beliefs about us before their social mirroring enabled us to make them our own. This phenomenon will gradually be less and less true as we mature; yet, even as adults, we may occasionally catch ourselves assuming that others think the same way as we do.

Young children do not yet know that they can choose whether or not to share their thoughts and feelings with adults. Toddlers may be prone to tantrums because they fully expect other people to know what they are thinking and feeling, and to see situations in the same way as they do. Disagreement cannot yet be understood as the result of different points of view, so if other people thwart toddlers, the others must be either malign or willfully obtuse. Thus conflict is not just hurtful but intolerable and maddening, since it denies this probably highly valued shared reality. We have suggested that a toddler equates the internal world with the external (Target & Finniss, 1996). What exists in the mind must exist "out there," and what exists out there must also exist in the mind. This "psychic equivalence," as a mode of experiencing the internal world, can cause intense distress, since the projection of fantasy can be terrifying. The acquisition of a sense of pretend in relation to mental states is therefore essential. Repeated experience of affect-regulative mirroring helps the child to learn that feelings do not inevitably spill out into the world. They are decoupled from physical reality. At first this decoupling is complete (what we have called the "pretend" mode): Although it is focused on the internal, no connection with physical reality is possible. Only gradually, by engaging in playful interaction with a concerned adult who seriously entertains the child's pretend world, will the "pretend" and psychiatrically equivalent modes integrate to form genuine subjectivity.

In understanding the emergence of mentalization, we do not need to account for how children come to understand that other people have minds. They assume, once they acquire introspectively accessible representations, that this is always the case. Recent ToM research, using a specially adapted version of the displacement task, suggests that awareness of other minds is present from as early as 15 months (e.g., Onishi & Baillargeon, 2005). The new theoretical perspective of pedagogy theory focuses developmental attention on children's understanding that others have separate minds with different contents. The question is what social conditions might help infants to learn when to suspend their default assumption of universal knowledge.

Psychotherapists are invariably (and at times painfully) confronted with the recognition that their patients think in different ways. Yet they also quickly encounter the "childish" expectation of certain patients that they should be "totally" understood. More generally, an element of the significance of therapeutic alliance in psychotherapy (Orlinsky et al., 2004) is surely related to the creation of an illusion of shared consciousness with another person. It should be noted that the intersubjectivity construct implied here has a somewhat different and more specific meaning than in other usages. It refers to the recreation of a regressive illusory state of universally shared knowledge. Therapeutic alliance is often thought to be essential to therapeutic progress (although the evidence for this claim is modest) (Safran & Muran, 2000). In the light of our theory, therapeutic alliance can be seen as at least sometimes indicating a failure of mentalization and the reemergence of a psychic equivalent mode of thinking where others' thoughts and feelings were assumed to be the same as one's own. We would argue that the rupture of this illusion may have greater therapeutic potential than its mere presence. The devastation of feeling that one has not been accurately perceived (Safran & Muran, 1996) has therapeutic potential precisely because it forces therapist and patient to step beyond the illusion of shared consciousness. It creates an opportunity for each to have a mind of his or her own—at least in the patient's experience.

Pedagogy theory clarifies the role of early attachment relationships in the emergence of individual subjectivity and perspective taking. We have seen that the establishment of subjectivity is linked to attachment via the overlap between consistent ostensive and accurate referential cuing, and what attachment theorists have designated as sensitive parenting (Fearon et al., 2006). By building second-order representations on the one hand, and providing mental reasoning schemes to make
sense of action on the other, the relationship with the mind-minded reflexive caregiver transforms the child’s implicit and automatic mentalizing competence into an explicit, potentially verbally expressible, and systematized ToM. Aspects of secure attachment (e.g., attunement sensitivity) appear to have a pedagogical function, teaching children what they cannot learn about the world by simple observation. Subjectivity of course belongs to this class of phenomena. Secure attachment and the mind-minded reflexive mirroring environment extend awareness to include internal states, thereby making self-prediction and emotional self-control possible. Pedagogical referential communication applied to the domain of the emotional and dispositional/intentional states of the self creates the context wherein a caregiver can teach a child about the subjective self. The benign effects of secure attachment arise at least in part out of superior competence at ostensive cuing.

There is a second aspect of this process, however, in which the attachment relationship may play a crucial part: competition with other people, which is potentially a primary driver of the evolution of mentalization (Alexander, 1989). The pedagogical function needs to be protected from deliberate misinformation by competitors who do not have genetic material in common with the infant, and are therefore not invested in their survival. Sensitivity to false beliefs suggests that a 3- to 4-year-old child has become aware not only that knowledge is not invariably shared, but also that it is not necessarily communicated with benign intent. In Mascaro and Sperber’s (2006) study, preschool children responded differentially to information supplied by a “good guy” versus a “bad guy.” Passing the false-belief test—that is, having a ToM—was associated with sensitivity to information coming from positively versus negatively connoted sources.

We monitor the mental states of others in part to establish the possible motives behind any giving of information. The quality of relationship between parent and child plays an important role in establishing our capacity to do this. Children who have experienced disorganized attachment will be disadvantaged because of confusion about the possibility of trust. Secure children, by contrast, have already developed a robust sense of shared subjectivity and may also be most open to learning about the uniqueness and separateness of their self-experience. Attachment may well be a helpful behavioral marker of shared genetic makeup (Belsky & Jaffee, 2006), and consequently a kind of “hallmark of authenticity of knowledge.” The indications of generic cognitive benefits associated with secure attachment are in line with the assumption of more reliable processing of pedagogical information in caregiving environments that engender attachment security (Cicchetti et al., 2000).

Summary
In summary, we suggest that the advantage of secure attachment for the precocious development of mentalization and the stronger establishment of an agentive sense of self is the consequence of an infant’s general predisposition to learn from adults. As learning is triggered by ostensive cues that share characteristics with secure parenting, the teaching of secure infants may be smoother than that of insecure ones. By contrast, disorganized attachment interferes with ostensive cues and may be expected to disrupt learning. It is expected that the influence of secure attachment will be particularly crucial in teaching infants about their own subjectivity. Finally, the characteristics of communication associated with sensitive caregiving also reassure infants about the trustworthiness of the information to be communicated. From an evolutionary standpoint, we may consider such ostensive cues (at least in infancy) to trigger a “basic epistemic trust” in a caregiver as a benevolent, cooperative, and reliable source of cultural information (Gergely, 2007a). This enables an infant to learn quickly what is communicated, without the need to test for social trustworthiness (Gergely & Csibra, 2005). Adults mainly teach infants they look after, about whom they have genetic reasons to care. Infants are also selective, identifying attachment figures to teach them what in the world is safe and trustworthy—and, furthermore, how they can think about their thoughts and feelings, and how knowledge of such internal states can eventually form a bridge to understanding and prediction in the wider social world.

Conclusion
In this chapter, we have reviewed the relationship of attachment theory and psychoanalysis in two stages. First, we have analyzed the relationship between these two domains, noting with some satisfaction that since the first edition of this handbook was published, accumulating work suggests a definite increase in common ground. Attachment re-
search and theory have acquired sophistication in relation to unconscious determinants of behavior, and psychoanalysis has recognized the importance of attachment theory for many reasons, among them its contribution to ensuring the empirical legitimacy of psychoanalysis. Although the vast majority of psychoanalytic assumptions are disputed by those who adopt nondynamic approaches, few dispute the importance of attachment, or the close and appropriate tie between the psychodynamic frame of reference and the data that emerge from attachment research.

Second, rather than providing a comprehensive review of the role of attachment theory in a variety of analytic orientations, we have focused on two models, each of which illustrates how attachment theory and psychoanalysis may consolidate their rapprochement. First, we have considered relational psychoanalysis, arguably the most popular current psychodynamic approach. Close analysis of the key constructs of relational theory shows that many ideas from both attachment theory and research are implied by its constructs and observations. In particular, the process of change proposed by relational theorists is connected closely to new developments in parent-infant research inspired by attachment theory.

An alternative framework for integration is provided by a theory that moves from attachment research toward a clinical application, via developmental constructs that build on both traditional psychoanalytic ideas and developmental science. Mentalization-based treatment is rooted in attachment theory and is consistent with many findings from attachment research; its clinical technique leans heavily on psychoanalytic practice, including a relatively free therapeutic discourse about current events, particularly in an interpersonal attachment context. The focus of the approach, however, is provided by attachment-theory-inspired developmental research into the enhanced understanding of mental states in the self and in others.

We have advanced a model of the development of social cognition that pays adequate regard to the role of attachment relationships as the primary teaching context within which the understanding of minds in self and others occurs. This may help to explain why individuals in a situation of psychological distress tend to seek an understanding person with whom they recreate the pedagogical configuration of one mind teaching another mind about aspects of subjectivity. We have tried to show how the dual components of attachment and interpersonal understanding are the key ingredients for recovering the equilibrium—a kind of recalibration of understanding of mental phenomena. Psychoanalysis, in its concern with the intensive study of human subjectivity, and attachment theory, which has made the dyadic human relationship its particular focus, are thus inseparably linked in providing a model for psychological therapy.

Attachment theory cannot and does not aspire to specify the full richness of the subjective contents that preoccupy the ordinary mind, let alone the mind in distress. This is the ambition of psychoanalysis (see Slade, Chapter 32, this volume). Attachment theory, however, does offer the best theoretical and research framework for understanding and elaborating the interpersonal process within which the human mind is best able to explore the subtleties of subjectivity. Attachment theory provides an understanding of the frame, as well as some key facets of the contents; psychoanalysis guides, systematizes, and inspires the mind's understanding of the mind. It is the achievement of such understandings, regardless of specific contents, that brings about change. In seeking to describe the relationship between attachment theory and psychoanalysis, we could say that the former offers a narrative framework, while the latter provides the thickness of description required to create a complete story. Attempting to reduce one to the other will inevitably generate partial accounts and paradoxes. Neither is complete without the other.

NOTE

1. The appropriateness of IQ control is not entirely clear, given that IQ itself will also reflect social and emotional deprivation (e.g., Crandell & Hobson, 1999).

REFERENCES

