Partner Attachment Inventory

*Not for distribution

This document was updated for the Love and War In Intimate Relationships workshop (Los Angeles and Seattle 2007). Revision numbers can be tracked on the footer of each page.

Readers should understand this is an incomplete document and a work in progress. Please check for newer versions on www.ahealthymind.org/csg.
Attachment Inventory

INTRODUCTION

This inventory is adopted and adapted from Mary Main and Erik Hesse's Adult Attachment Interview. This particular adaptation is not to be used as a research tool or as a method to assess your patients. Rather you can view it as an intervention tool to be used both during the initial session and throughout the course of therapy. I find it very important to capture the interest of the most avoidant partner at the very beginning of therapy. This is why I customarily use this attachment inventory at the very beginning, if possible, as a way to convert the most avoidant partner's ego syntonic behavior into something considerably more ego dystonic.

The actual Adult Attachment Interview (AAI) is an exquisitely designed instrument with a highly complex coding system that requires intensive two-week training, and that's just the beginning. What follows is an almost year-long process of becoming "reliable" at coding. Those of us who have gone through the training know that it can be a frustrating learning process particularly for psychotherapists because it is a fundamentally flat, linguistic research tool for determining adult attachment classification. Still, even if one does not follow through to become a reliable coder, the initial training process can be profoundly transforming for the psychotherapist. I say all this because I
have adopted a greatly abbreviated and modified version of the interview for clinical use with couples. Although I am comfortable with my clinical integration of the AAI (extremely useful for general assessment and intervention purposes), I worry when it comes to teaching this to students and other clinicians. I believe there is a vast difference between my understanding of this rich instrument and the Cliff Note version you are about to receive from me. I highly recommend to anyone interested in the AAI to take the training before launching prematurely into using it for assessment and research purposes.

**INSTRUCTIONS**

Do this interview with both partners present and administer to one person at a time. Complete both interviews without giving any explanation or interpretation. Do not allow the other partner to intervene or add information. We want to stress the interviewee’s memory -- both declarative (left hemisphere) and autobiographical (right hemisphere). In order to accomplish this, the interviewer (you) must have time and latitude to push the interviewee for concrete memories that support his or her narrative claims. Although it is best perhaps to do this in sequence, it is not essential. For instance, you may want to spend more time with a partner you suspect is most resistant to being in therapy and is least in distress. The other partner may hold less curiosity for you and therefore you may wish to spend less time. In either case be sure to follow up with the question set that asks for five descriptions of maternal and paternal relationships during childhood.
All questions start off vague. The power of this interview resides in the follow-up questions. The interviewer must push for detailed memories that support initial responses. For instance, the interviewee in response to the question, "Who did you run to when you were injured as a child?" says, "My mother." The follow-up question to this is, "Give me a memory when you were injured as a child and you ran to your mother." Drill down until you cannot elicit any more information specific to the question. Some patients may want to talk about other things and stray from the interview. Keep him or her focused on the interview.

Responses that are problematic and require follow-up:

1. I don’t remember.
2. We always...
3. He or she always...

Because we are looking at the attachment relationship with primary attachment figures we want responses that are specific and personal that can be backed by autobiographical memory (experience).
HOW THIS WORKS

Therapist: Five adjectives that would describe your relationship with your mother when you were a child.

Kind
Warm
Loving
Giving
Supportive

Notice that the response is ALL positive

Therapist: Give me five adjectives that would describe your relationship with your mother when you were a child.

Warm
Loving
Supportive
Understanding
Kind

The question seeks a declarative response that is mostly limited to left hemisphere speech centers such as Wernicky's and Broca's area. Answers sometimes come quickly, sometimes slowly, and sometimes barely at all.
THE INTERVIEW

1) When you were a child and you were injured who did you run to?

   a) Give me a memory when you were injured as a child and you ran to him or her.

      i) How fast could he or she comfort you? How good was that person at calming you down?

         Give me a number between 1 and 10 (terrible to wonderful; very incompetent to very competent; cannot calm you to can calm you very quickly).

      ii) How did he or she react to your injury? What was the look on his or her face? Did he or she pick you up and hold you? What was the sound of his or her voice?

2) When you were a child and you were sick who took care of you?

   a) Give me a memory when you were sick as a child and he or she took care of you.
i) What did he or she do to care for you? Did he or she spend time with you while you were sick? Stroke your head? Lie down with you? Read to you? Play games with you? Reassure you?

3) When you were a child and you got upset what happened?

a) [Some people cannot make sense of the word "upset" and need further prompting; if this happens restate the question first without changing the question.]

i) If further prompting is necessary you can say, "When you became upset either toward your parents or around your parents what would happen?" If this still confuses the interviewee you can say, "If you are crying and you were upset about something or someone will which her parents do about that?" Or you might want to add, "If you got angry at someone in your family how would your parents react? And how would they react if you came angry with them?"

ii) You may have to remind your patient that this memory must be before the age of 13.

4) When you were a child who put you to bed at night?

a) Did you have a regular bedtime? What time was it? Was there a ritual? Did he or she read to you? Did he or she ask you about your day? Did he or she sing to you?

b) Do you remember feeling safe at night in bed? Could you call out for one of your parents and would they come to you? What happened when you had a nightmare?

5) Did either parent hold you, kiss you, scratch your back, or was affectionate with you in any way?

a) Give me a specific memory?

6) Who stood up for you (adult)?
a) Did he or she stand up for you in public even when you did wrong?

b) Did he or she reprimand you in private?

7) Give me five adjectives that would describe your relationship with your mother when you were a child. Afterward I’m going to ask you to support each adjective with a memory.

8) Give me five adjectives that would describe your relationship with your father when you were a child. Afterward I’m going to ask you to support each adjective with a memory.

9) Did anything frightening happen to you when you were a child?
   a) Give me the memory.
      i) Who was involved?
      ii) Did either parent comfort you; help you to cope with the event?

10) Did you suffer a big loss of any kind when you were a child?
    a) Give me the memory.
       i) Who was involved?
       ii) Did either parent comfort you; help you to cope with the event?

11) Did either parent ever look at you in the eye and say something like, “I really love you,” or “I am so proud of you,” or “you are a terrific kid,” or anything fresh and positive that was meant for just you?

**FOLLOWING UP**
Now let me take these one at a time and elaborate. By the way, by child I mean before the age of 13. In all cases we are looking for specific memories involving the interviewee with the attachment figure.

1. We want specific memories and we want detail especially in regards to the attachment figures reaction and ability to calm and soothe the patient.

2. Same as above but we also want to know the attitude of the parent the amount of time parents spent with the child and what kind of soothing, stimulation, and engagement that took place.

3. The word upset is general and that's a good place to start. We want to know what happened when the child became sad, frightened or angry though you may not say those words unless all other options have been exhausted. Did he or she interact with the parents, the family pet, or remain by him or herself. Did he or she express anger and if so how did each parent?

4. I think it is interesting to know the sleeping habits set in childhood especially the transition period between wakefulness and sleep. Was there an ushering of that transition by one or both parents? Was the child read to our song to at night? Was there a routine? Did he or she have to put him or herself to bed all the time? I find there is a correlation between wake/sleep transitioning in childhood and the adult romantic relationship. This is especially so if one partner commonly falls asleep before the other.

5. We want to know if somebody, namely an adult, protected the child in public when under attack. However we also want to know whether that parent in private utilized the situation for learning proper behavior, right from wrong, taking responsibility, etc.

6. Make note of the adjectives and whether or not they're all positive, all negative, or a mixture.

Ask the patient one by one to provide a memory from childhood that would support the
adjectives. We want proof. Look for a clear-cut memory with detail involving just the patient and that person. Look for responses such as "I don't know" or "she always did such and such" or "she took us to..." We only want dyadic with them experiences between the attachment figures and the child.

7. Same as above but with Father.

To sum up we are looking for several things contained in the interviewee's responses to our questions -- including amount of detail, mixture of negative and positive descriptions of attachment figures, real support of the adjectives, fresh responses and not ones that are rehearsed, et cetera.

**INTERPRETATION**

What follows is an overview of the interpretation process which may very well be confusing for those unfamiliar with attachment systems. The interpretation process involves much more than is written here and in much more detail. The analysis I provide makes use of my knowledge of neurological structure and function as well as memory systems such as explicit and implicit systems of the left and right hemispheres, respectively. With that in mind I offer this brief and woefully incomplete synopsis of this very important final step of this interview.
Insecure angry/resistant/preoccupied individuals will tend to have narratives that are angrier. Their descriptions and memories may contain extensive content. Their descriptions may be more negative.

Insecure avoidant/dismissive individuals will tend to be vaguer and less detailed. Memories are often lacking. They may report all positive in their adjectives but they may report all negative as well. Their responses will not be fresh.

Many people will claim that their memory is poor. However, autobiographical memory is highly resilient even at the start of dementias. Resilient memories are encoded by experiences that have emotional valence, and emotions, particularly those produced by the amygdala, lead to the production of adrenaline necessary for encoding these memories. Interactions, especially those with attachment figures, tend to amplify arousal and affect. These can be negative or positive amplifications but the stimulus is the emotionally valenced interaction with important attachment figures. These are interactions that are meant for us and us alone and and thus we remember them. Chronic lack of autobiographical memory involving early attachment figures often points to neglect in the following manner: Likely both parents dismissed attachment behaviors too often avoiding face-to-face, skin-to-skin interaction with their children.
Patients with incoherent autobiographical narratives, such as those violating Grice’s maxims\(^1\), may be viewed as having unresolved loss, trauma, or both. Patients with unresolved trauma or loss may at times appear disorganized or disoriented, yet their attachment status can still be that of secure or insecure.

After completing the interview with both partners, the therapist can make comments both about the couple system and individual partners. We are establishing our basis for treatment through the lens of early attachment formation and using the information from the interview to help explain to the couple how, at least in this one area of attachment, they might be well-matched but also expected to have some difficulty. The majority of the time partners are already surprised by information heard during the interview process. The interpretation process by the therapist helps the couple understand not only the purpose of the interview but its meaning as well.

Proper explanation of the purpose for the attachment interview depends upon the therapist’s knowledge and understanding of neural networks and memory systems. In addition, the therapist, in order to make proper interpretations, must possess a thorough understanding of internal working models. This is

\(^1\) I am unable to fully elaborate Grice’s maxims here. To greatly simplify, Grice’s maxims referred to the speaker’s ability to maintain a narrative with a coherent flow for the listener. In other words, the speaker is able to make certain the listener can follow along. Errors involve gross confusions with regard to person, place, and time. An example might be to speak of an attachment figure who is dead as if he or she is alive and then moments later as dead again. Another example might include confusion between self with other, switching from first person to third person, speaking as if eulogizing, long pauses of 30 seconds or more after which there is a change of subject without transition, and so forth. For further reference see endnote in this paper.
especially important with regard to the most avoidant partner for whom the therapist must bridge theory to the patient's real experience and suffering. The therapist's interpretation of the interview may appear to the patient as mind reading or fortune telling because the therapist will describe experiences and limitations for which the patient has "felt" and "known" as true but has never been able to articulate. Spontaneous confirmation of the therapist's interpretation may also come from his or her partner.

The interview is expected to have a particular impact on the most avoidant partner in the couple system. The therapist hopes, by the end of the session, to gain that partner's curiosity and interest in further sessions.

**The Presence of Lovingness In Early Attachment**

Loving experience *does not* include the basics of feeding, shelter, clothing, transportation, medicines and medical treatment. It also *does not* include pressure to succeed or perform academically. And of course it *does not* include absence no matter what the reason. During the interview of the therapist is listening for real loving experiences by attachment figures that are memorable. For instance, hugging, kissing, holding, looking into the eyes with interest, making fresh, loving remarks that are meant for just the patient -- all are loving behaviors that are experienced dyadically and interactively and thereby lead to mutually amplified positive feelings. Of course all the aforementioned behaviors could be negative as well: Hugging, kissing, holding, and looking into the eyes could all be experienced as invasive and even abusive. Loving remarks could also be experienced in a variety of ways many of which may not be felt as
"loving." But for our purposes here, we are looking for the subjective experience of lovingness as backed by specific memories.

CONCLUSION

The grossly abbreviated and rather customized attachment interview provided here is for clinical use only and is not meant in any way to resemble the exquisite instrument that is the Adult Attachment Interview. I am continually adding and refining this interview according to my own findings while working with couples. I encourage you to experiment with this interview. If you have any questions about the interview or interpretive process, please write them down and bring them up during our short time together. Questions not answered during the limited time afforded in the conference call can be addressed to me at tatkin@ucla.edu. Please keep in mind, however, the limitations of lengthy e-mails and lengthy replies. Comprehensive questions that require comprehensive answers may require a different forum.
ENDNOTES

1 Grice's Conversational Maxims

The philosopher Paul Grice proposed four conversational maxims that arise from the pragmatics of natural language. These maxims are:

**Maxim of Quantity:**

1. Make your contribution to the conversation as informative as necessary.
2. Do not make your contribution to the conversation more informative than necessary.

**Maxim of Quality:**

1. Do not say what you believe to be false.
2. Do not say that for which you lack adequate evidence.

**Maxim of Relevance:**

Be relevant (i.e., say things related to the current topic of the conversation).

**Maxim of Manner:**

1. Avoid obscurity of expression.
2. Avoid ambiguity.
3. Be brief (avoid unnecessary wordiness).
4. Be orderly.
References


Couples Therapy

ADDICTION TO "ALONE TIME" -- AVOIDANT ATTACHMENT, NARCISSISM, AND A ONE-PERSON PSYCHOLOGY WITHIN A TWO-PERSON PSYCHOLOGICAL SYSTEM

Stan Tatkin, Psy.D.
Assistant Clinical Professor
Department of Family Medicine
University of California at Los Angeles
David Geffen School of Medicine
4505 Las Virgenes Rd, Suite 217
Calabasas, CA 91302-1956
805-499-6171
Email: tatkin@ucla.edu
Website: www.ahealthymind.org/csg

3/13/2007

Written for the 2007 Couples Conference in Anaheim, California.
ADDICTION TO "ALONE TIME" -- AVOIDANT ATTACHMENT, NARCISSISM, AND A ONE-PERSON PSYCHOLOGY WITHIN A TWO-PERSON PSYCHOLOGICAL SYSTEM

OVERVIEW

Comparisons have been made between severe avoidant attachment and disorders of the self such as antisocial personality, schizoid personality, and narcissistic personality. Each of these disorders, including avoidant attachment, can be grouped together as one-person psychological organizations. Individuals with these disorders operate outside of a truly interactive dyadic system and primarily rely upon themselves for stimulation and calming via autoregulation. The chronic need for “alone time” can take many surprising forms throughout the lifespan which directly impact romantic relationships.

Clinicians may well be aware of connections that have been made between attachment theory and personality theory. For instance, several articles have made the link between extreme angry/resistant internal working models and borderline personality organization (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004; Barone, 2003; Bateman & Fonagy, 2003; Buchheim, Strauss, & Kachele, 2002; Downey, Feldman, & Ayduk, ; Dutton, Saunders, Starzomski, & Bartholomew, ; Fonagy, Target, & Gergely, 2000; Gold, 1996; Jeremy Holmes, 2003; J. Holmes, 2004; Nickell, Waudby, & Trull, 2002; Rosenstein & Horowitz, 1996; Schmitt, Shackelford, Duntley, Tooke, & Buss, ; Stalker & Davies, 1995). Less has been written about avoidant attachment and narcissistic personality disorder despite the fact that connections are easy to make (Rosenstein & Horowitz, 1996; Tatkin, 2005, 2006a, 2006b, 2006c, 2007a, 2007b; Tweed & Dutton, 1998). Developmentally speaking, the borderline-angry/resistant group is often thought of as more relationship-oriented than the narcissist-schizoid-avoidant group. Object relations literature has described the former group as tending to cling and the latter tending to distance (Diepold, 1995; Gunderson, 1996; James F. Masterson, 1976, 1981, 1985; J. F. Masterson, 1995; James F. Masterson & Costello, 1980; Sigel & McGillicuddy-De Lisi, ; Silk, Lee, Hill, & Lohr, 1995; van der Kolk, Hostetler, Herron, & Fisler, 1994). In terms of regulation of nervous system arousal, the first group tends to rely upon external regulation while the second group relies primarily on autoregulation. Viewed intersubjectively, both groups tend to operate within a one-person psychological paradigm.

Although there is much to say about the clinging group, this paper will focus on the group of individuals that distance. This group is acutely sensitive to significant others who are physically or emotionally advancing on them. The advance is automatically viewed as intrusive. This strong reaction to approach triggers a host of seen and unseen distancing defenses, all of which are psychobiologically reflexive and non-conscious by design. In other words, this exquisite reaction to being advanced upon is embedded in the nervous and musculoskeletal system and has its psychobiological roots in the earliest attachment relationship.
It is important to establish at this point that I am excluding from the distancing group pervasive developmental disorders, such as autism and Asperger’s, as well as other “nature” related disorders such as schizophrenia and traumatic brain injury. Though there may be a diathesis (Burk & Burkhart, 2003; Schore et al., 2006), or predisposing aspect to attachment and personality disorders, my intention is to focus on the “nurture” aspect to problems of chronic distancing.

One of the common characteristics of the distancing group is a natural gravitation toward "things" and a reflexive aversion toward a primary attachment figure, such as a spouse. The gravitation toward things – as viewed in the distancing group -- is an outcome of early parental neglect and dismissal of attachment values and behaviors. The avoidant's need to withdraw from primary attachment objects is euphemistically referred to as the need for "alone time." Alone time takes many different forms but almost always reflects a return to autoregulation. The metaphoric use of addiction may be appropriate as the avoidantly attached individual’s adherence to autoregulation is ego-syntonic. The awareness of this as a disability is kept away through an aggrandized belief in his or her own autonomy. In actual fact, real autonomy never developed due to the considerable neglect that almost always pervades the history of this personality/attachment profile. He or she will not depend on a primary attachment figure for stimulation and soothing. Their credo is “no one can give me anything that I can't give myself, and better” or “I'd rather do it myself.” Individuals in the distancing group primarily reside in a one-person psychological system that is, by definition, masturbatory.

AVOIDANTLY ATTACHED INDIVIDUALS AND DISSOCIATION

“I WANT YOU IN THE HOUSE BUT NOT IN MY ROOM… UNLESS I INVITE YOU”

There is a strong connection between avoidantly attached individuals and dissociation. Why is this so? In the absence of attachment behaviors initiated and maintained by the parent or parents, children will rely on an autoregulatory modality instead of an interactive one. In order to maintain autoregulation, the internal over-focusing on self-stimulation and self-soothing itself becomes a dissociative process. The state shift necessary to go into interactive mode requires the broadening of sensory processing and motor output. The autoregulatory state is more conserving of energy in this regard. It is also a state that suspends time and space which is why it is so comforting to neglected and abused children.

The Avoidant child is offspring to the dismissive/derogating parent who is unconcerned with attachment behaviors and values (Slade, 2000; Sroufe, 1985). This gives rise to a deconditioning of proximity seeking and contact maintaining behaviors within the child. The child turns away from interactive regulation and toward autoregulation, a strategy for self-soothing and self-stimulation. Margaret Mahler (1975) discovered that a normal child in the practicing subphase can tolerate physical distance from Mother by maintaining a fantasy of her omnipresence. This provides the child with a necessary, albeit false sense of security for extended play within the outside world. The adult Avoidant is able to maintain a dissociative but stable autoregulatory strategy that depends on a fantasy of a partner’s omnipresence. This pseudosecure tactic can metaphorically envisioned with the phrase, “I want you in the
house but not in my room unless I invite you.” (Tatkin, 2007c) This sentiment expresses the Avoidant’s need for continual but implicit proximity to the primary attachment figure minus the problem of explicit proximity which is experienced as intrusive and disruptive to the autoregulatory strategy.

For the Avoidant, external disruptions of the autoregulatory state are experienced -- to a greater or lessor degree – as a shock to the nervous system. First there is the sensory intrusion aurally, visually, or tactically by an approaching person which may be experienced as startling, followed by a social demand to state shift from an autoregulatory-timeless (dissociative) mode to an interactive-realtime mode. One is more energy-conserving and the other more energy-expending. For the distancing group, both are experientially non-reciprocal, meaning neither state involves expected rewards from another person. In autoregulation, no other person is required or wanted. However, during the initial shift to interactive-realtime mode, however, the other person is viewed as demand with no expected reward or reciprocity.

To make this clearer, picture a mother-baby relationship that is dismissive-avoidant (mother-baby, respectively). The avoidant baby has reoriented away from interactive play with the mother to solitary play with toys. Mother’s departures are less upsetting and her returns are less exciting. Her approach, however, is also less appreciated due to a chronic lack of attuned, reciprocal play. The mother’s approach may be met with anger because it is not experienced so much as a reunion as it is an unwanted invasion of his time and space. If the baby could talk he might say, “I’m busy here, what do you want?” In contrast, expectations and capacities to shift states differ in mother-baby relationships that are preoccupied-ambivalent (respectively) and autonomous-secure (respectively). The ambivalent baby is fussier when mother is around, more upset when she leaves, and harder to calm when she returns. This baby expects more interaction, more proximity, and more contact maintenance with mother and has more difficulty shifting out of interactive-realtime mode and into autoregulation. Autoregulation is also more difficult to maintain over time. Mother’s approach may be met with anger because it is experienced as a reunion with both a sustained memory and expectation of being left. The secure baby effortlessly shifts between solitary and interactive play with mother when she is present, becomes mildly to moderately upset when she leaves, and is quickly calmed if upset when she returns. If the baby is not upset, he is excited and happy when she appears and seeks proximity, physical contact and interaction with her.

While state-shifting comes easy to a securely attached child, it is significantly more difficult for children on either side of the attachment spectrum. For the ambivalent child (aka angry/resistant), the shift out of interactive-realtime mode is more difficult and may take more time to achieve. For the avoidant child, the shift out of autoregulatory-timeless mode is more difficult and takes longer to achieve.

**Childhood Example:**
A little girl is playing in her room with toys. She is in a timeless and spaceless state of mind. This is a very enjoyable play state but one that is autoregulatory and one-person oriented. She is self stimulating via her imagination and interaction with her internal and external objects. Suddenly mother calls her to dinner. The call is a shock to her system as it is experienced as interference to her dissociative process. It requires
a state shift whereby she must move out of a low-demand autoregulatory mode and into a high-demand interactive mode with others.

The child, once engaged interactively, may adjust and even enjoy the interactive process. However because autoregulation is the default position, she will soon move out of interaction and back into a dissociative autoregulatory mode once interaction is withdrawn. The shift back into interaction becomes a problem once again.

**Adult Example:**
Henry and Clare are on a drive for long vacation. Henry, who is driving the car, stares silently ahead while Clare becomes increasingly discomforted by the lack of interaction. Her bids for interaction fail. She begins to wonder why Henry isn’t engaged with her. She is hard pressed to understand how he can manage to be so quiet for such a long drive while she struggles with the silence. Henry, on the other hand, is without discomfort because he is operating within a one-person psychological system wherein he autoregulates (dissociates). In other words, he is playing alone in his room with his toys and things and he is blissfully unaware that he is with another person. Claire on the other hand is painfully aware she is with another person and as such is feeling quite alone and quite possibly persecuted by the disengagement of her partner.1

**Another Adult Example:**
Cindy and Bobby are upstairs getting ready for bed. Knowing that Cindy is interested in business ideas, Bobby reads her something he read in a magazine. A lightbulb goes off in her head. Without saying a word, Cindy goes downstairs while Bobby is still reading to her. She grabs a pen and paper to write the idea down. She comes back upstairs to find Bobby who is now angry. She is surprised by his reaction and unaware of having done anything wrong. Bobby complains: she was rude for walking out of him while he was telling her something. He’s angry because she seems to do this a lot in other instances. He feels dismissed and unimportant. Cindy, operating within a one-person psychological system, "forgot" that she was with another person. Never occurring to her to share her thoughts about the idea with her partner, she instead ran downstairs to protect the idea herself. Had she been oriented to a two-person psychological system, she would have used Bobby as her pen and paper by sharing her thoughts with him thereby recording them within his brain.

---

1 It is important at this point to make a distinction between what is commonly thought of as disengagement and to what I am referring here. Ordinarily within the intersubjective field of a two-person psychological system, there exists a mutual, psychobiological “expectation” of moment-to-moment interaction. This interaction is primarily nonverbal though when nonverbal cues are missing, participants may mistakenly identify the problem as a lack of verbal interaction. This is especially so for more verbally oriented individuals. Research on the still face demonstrates a critical time period of nonresponsiveness by one member of the dyad and the negative effects of the nonresponsiveness on the other participant. The rhythmic beats of the exquisite interaction are dropped, so to speak, which creates a disturbance in the field such as a breach in the attachment system. Typically this breach is corrected and repaired quickly enough and often enough as to maintain a stable sense of attuned reciprocity.
Cindy is alone all the time whether or not physically present with someone. This default position is ego-syntonic without awareness of its downside. She is not oriented toward to utilizing her partner as a brain into which her own brain can expand.

When Cindy realized what she had done she was shocked by her own behavior. She didn’t understand why she would do such a thing even though it was quite natural to her. Though physically with Bobby while getting ready for bed, she was in a dissociative, autoregulating and unaware that she was with another person at that moment. Bobby on the other hand was completely aware that he was with Cindy and so for him, her walking away caused a momentary breach in the attachment system. The severity of the breach was moderated by her surprise at her own behavior.

Attachment and personality organization involves biological substrates that alter neurophysiologic organization both on a structural and functional level. The predilection for autoregulation is not merely a preference, although it can be. Primarily it is hardwired into the nervous system.

**SUMMARY**

For the avoidantly attached individual the ball naturally rolls in the direction of autoregulation. This default position of autoregulation is mystifying to the more interactive partner. He or she cannot understand how the avoidant counterpart can forget him or her so quickly or suddenly seem so disconnected; engaged one minute and disengaged the next. The partner may feel as if they have been forgotten -- and in truth they have. The individual who has an avoidant history is in some ways better off than the more secure partner. The avoidant partner maintains a pseudosecure relationship that is internally based on a fantasy of his or her partner’s omnipresence. The dissociative aspect of autoregulation screens out minor intrusions, such as bids for connection and interaction. In this sense the avoidant can maintain a blissful unawareness of breaches in the attachment system. However, when partners approach them physically they inadvertently trigger a threat response within the avoidant partner that results in attempts to withdraw or attack. Once again, the avoidant has a very difficult time shifting states particularly from autoregulation to interaction.

---

2 I should mention here that the autoregulatory mode is very similar to attention deficit disorder. Again that there is a problem with the activation of the prefrontal cortex which is necessary not only for regulation of sub cortical processes but also in producing and maintaining a “witness” state of self-awareness. Without an observing self which is attributed to the ventral medial prefrontal cortex, there is a lack of awareness of time and space. The individual is literally unattended to and neglected but in a blissful dissociative state.
REFERENCES


Copyright ©2006 – Stan Tatkin, Psy.D. – all rights reserved

(805) 499-6171 – tatkin@ucla.edu


PSEUDOSECURE COUPLES

Stan Tatkin, Psy.D.

Assistant Clinical Professor
Department of Family Medicine
University of California at Los Angeles
David Geffen School of Medicine

Published:

Abstract

Numerous couples end up in therapy after many years of stable marriage. The catalyst that brings them is a crisis spawned by the revelation of a devastating secret or series of secrets. Like secure or earned secure pairings, these couples appear successful at interactive regulation. In striking contrast to secure couples however, these partners will present in therapy as having little real knowledge of one another, even after decades of marriage. At least one partner refuses to trust the other with his or her mind and maintains pockets of secrecy about the self that directly or indirectly impacts the safety and security system of the partnership.

Pseudosecurity is discussed here in terms of insecure pairings that find long-term psychobiological homeostasis through avoidance in ways that appear engaged and secure to the partners themselves. As a result, neither partner would admit to a pattern of avoidance either in themselves or the other. These are pseudosecure couples.
Pseudosecure Couples

**Pseudosecure Couples As Different From Other Couples**

Pseudosecure couples are often made up of insecure individuals, but not always. Partners can range anywhere from secure or earned-secure to the other end of the insecure spectrum (see figure 1). However, unresolved-disorganized individuals and those at the more extreme polar ends of the insecure spectrum are excluded from the pseudosecure coupling I describe here. This is because the pseudosecure couple is able to maintain many years of stable marriage without the massive dysregulation that disrupts couplings in severely insecure relationships. Unresolved-disorganized partners are unable to maintain a regulated false partnership due to the inherent dysregulation that comes with unresolved loss and trauma. Similarly, extreme polar ends of the insecure spectrum, though organized, involve massive dysregulation due to continual assaults on the partner's sense of safety and security. Whenever these partners move toward a committed relationship, they become psychobiologically dependent upon one another and this dependency activates intense reactions to proximity-seeking and contact-maintanence. Adaptations, or defenses against a threatened safety-security system, are continually being overwhelmed by an ever increasing perception of relationship permanence. Thus, these partners are unable to maintain a regulated false relationship and tend to have major problems early on.

There are exceptions to this, however, whereby stressors such as aging, death of a family member, physical illness, and other emotional-psychosocial stressors may lead to a developing pattern of dysregulation and a breakdown of the pseudosecure defense.
PSEUDOSECURE COUPLES:

- Show a preference for familiarity and intolerance of "strangerness."
- Do not welcome the complexities of strangerness in their partner and therefore are not able to maintain creative curiosity about the other and the self in the other.
- Tend to avoid novelty.
- At least one partner does not trust the other with his/her mind.
- Abide by a rigid set of internal self and object representations.
- Overly rely on triangulation and parallel play and avoid the use of joint attention.
- Have difficulty with either or both axes of time and proximity.
- Tend to avoid frequent and prolonged eye contact for interactive regulation.

Knowing and Being Known

One of the hallmarks of a pseudosecure individual is a refusal to trust their partner with his/her mind. This may be described as segments of experience, both past and present, which cannot be shared with the primary attachment figure. The narratives of these individuals contain various reasons for the secrecy:

“I need to have some modicum of privacy.”

“I don’t want him/her interferring with my business.”

“If he/she were to know, the marriage would be over.”

“I need something of my own, something that’s mine alone.”

Arguably, secure partners might expect to expand into one another’s minds, especially during periods of creativity or stress, simply because two brains are better than one. Still another purpose of a two-person psychological system is the intersubjective experience of knowing and
being known. Partners become “willing” containers for one another and provide a psychological space for each to organize and digest experience, particularly of the implicit kind. Unprocessed, implicit experience is by definition non-declarative and may therefore be unavailable for words. A partner may feel or think that which cannot be articulated, but would benefit from an intersubjective space within which to organize feeling or thought. They need another available and interested mind to help them hold the experience. Both partners would have to tolerate “not knowing” and “not understanding” long enough to create space for this sort of discovery. Secure partners may be more inclined to “use” one another in this fashion. This feature is entirely missing in pseudosecure partnerships.

In order for insecurely attached individuals to produce and maintain positive, secure-like states of partnership, mates must construct and maintain fantasies of safety and security based on ideal roles of self and other.

These roles are ideal in that they produce sufficient positive feeling about coupling and help move partners toward more advanced stages of relationship. In these roles partners avoid painful ambivalence and inconsistencies based on their individual internal working models (Bowlby, 1969). This is similar to Winnicott's notion of false self (Winnicott, 1960) wherein one bases one’s sense of self on a continuously engaged defensive system that is both novelty-and pain-avoiding (Stadler et al., 2006; Waters & Deane, 1985). In the pseudosecure couple, the co-constructed and mutually maintained false self must abide by a rigid set of rules that determine approach/avoidance behavior on an ongoing basis. In other words, both partners are able to maintain the integrity of their internal working models by settling in to an "idea" of one another that must remain static and thereby avoid discovery and surprise. This makes both the inner and
outer world "appear" more predictable and less threatening, yet it does so at the cost of vitality, freshness, wonderment, spontaneity, and complexity (Eagle, 2005).

Insecure individuals gravitate toward pseudosecurity by assuming they "know" their partners and themselves. The curiosity of the courtship phase is replaced by a more stable but fixed view of the other, as well as the “self in the eyes of” the other (Decety & Chaminade, 2003; Trevarthen & Aitken, 2001). To the minimal extent self and other are modified, it is to avoid dysregulation. This is a profound form of turning away. Partners cease or fail to notice the complexity of the other. In this system, novelty threatens their false sense of security and so is avoided.

“*You’re Not The Person I Married.*” There is an irony to this statement, both funny yet tragic, as the complaint reveals several misconceptions. The phrase assumes that partners can and should know one another late in the relationship as they knew one another early in the relationship; that partners do not change over time; that partners do not develop complexity both as individuals and as a couples system; and that partners are fully knowable.

Of course, "knowing" in the early stages of a relationship is purely transferential. Romantic relationships are powered by positive transference, projection and projective identification, often including blissful fantasies of onemindedness and fusion (Aron et al., 2005; Koenig, 2005; Maner et al., 2005). Infatuated couples are, to a large degree, self-stimulating. As recent studies demonstrate, the brains of new lovers are awash in dopamine and norepinephrine as positive affects are amplified and sustained. In addition to increased levels of dopamine and norepinephrine, infatuated brains show decreased levels of serotonin, which accounts for the obsessiveness and worry that keeps new partners in mind while physically apart. This anxiety
("when is he going to call?") though painful, promotes longing, and provides the drive to reunite (Aron et al., 2005; H. E. Fisher, 2004; Helen E. Fisher, Aron, Mashek, Li, & Brown, 2002; Starbuck et al., 2001).

**Pseudosecurity vs Novelty**

Insecurely attached individuals tend to seek out partners who immediately feel familiar to them. This familiarity may also be termed, familial-arity, as the new person is experienced as "fitting in" with one's own clan culture. Strangers may become too familiar too quick with the sense of having "known" the other for a long time. Secure- autonomous individuals tend to be accepting and comfortable with *strangerness*² and tend to see it as novel and interesting. On the other hand, a pseudosecure individual will have a chronic need for early and somewhat final knowing.

It is important to clarify the term *novelty*, especially when attempting to evaluate its presence or absence in a long-term committed relationship. As mentioned earlier, courting partners are essentially engaged in mutual stimulation and relaxation via projective mechanisms, and so there is, by definition, little if any exposure to real novelty. As such, a certain degree of narcissism is involved and therefore partners are engaged in an autoregulatory system of stimulation and relaxation rather than true interactive regulation (Solomon, 1985, 1989). To put it another way, though courting partners are mutually engaged in amplifying positive affects, this mutuality is not the same as the more mature interactive regulation that is *expected* to occur later down the line as the relationship moves toward increasing mutual dependency. As a secure relationship progresses, partners *depend* upon one another for stimulation and relaxation. The relationship at the early stages resembles a one-person psychological system to a larger degree
than a two-person psychological system. We would expect a shift toward real interactive regulation as the relationship progresses and matures. This shift is predicated in part by each partner’s acceptance of and comfort with strangerness rather than an ongoing captivation with familial-arity. This means that both partners are aware of each other as separate, autonomous and somewhat unpredictable individuals – an awareness that leads to an appreciation of complexity in the relationship.

Mutual awareness and appreciation of strangerness within the context of a secure relationship go hand-in-hand with interactive regulation and leads to individual and mutual development. Familial-arity, on the other hand, involves an unyielding and continual reliance on negative or positive transferential material from early attachment relationships. This material gets projected onto each partner and onto the relationship itself. This becomes the false "knowing" that interferes with discovery and novelty and leads to pseudosecurity (Eagle, 2005).

Pseudosecurity leads to boredom and dissatisfaction with the partnership. In contrast, secure couples continually re-invent themselves out of an ongoing awareness and appreciation of mystery and change. These partners do not become chronically bored with one another. They continually update their knowledge base of one another and expand their identities through frequent interactive regulation.

**Love vs Lust: falling in love is a close-up endeavor, lust is always at a distance**

Mate selection, though based in a variety of social and economic factors, is fundamentally influenced by early attachment strategies. In addition to mate selection, early
attachment formation deeply affects other important aspects of close, dyadic interpersonal relationships. One such factor is management of intimacy and distance, which can be measured in terms of time and proximity (see figure 2). Time is the frequency and duration that one spends in contact with a primary attachment figure. Proximity is the actual physical distance that is allowed between partners. The axes of time and proximity is a good indicator of comfort with intimacy and distance within a dyad, yet more detail is required to understand what these two dimensions actually look like in close relationships.

Sustained contact in close proximity is an important concern referring back to the early attachment relationship. Physical proximity, in particular face-to-face, eye-to-eye contact has a dramatic effect on individuals. Consider the mother-infant relationship where holding the baby in the cradled position brings the mother’s and baby’s face within six to twelve inches of one another. The human brain is wired to respond very differently at this distance. The human brain has more visual neurons and pathways than any other sensory input. The human face has finer musculature than any other part of the body. The human eye, particularly the left eye, shows more expression and reveals more information about the autonomic nervous system than any other expressive organ. The music-like interplay at close distance is akin to playing the scales of arousal from high to low and back again. Being in the eyes of another can be exciting, mesmerizing, and compelling. This is why television news programs such as 60 Minutes favor extreme close-ups of individuals. Even those who might be considered uninteresting at a distance become very interesting close-up. In childhood as in adulthood, attentiveness to the face and eyes provides rapid social-emotional queuing, an intersubjective process that leads to interactive regulation of affect and arousal.
Interactive regulation most often involves face-to-face, skin-to-skin interaction whereby the partners are available to one another via one or more sensory co-regulators, primarily the eyes. It is no coincidence that secure couples make more frequent and sustained eye contact than do insecure couples. Insecure couples make less continuous eye and skin-to-skin contact and tend to rely more on auditory cues and visual cues, but at a distance far greater than twelve inches.

The distance in the visual field involved in attraction or attractiveness is an important component in drawing persons toward one another. If all goes well the early attraction phase, proximity-seeking moves into contact-maintenance, whereby partners spend extended periods in close face-to-face proximity, and perhaps even later, skin-to-skin.

In close face-to-face contact, both people experience intense amplified positive feeling. In the neurochemical sense, partners are experiencing dopaminergic surges and high levels of noradrenaline. This is the same kind of vitality seen in mother-infant play with the very same neurochemical activity. Much of the excitement has little to do with language but rather the nonverbal interplay involving the right hemisphere, deep limbic structures and higher cortical, predominantly right brain processes. Near senses such as vision, smell, sound, and touch play an important role in the interactive regulatory process. These are the very same senses that will later pose the greatest problems to pseudosecure couples as they become more psychobiologically dependent on one another (Tatkin, 2005).²

Interactive regulation is two brains engaged in psychobiological attunement (see figure 3). This is a process of error and error correcting as two psychobiological systems continually adjust to momentary loss and restoration of attuned interaction. Neuroscience visionaries such as Allan Schore, view this kind of interaction as right brain to right brain (Schore, 1997, 2001,
The intersubjective process activates several key limbic and non-limbic structures involved in “high-resolution” socioaffective operations. Activation of these structures tend to occur more in the right hemisphere (Adolphs, Damasio, Tranel, Cooper, & Damasio, 2000; Bourne & Todd, 2004; Gainotti, 2001; Henry, 1997; Kimura, Yoshino, Takahashi, & Nomura, 2004; Manas K. Mandal & Ambady, 2004; Pelphrey, Singerman, Allison, & McCarthy, 2003; Tucker, Hartry-Speiser, McDougal, Luu, & deGrandpre, 1999; Watanabe, Miki, & Kakigi, 2002). More importantly, however, skillful interactive regulation involves rapid, “thoughtless,” accurate reading and responding to emotional cues. This capacity involves an integration of vertical, hierarchical ascending and descending neural pathways that span subcortical and higher cortical regions. This vertical hierarchy is again right-lateralized during positively and negatively charged interactions (Adolphs, 2001, 2002; Adolphs, Damasio, Tranel, Cooper, & Damasio, 2000; Adolphs, Damasio, Tranel, & Damasio, 1996; Bechara, Damasio, & Damasio, 2000; M. K. Mandal, 2004; Mitchell, Elliott, Barry, Cruttenden, & Woodruff, 2003).

What Guards Against Pseudosecurity?

- Two-person psychological orientation.
- A preference for interactive regulation.
- Resolved trauma and loss.
- Attraction to complexity.
- Good neuro-development for social-emotional functioning.
- Sobriety.
- Secure-Autonomous or Earned-Secure attachment.
Helping Pseudosecure Couples

Pseudosecure couples generally come in to therapy because of a crisis involving a secret or set of secrets kept by at least one partner. The secret is usually financial or sexual in nature. The crisis sets up a pattern of dysregulation that is effectively treated in frequent and lengthy sessions. The long and frequent sessions help reduce the psychobiological stress that arises from the inability of pseudosecure partners to repair the injury.

Frequent and lengthy sessions also allow the therapist to work through the many state changes experienced by partners throughout the session. State changes cannot be managed in one-hour sessions. The therapist can use the longer sessions to work in depth with the avoidant partner’s destabilization. This can accelerate the therapeutic process in ways that might never occur in individual therapy. Whether or not they decide to stay together, the crisis that brings the pseudosecure couple into therapy can provide enormous benefits to each partner. The therapist working with pseudosecure couples should make very clear – that their investment in therapy at this time, though very painful, will move both partners forward in their development in a way never before experienced. And for those couples that choose to stay together it is also, quite truthfully, an opportunity to at last become married.
References


Footnotes

1 This is different from Jean Laplanche’s term, étrangèreté (Laplanche, 1999).
2 Psychoanalyst Morris Eagle has written on the connection between attachment and sexuality noting that there may be incompatibilities between security attachment and libido (Eagle, 2005). However I believe he is describing the pseudosecure couple rather than the securely attached couple when postulating the early death of mutual sexual attraction during marriage.
Figure 1 -- Secure/Insecure Spectrum. This graph is intended to map out secure versus insecure partners with several overlays included. From this we can look at attachment from a physically proximal/distal, intersubjective, and object relations perspectives. The yellow colored radiation from the center is intended to illustrate where the pseudosecure couple might fit within the secure/insecure spectrum.
Figure 2 -- Axes of time and proximity. Secures and insecures alike may be understood in terms of tolerating time with and physical proximity to their primary attachment figure.
Figure 3 - Right brain to right brain interaction encompassing the near senses involved at close physical proximity. Partners are face-to-face, eye-to-eye, and are co-regulating via pupil dilation, eye movement, and orbicular muscles surround the eye. Through vocalization, partners co-regulate via mutually modulated prosodic speaking tones and utterances (the language portion of speech is primarily left-hemisphere). Through skin-to-skin contact, partners co-regulate via non-verbal cues of approach and withdrawal (involving other senses) as well as skin temperature, pressure of touch, and other tactile sensations. Both olfaction (smell) and gustation (taste) are strong co-regulators that, with high frequency, become an issue with avoidant partners. Neurologically, there is well-documented evidence linking highly attuned, positively valenced, close physical interaction with activation of right laterized medial structures, traversing sub-cortical and higher cortical regions (reviewed in-depth in later chapters).