ATTACHMENT DISORGANIZATION
The Reunion of Attachment Theory and Psychoanalysis

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The author investigates the psychoanalytic implications of recent attachment research on the disorganized attachment category in infants and the unresolved for trauma and loss adult attachment classification with which it has been associated. The author first reviews empirical findings on attachment disorganization and then explores the ways in which they are consistent with and illuminated by psychoanalytic concepts. The focus is on linkages between disorganized attachment and Freud’s theory of strain trauma and traumatic anxiety, Klein’s theory of projective identification and the interplay between paranoid–schizoid and depressive anxieties in development, and Blatt’s theory of psychological development as resulting from the interplay of anaclitic and introjective developmental lines. In so doing, this article contributes to the reunion between attachment theory and psychoanalysis.

Many of the ideas in this article have their roots in a series of dialogues that Sidney Blatt and I had with attachment researchers while we were editing two issues of Psychoanalytic Inquiry on the implications of recent attachment research for psychoanalysis. Much to our
surprise, several attachment researchers expressed interest in psychoanalytic references on catastrophic fantasies. They hoped to understand why infants who showed disorganized patterns of attachment in infancy presented later, at age 6, with catastrophic fantasies. Such fantasies involved themes of violent death, annihilation, or destruction in doll-play or story-completion tasks. Many of these children were from low-risk samples with no history of direct maltreatment or abuse by parents, although their parents were found to be chronically grieving or to be unresolved with regard to past losses and traumas on the Adult Attachment Interview (George, Kaplan, & Main, 1985). These findings raised the question as to how the psychic reality of the parents came to be reflected so directly in the behavior and internal world of the child in the absence of any direct behavioral reenactment (that is, any direct repetition of traumatic loss or abuse in the next generation). Indeed, recent research on the fourth attachment category, the disorganized–disoriented category (Main & Solomon, 1986), and its adult attachment category analogue, unresolved for trauma and loss (Hesse & Main, 1999; Main & Hesse, 1990), has led to a renewed interest in the psychoanalytic constructs of fantasy, representation, and processes of internalization and hence to a reunion between psychoanalysis and attachment (Main, 1993, 1995).

It is important to recall that Bowlby, the chief architect of attachment theory and a practicing psychoanalyst throughout his life (Bowlby, 1940, 1958, 1969, 1973, 1977, 1980), did not completely discount the impact of fantasy, conscious, and unconscious on behavior and representation, as Bretherton (1998) and other psychoanalytically oriented psychologists have pointed out. Indeed, Bowlby stipulated that one of the primary tasks of the psychoanalytic clinician was to help “the patient explore his own past, his own feelings ... to help the patient sort out what was real and what is or was fantasy” (Bowlby, as quoted in Hunter, 1994, p. 114). This strain of Bowlby’s work has been obscured by the now well-documented debates with his colleagues in the British Psychoanalytic Institute, particularly Melanie Klein, over the extent to which pathology stemmed from “the introjection of phantastically severe parents ... itself a product of projections” rather than from the introjection of the parents’ real characters” (Bowlby, 1940, p. 173) or from traumatic separation from them (Fonagy, 2001; Holmes, 1995). Yet although Bowlby (1988) originally defined attachment theory as “a variant of object relations theory,” attachment theory, like one of Darwin’s Galapagos Islands, became isolated from the mainland of psychoanalysis, developing its own idiosyncratic ideas, language, and research traditions (Holmes, 1993).

In this article, I explore the ways in which recent findings on attachment disorganization are both consistent with and illuminated by psychoanalytic concepts, particularly (a) Freud’s theory of partial or strain traumas as the result of an accretion of more subtle pathogenic parent–child transactions; (b) Freud’s theory of the traumatic moment or traumatic anxiety as linked to the perception of both external and internal dangers; (c) Klein’s theory of projective identification and the oscillation between paranoid–schizoid and depressive positions in infancy and in states of mourning in adulthood; and (d) Blatt’s theory of psychological development and internalization as resulting from the interplay of two developmental lines, an anaclitic line of gratifying involvements with attachment figures and an introjective line of autonomy and self-definition.

The Disorganized–Unresolved Attachment Category

I begin with a brief review of recent research findings on attachment disorganization in infants and its representational and behavioral correlates in older children and adults in
order to create a context for the theoretical discussion to follow. The disorganized–
disoriented attachment category in infants is characterized by lapses in behavior and
orientation upon reunion with the parent in the Ainsworth Strange Situation, a laboratory-
based procedure that involves several episodes of separation and reunion between mother
and child (Ainsworth, Blehar, Waters, & Wall, 1978; Hesse & Main, 1999). Infants judged
disorganized showed a number of conflict behaviors, including (a) simultaneous display
of contradictory behavior patterns (e.g., smiling at the attachment figure while hitting him
or her); (b) rigidly sequential display of contradictory behavior patterns (e.g., approaching
the parent upon reunion but then raising hand to mouth in an apprehensive gesture); (c)
stilling and freezing with a trancelike expression; (d) anonymous postures, mistimed
movements, and stereotypes; and (e) undirected and misdirected behavior patterns (e.g.,
turning in circles while approaching the parent) (Main & Solomon, 1986, 1990). The
chaotic, contradictory, and idiosyncratic nature of such behaviors suggests an absence of
an internalized organized attachment strategy, whether secure or insecure. However,
because disorganized attachment is often coded from behaviors that are brief or fleeting,
such infants are usually assigned a best fitting secondary attachment classification of
secure, avoidant, or resistant, based on the type of organized attachment strategy their
behavior most resembles (Main & Solomon, 1990).

A number of studies of children’s behavioral and verbal narrative response patterns in
separation and reunion tasks with parents indicate that by age 6, disorganized attachment
in infancy tends to be repatterned into two forms of 6-year-old attachment behaviors: (a)
**disorganized–controlling**, in which children exhibit punitive, hostile behaviors toward the
parent as evidenced by their ordering them around and humiliating them, or (b) **disorga-
nized–caregiving**, in which children show overly solicitous behaviors, indicating that they
are preoccupied with the parents’ well-being (Hesse & Main, 1999; Main & Cassidy,
1988; Main, Kaplan, & Cassidy, 1985; Wartner, Grossmann, Fremmer-Bombik, & Suess,
1994). Meta-analytic studies (Van IJzendoorn, Schuengel, & Bakermans-Kranenburg,
1999) have confirmed the strong linkage between attachment disorganization in infancy
and such controlling/punitive or caretaking behaviors toward the parent at age 6.

Although these children appeared more organized at the behavioral level, themes of
disorganization were found to persist at the representational level in aspects of fantasy,
narrative, and play in later childhood. For example, children classified as disorganized at
1 year, at 6 years responded to pictures of parent–child separations with fearful silence or
paralysis, or with stories involving catastrophic fantasies with themes of injury, suicide,
or death of the self or attachment figures (Kaplan, 1987; Solomon & George, 1999). One
child imagined that the child might lock himself in a closet or kill himself; others, that the
parent might die or be injured, or that they and their families might be overwhelmed by
external forces and disasters. As George and Solomon pointed out, these children appear
“to be helpless to control their own narratives” (p. 18) in that actions seem to occur
mysteriously and without an agent. The emergence of such catastrophic themes or para-
lyzing inhibition has been shown in a number of subsequent studies involving doll-play
and story-completion tasks (Solomon & George, 1999; Solomon, George, & DeJong,
1995). For example, one controlling 6-year-old, in response to a query of what might
happen in an overnight parent–child separation, stated,

> And see, and then, you know what happens? Their whole house blows up. See . . . They get
destroyed and not even their bones are left. Nobody can even get their bones. Look. I’m
jumping on a rock. This rock feels rocky. Aahh! Guess what? The hills are alive, the hills are
shaken an shakin. Because the hills are alive. Uh Huh. The hills are alive. Ohh! I fall smack
off a hill. And got blown up in an explosion. And then the rock tumbled down and smashed everyone. And they all died. (Solomon & George, 1999, p. 17)

As evident in the above response, studies with 6-year-olds previously classified as disorganized indicate the persistence of disorganization in language and representational processes (Main & Cassidy, 1988). Solomon and George (1999) pointed out that the narratives of such children are infused with primary-process, dreamlike imagery and are lacking in secondary revision or cognitive organization. Investigators (Cassidy, 1988; Main & Cassidy, 1988; Solomon et al., 1995) have also found that children classified as controlling–disorganized had more malevolent representations of self and others than did those in other attachment groups; they tended to depict hostile, violent, or bizarre transactions with mother, with the self depicted as relentlessly negative or bad. Other studies indicated that by age 5 or 6, the disorganized child has developed a relatively organized internal working model of attachment—but one that involves a consolidated and specific representation of self and other as helpless and/or malevolent and their transactions as infused with fear and anxiety (Hesse & Main, 1999; Lyons-Ruth, 1999; Solomon & George, 1999).

Interestingly, these representations of self and other as malevolent or helpless were also found in interviews with mothers of controlling–disorganized 6-year-olds. Recent investigations of maternal caregiving representations have shown that mothers of disorganized–controlling or punitive 6-year-olds portray themselves as helpless or as controlled by an all-powerful, precocious, or unmanageable child, whereas mothers of disorganized–caregiving 6-year-olds portray their relationship with the child as characterized by extreme psychological closeness or merger, as evidenced by statements such as “I feel him in my space . . . and I think he does too . . . I might just put out my hand and suddenly he’s holding my hand . . . without looking” (Solomon & George, 1999, p. 19).

A number of studies have now indicated that infant disorganized attachment is predicted by parental lapses in the monitoring of reasoning or discourse during discussions of loss or trauma on the Adult Attachment Interview (AAI; George et al., 1985), a semistructured interview designed to assess individuals’ representational states regarding attachment experiences with their parents and other significant caregivers in childhood (see Hesse, 1999, for a review).

Examples of lapses in reasoning would include (a) talking about the deceased individual as though he or she were still alive (e.g., “I feel as though he is inside me now, ever since he died I feel his voice, his smell, and he tells me what to do . . . whenever I ask him”) or (b) indications of confusion between the dead person and the self (e.g., “I remember my first experience with death was hearing about my brother who had died in a car accident before I was born all the time. To the point that I thought I was my brother reincarnated . . .”). Lapses in discourse are indicated by (a) falling silent for prolonged periods (90 s or more); (b) sudden extended use of eulogistic speech when talking about the deceased person (e.g., “She was young, she was lovely, she was dearly beloved by all who knew her and who witnessed her”); or (c) extreme attention to detail surrounding the loss or abuse experience (see Main & Goldwyn, 1998). It is important to note that it is the lack of resolution of past experiences of loss or trauma, rather than the actual experiences of loss or trauma per se, that is associated with such lapses in reasoning or discourse on the AAI. For example, in one study, 91% of mothers who had suffered a loss and showed indices of lack of resolution had disorganized infants, whereas only 16% of mothers who had suffered a loss but did not show lack of resolution on the AAI had disorganized infants (Hesse & Main, 1999).
Hesse and Main (1999) see the evolution of disorganized attachment behaviors as the logical outcome of the simultaneous inhibition and activation of the attachment behavioral system itself, which occurs when the attachment figure, which ordinarily functions as a haven of safety, becomes instead a source of threat or alarm. Bowlby originally hypothesized that the attachment behavioral system, which causes the infant to seek the attachment figure as a haven of safety in situations of danger, is from the beginning intertwined with the activation of fear. As Bowlby (1973) wrote, “whether compatible or in conflict with one another, attachment behavior and escape behavior are commonly elicited by many of the same stimulus situations” (p. 92). The simultaneous activation of the attachment behavioral system, which leads the infant to approach the parent, and the escape (fear) system, which activates flight, places the infant in a paradoxical situation of escalating conflict and fear, which may be inherently pathogenic (Hesse & Main, 1999). Not surprisingly, the disorganized–disoriented infant attachment pattern and its adult analogue in the unresolved for trauma and loss AAI classification have been linked to psychopathology, including conduct disorders and dissociative disorders in children and adolescents (Liotti, 1992, 1999; Lyons-Ruth, 1999; Main & Morgan, 1996; Muscetta, Dazzi, DeCoro, Ortu, & Speranza, 1999) and with borderline personality disorders (Diamond, Bartocetti, Levy, Clarkin, & Foelsch, 1999; Fonagy et al., 1995, 1996; Patrick, Hobson, Castle, Howard, & Maughn, 1994), dissociative disorders, affective disorders, and psychopathy in adults (Hesse, 1996; Lyons-Ruth, 1999). Also as might be expected, previous research indicates that a substantial portion (over 80%) of infants classified as disorganized have suffered from direct abuse or maltreatment. However, intriguingly, a substantial number of infants (15%–20%) from nonmaltreating or low-risk families have also been classified as disorganized (Hesse & Main, 1999).

These findings suggest that such lack of resolution of loss or trauma on the part of the parents may be transmitted to the infant through indirect behavioral and affective cues, short of direct maltreatment, that may be rooted in the parents’ partially dissociated sense of an internal catastrophe around past traumatic experiences and losses. In their quest to understand such second-generation effects of unresolved trauma and loss, attachment researchers, following Bowlby’s conviction that actual parent–child transactions structure the internal world, have turned toward a more fine-tuned exploration of parental behaviors, frightened and dissociated as well as frightening, that might precipitate disorganization in the infant.

**Disorganized Attachment and Frightening or Frightened Parental Behaviors**

Recently, Hesse and Main (1999) developed the *FR coding system*, which encompasses several classes of frightened or frightening (FR) parental behaviors, including (a) predatory or threatening behaviors such as growling at or stalking the infant; (b) frightened or inhibited behaviors such as fearfully backing away from the infant as though he or she were a predator; (c) dissociated behaviors such as falling into trancelike states or moving in an asymmetrical or robotic manner; and (d) eroticized behaviors such as sexualized caressing or deep kissing. Hesse and Main (1999) stated that such behaviors are difficult to identify and classify because they are often fleeting and momentary and hence are thought to be derived from partially dissociated memories or states in the parents.

Recent research findings with two low-risk samples indicate that parents who show lapses in reasoning or discourse when discussing past experiences of trauma or loss on the AAI are more likely to exhibit frightened, dissociated, or subtly frightening behaviors in
interaction with their infants (Jacobvitz, Hazen, & Riggs, 1997; Lyons-Ruth & Jacobvitz, 1999; Lyons-Ruth, Bronfman, & Parsons, 1999; Schuengel, Van IJzendoorn, Bakermans-Kranenburg, & Blom, 1999a, 1999b). For example, Jacobvitz et al. (1997), in a study that required mothers to feed, play with, and change their babies during the observation, found a strong association between (a) mothers who were classified as unresolved for trauma and loss on the AAI with both secure and insecure alternative classifications as assessed before the child’s birth and (b) mothers’ use of frightening or frightened behaviors when the child was 8 months of age. Additionally, in these studies the mothers who were classified as unresolved were more likely to have lost a parent than another attachment figure. Furthermore, mothers who lost a parent before the age of 17 were more likely to display frightening behaviors with their infant than were mothers who were older than 17 when the loss of a parent or primary attachment figure occurred. Furthermore, there are some indications from previous research that mothers are more likely to display FR behaviors with their infants if they are classified with lack of resolution of loss and trauma on the AAI in conjunction with secondary insecure status (e.g., unresolved–insecure) than if they are classified with lack of resolution of loss or trauma in the context of secure attachment status (e.g., unresolved–secure; Schuengel et al., 1999a, 1999b). Such studies have led Hesse and Main (1999) to hypothesize that secondary status of secure attachment may curtail the expression of FR behaviors in mothers who show evidence of unresolved states of mind with respect to trauma and loss.

However, intriguingly, in another study Schuengel et al. (1999a) found that mothers who demonstrate secure states of mind regarding attachment on the AAI are significantly more likely to display FR behaviors than are mothers classified as unresolved–secure. Thus, it may be that the restraints on FR behavior shown by unresolved–secure mothers stem from severe inhibition that may also be traumagenic for the child. One might hypothesize that FR behaviors represent exaggerated versions of some of the behaviors in the repertoire of playful parent–child interactions—and that both exaggerations of these behaviors, particularly when accompanied by fearful affects and fantasies on the part of the parents, and severe inhibitions of these behaviors that curtail parent–infant transactions or communications may be inherently problematic for the child’s development.

Indeed, there is now much research evidence linking frightened, frightening, or inhibited (FR) parental behaviors with the development of disorganized attachment in infancy, in both high-risk (maltreating) and, to a lesser extent, low-risk (nonmaltreating) families in a number of situations, including naturalistic observation in the home (Jacobvitz et al., 1997; Schuengel et al., 1999a), experimental laboratory situations (Abrams & Rifkin, 1999), and fieldwork among the West African Dogan ethnic group (True, Pasani, Ryan, & Oumar, 1998; see Hesse & Main, 1999, for a review).

Disorganized Attachment and Disrupted or Mistimed Parental Communications

The findings that inhibited as well as frightening parental behaviors are associated with attachment disorganization in children and adults led Lyons-Ruth and her colleagues (Lyons-Ruth, Bronfman, & Parsons, 1999) to further explore the subtle and complex aspects of parent–child communication and affect regulation that might be associated with infant attachment disorganization. They developed a coding system encompassing a fine-grained view of the inhibited and disrupted parental affective communication patterns that might engender infant disorganized attachment, including some of the codes in Hesse and Main’s (1999) FR system: (a) affective communication errors, which include simulta-
neous conflicting affective cues to the infant and failure to respond to clear affective signals from the infant; (b) disoriented responses, such as exhibiting a frightened or stunned expression in the context of confusion about the infant; (c) negative–intrusive parental responses, such as mocking or teasing the infant; (d) role-confused or role-reversed responses, such as eliciting reassurance from the infant or sexualizing the relationship with the infant; and (e) parent withdrawing behaviors, such as holding the infant away from the body with stiff arms or failing to greet the infant after a separation (Lyons-Ruth, 1999). In a 19-year longitudinal study of low-income families, Lyons-Ruth and her colleagues (Lyons-Ruth, 1999; Lyons-Ruth & Jacobvitz, 1999) found that all five of these ratings of disrupted parental affective communication were significantly related to infant disorganized attachment, even when the effects of the frightened/frightening (FR) behaviors were removed from the total disrupted behavior scores. Lyons-Ruth’s research suggests that the mothers’ subtle communicative cues and the quality of her affective responsiveness to the child’s fearful arousal may be as important as specific FR behaviors in precipitating attachment disorganization in the infant.

Lyons-Ruth’s (2001) investigations of the link between inhibited, mistimed, misattuned, and frightened or frightening parental behaviors and infant disorganization led her to identify two subgroups of disorganized mother–infant dyads, characterized by different profiles of behavior and interaction:

1. A helpless–fearful subgroup, in which mothers show subtle indications of fearfulness and inhibition in interacting with their infants, such as holding the infant away from her body with stiff arms upon reunion. Infants in this group were classified as disorganized–secure, because they expressed distress upon separation from the mother and approached the mother upon reunion as do secure infants but then froze or went still or limp when held.

2. A hostile–intrusive or self-referential subgroup, in which mothers displayed a mixture of negative intrusive and role-reversing behaviors, such as mocking and teasing the infant, that heightened the infant’s attachment behaviors without ameliorating them. Infants in this group were classified as disorganized–insecure, because they displayed mixed chaotic forms of avoidant or ambivalent behaviors in separation and reunion episodes with the parent, mirroring their parents’ contradictory affective cues.

Thus, through their microanalysis of parent–child transactions, attachment researchers have identified specific behaviors that appear to mediate between parents’ lack of resolution of trauma and loss in their own histories and the development of disorganized–disoriented attachment in their infants. In so doing they have begun to close the transmission gap between the representational world of adults and the internal and behavioral world of the infant that has long plagued both attachment researchers and psychoanalysts. Previous psychoanalytic investigations have suggested the potentially pathogenic impact of the parent’s internal representational world, with its associated affects and fantasies, on the child’s development and emerging personality organization (Fraiberg, Adelson, & Shapiro, 1975; Pine, 1988), but the precise mechanisms by which such transmissions occur have been difficult to pinpoint. Attachment researchers, following Bowlby (1969, 1988), remain rooted in a model that links the development of the infant’s internal working models of attachment to actual parental behaviors and early experiences, and have historically downplayed the etiological role of fantasy and affect.

Yet recent attachment investigations have illustrated that the parents’ construction of their own experiences of trauma and loss is the first link in the chain of mediations that result in infant attachment disorganization, with parent frightened, frightening, and disrupted behaviors being the vehicle of transmission. These investigations illustrate how
aspects of a parent’s unresolved history are transmitted to the child not only through actual overt abuse but through an accretion of frightened, frightening, misattuned, or inhibited behaviors that constitute a climate of cumulative trauma for the child, resulting in infant disorganized attachment behaviors. Interestingly enough, given the early divergence of attachment and psychoanalytic theories, these recent empirical investigations of the mediating factors between infant disorganization and parental lack of resolution of trauma and loss and their theoretical implications are illuminated by, and in turn illuminate, psychoanalytic concepts, both classic and contemporary. Although there has been some attention to the ways in which research findings on attachment disorganization are consistent with and amplify contemporary relational perspectives in psychoanalysis (see Lyons-Ruth, 1999; Mitchell, 1998) there has been little attention to the ways in which these findings are consistent with classic psychoanalytic formulations, which is the topic of the following section.

Disorganized Attachment and Cumulative Trauma

Attachment researchers have written the grammar for the concept of strain or cumulative trauma, which had its genesis in Freud’s work and has been elaborated by his followers, particularly Ernst Kris (1956), Masud Khan (1963), and Joseph Sandler (1967). Freud’s conception of trauma stressed the interplay of internal and external factors, as indicated in his definition of trauma as “the experience of helplessness on the part of the ego in the face of an accumulation of excitation, whether of external or internal origin, which cannot be dealt with” (Freud, 1933/1964, p. 81). Further, from early on Freud distinguished between major or shock traumas and partial or strain traumas. For example, in Studies in Hysteria, Breuer and Freud (1898/1955) hypothesized that

It not infrequently happens that instead of a single major trauma, we find a number of partial traumas forming a group of provoking causes. These have only been able to exercise a traumatic effect by summation and they belong together insofar as they are in part components of a single story of suffering. (p. 6)

Following Freud, Kris (1956) further developed this distinction between shock trauma, defined as a single experience in which reality brutally and powerfully impinges on the child’s life, and strain trauma, defined as “the effect of long-lasting situations which may cause traumatic effects by the accumulation of frustrating tensions” (Kris, 1956, p. 73). Such frustrating tensions, which may result from excess excitations or from breaches in parent–child interactions, may accumulate silently or invisibly, but the end result is usually a “strain trauma” in which there is paralysis or disorganization of ego functions. We may hypothesize that the chaotic and contradictory responses of the disorganized infant who resorts to stilling or freezing behaviors, to crying and turning in circles, or to dropping silently to the floor upon reunion with the parent are the behavioral manifestations of such strain trauma.

The controlling–punitive and role-reversing behaviors of 6-year-old children classified as disorganized are consistent with other psychoanalytic formulations of cumulative trauma as resulting from subtle but consistent breaches in the mother’s role as a protective shield, breaches that are often difficult to detect clinically or to observe naturalistically but that over time tend to cast character in a specific distorting mold. Here we are reminded of Hesse and Main’s (1999) observations of how difficult it is to code FR behaviors, some of which are quite brief, subtle, or transitory. Further, none of these behaviors may be
singly traumatic, but in aggregate they may create a cumulative strain for the child. Winnicott (1965a, 1965b, 1974) and Khan (1963, 1974), for example, have both observed that children who have been subject to such strain traumas resulting from an accretion of subtle maternal breaches show ego fragmentation (e.g., stilling, or falling to the ground and playing dead) designed to ward off maternal impingements, whereas in later childhood, they tend to show premature and selective ego development, often involving a special and selective responsiveness to the mother. The observations of attachment researchers that disorganized–controlling 6-year-olds often display precocious concern for their mothers, who experience themselves as helpless, are consistent with the clinical formulations of Khan and Winnicott. Khan (1963), for example, hypothesizes that in such situations the child’s precocious functions in conjunction with the mother’s collusive response militate against differentiation between the maternal ego and that of the child. This lack of differentiation has been observed in the studies cited previously as the mother’s helpless submission to the child’s control, or the solicitation of caretaking from and closeness with the child, who presents as preoccupied with her emotional needs and states (Main & Cassidy, 1988; Solomon & George, 1999). Instead, the child develops an ego attitude of excessive craving for and concern for the mother, which substitutes for the gradual disillusionment and mourning that might allow further differentiation between mother and child to take place.

Such selective ego distortion, which involves a precocious anticipation of and response to the mother’s helplessness and need, also interferes with the process of gradual disillusionment and mourning as the child separates from the parent. Thus the controlling–caretaking behaviors of the disorganized child in midchildhood may prefigure the lack of resolution of mourning and loss seen in the AAI s of unresolved individuals—the adult narrative analogue of child disorganized–controlling behaviors. One longitudinal study (Kaplan, 1987, 1995) has linked the 6-year-old child’s lack of tolerance for separation as measured by the Separation Anxiety Test (Klagsbrun & Bowlby, 1976) with disorganized attachment status in infancy and with lack of resolution of loss and trauma on the AAI in late adolescence and early adulthood. Such longitudinal investigations suggest a linkage between failed separation, attachment disorganization, and lack of resolution of mourning (Kaplan, 1987, 1995).

Sandler (1967) hypothesized that strain trauma may also result from the perception of a danger situation; that is, the memory of a situation, which involved the traumatic overwhelming of the ego, can function as though it were a traumatic experience itself. We might hypothesize that the parent who is unresolved with respect to trauma and loss on the AAI periodically experiences what Freud (1933/1964) called “the traumatic moment” or traumatic anxiety in response to memories that threaten to engender a sense of helplessness or overwhelming anxiety. Such traumatic anxiety must be distinguished from signal anxiety that is mobilized to master or symbolize the threat of internal drives or impulses that threaten to break through the repressive barrier. By contrast, the traumatic moment or traumatic anxiety leaves unmetabolized or unsymbolized memories that function as internal dangers for the parent and that may be conveyed to the infant with the full force of actual traumatic experiences. Consequently, the child’s behavior and fantasy constructions will reflect the parent’s past catastrophic experiences and associated fantasies.

Freud’s Theory of the Traumatic Moment and Attachment Disorganization

Traumatic anxiety, defined by Freud (1923/1961a) as the “fear of being overwhelmed or annihilated” (p. 57) from either external or libidinal dangers, illuminates our understand-
ing of the psychic experience or internal world of those classified with attachment dis-
organization. Freud’s theory of anxiety took a number of labyrinthine turns that are
beyond the scope of this article, but it is important to note that his later conceptualization
of anxiety as a biologically determined epiphenomenal experience that was catalyzed by
the perception of dangers, both internal and external, was in part consistent with Bowlby’s
formulations. Like Bowlby, Freud defined the prototypical danger situation as one of the
loss of the mother and her love. “Anxiety in children is originally nothing other than an
expression of the fact that they are feeling the loss of the person they love,” wrote Freud
(1905/1953, p. 224). In contrast to Bowlby, Freud saw the loss of the mother as potentially
devastating because it left the infant in a “situation of helplessness” not only with respect
to external dangers, as Bowlby (1969) would have it, but also to the internal dangers
resulting from “the accumulation of unsatisfied desires” (Freud, 1926/1961b) or from a
growing tension due to unsatisfied libidinal needs or excitations.

Yet there are indications that Freud did not privilege the role of internal versus
external factors in his theory of anxiety. It is ironic that although Freud abandoned the
affect–trauma model of neurosis in favor of the topographical model and then the struc-
tural model, both of which brought into focus the etiological role of fantasy and psychic
reality, his theory of anxiety, particularly traumatic anxiety, integrates the etiological role
of both internal and external factors. “I can see no objection to there being a twofold origin
of anxiety—one as a direct consequence of the traumatic moment and the other as a signal
threatening a repetition of such a moment” (Freud, 1933/1964, pp. 94–95). Indeed, he
defined a danger situation as “a recognized, remembered, expected situation of helpless-
ness” (Freud, 1933/1964, pp. 94–95). Thus, anxiety, which is generated by a sense of
helplessness, involves not only the expectation of trauma but also the repetition of it in
mitigated form. The lapses in reasoning and discourse in parents who are classified as
unresolved with respect to trauma and loss on the AAI provide evidence for the repetition
of such traumatic moments or traumatic anxiety on the intrapsychic or representational
level. Indeed, Freud (1926/1961b) wrote that “in relation to the traumatic situation in
which the subject is helpless, external and internal dangers, real dangers and instinctual
demands converge” (p. 168).

He further stipulated that the ego that previously had been rendered helpless in the face
of the trauma now repeats it actively in attenuated version in order to direct its course.
Such attempts at active mastery of a passive state of helplessness in the face of trauma are
everywhere evident in the behavior and ideation of disorganized children and unresolved
adults, particularly in the catastrophic themes of stories and doll-play in 6-year-old dis-
organized–controlling children who might be said after Freud to be striving to master the
distressing impressions and affects conveyed by their parents by reproducing them in their
play and narratives. Such strivings for mastery are also evident in the attempts, however
partial and fragmentary, of unresolved adults to narrate themes of loss or trauma on the
AAIs as well as in the active, if contradictory, maneuvers of disorganized children such
as approaching parents with a smile and then falling to the ground or attacking them.

Freud’s (1933/1964) question here is prophetic:

Why should it not be possible for similar traumatic moments to arise in mental life without
reference to hypothetical situations of danger—traumatic moments in which anxiety is not
aroused as a signal but is generated anew for a fresh reason? (p. 84)

In contrast to signal anxiety, which in Freud’s view represents a potential danger that can
be contained and symbolically represented, traumatic anxiety is experienced as a
present danger that overwhelms the individuals’ symbolic representational capacities. Such a breakdown in symbolic function is evident in the narrative fragmentation, the breaks in logic, and the confusion between past and present, life and death, that emerge in narratives of adults classified as unresolved-disorganized on the AAI.

It is now a truism that the emphasis in attachment theory on fearful arousal of the child and the modulation of that arousal through seeking proximity to the caretaker is a departure from the emphasis in psychoanalytic theory on libidinal and aggressive drives as central motivational systems. However, Freud (1920) also grappled with the motivational aspects of fear, as the following passage indicates: “One thing is certain that the problem of anxiety [fear] is the meeting point of many important questions, an enigma whose complete solution would cast a flood of light upon psychic life” (p. 341).

Indeed, contemporary Freud scholars have further developed Freud’s theory of traumatic anxiety and the traumatic moment and their impact on psychic life. For example, Hurvich hypothesized that such traumatic moments, and their associated overwhelming anxieties (Hurvich, 1989, 2000, 2003), ought to be conceptualized as the most extreme end of a developmental continuum of anxieties inherent in Freud’s theory. He termed such anxieties of the traumatic moment “annihilation anxiety” and hypothesized that the state of overwhelmed helplessness associated with it represents the earliest dangers of the ego, to be followed by danger of loss of an object, loss of love or self-sufficiency, castration, or superego condemnation. Hurvich (1989) observed that Freud (1923/1961a) recognized that fears of being overwhelmed and annihilated are conjoined but remain somewhat inchoate and unverbalizable as follows: “What it is that the ego fears from this external and from the libidinal dangers cannot be specified; we know that the fear is of being overwhelmed and annihilated, but it cannot be grasped analytically” (Freud, 1923/1961a, p. 57). Hurvich (1991) identified three levels of annihilation anxiety: basic, intermediate, and higher. He places annihilation anxiety, which stuns the ego into a state of helplessness and defensive failure, at the furthest extreme of a continuum of anxieties that also includes neurotic anxiety, a more cognitive or thoughtlike experience accompanied by token affects and capable of symbolic representation, and realistic anxiety, which mobilizes the individual to act to protect the self from current dangers and thus serves the purpose of self-preservation. However, he also stipulated that whereas early in life such overwhelming anxieties about annihilation are experienced passively and preverbally, they can later be given psychic content—a point affirmed by the fact that at age 6, catastrophic fantasies replace the inchoate behaviors of disorganized infants (e.g., stilling, freezing, backing away from mother with apprehension, falling to ground). Annihilation anxieties can be triggered at any time in the life cycle when there is a perception–fantasy of survival threat (Hurvich, 2003).

The Relevance of Klein’s Theory of the Paranoid–Schizoid and Depressive Position to an Understanding of Attachment Disorganization

Like Freud’s (1933/1964) theory of the traumatic anxiety, Klein’s theory of the interplay between paranoid–schizoid and depressive anxieties in infancy is relevant to recent research findings on attachment disorganization. Several of Bowlby’s followers have drawn parallels between Klein’s (1935, 1946) formulations of the paranoid–schizoid and depressive positions and disorganized attachment in children and adults (Bretherton, 1998; Diamond, 1996; Fonagy, 1999; Steele & Steele, 1998). For example, the disorganized infant has been referred to as “the Kleinian infant” whose chaotic and contradictory
behaviors are thought to reflect concerns about survival and annihilation reminiscent of Klein’s notions of persecutory anxiety (Steele & Steele, 1998). Similarly, there are echoes of the depressive position, with associated anxieties around loss and mourning, guilt and reparation, in aspects of the AAI narratives of adults classified as unresolved. It should be noted that recent Kleinian thinking has stressed less the epigenetic nature of these positions as their continuous interplay throughout life. Paranoid–schizoid and depressive anxieties are reawakened and reworked with new developmental challenges or experiences (Steiner, 1992; see Schafer, 1997, for a review). If we think of the two positions as “clinical prototypes about the types and degrees of object relatedness,” as does Schafer (1997, p. 3), then the recent parallels of these two positions with patterns of attachment with their differential internal working models becomes more comprehensible.

The chaotic and contradictory behaviors of infants with disorganized attachment have been hypothesized to reflect the chaotic, internal world of the paranoid–schizoid infant who manages severe persecutory anxieties through splitting and the complex matrix of projections and introjections. The infant who approaches the mother with a smile and then hits her, who raises hand to mouth with apprehension upon reunion with the parent, who approaches the parent and then reverts to rocking on hands and knees clearly is working from two polarized, unintegrated, if rudimentary, internal schemas about the parents that are continuous with notions of splitting as the defensive process in which loving and hateful, positive and negative feelings toward the same object are rigidly compartmentalized. Other infant behaviors categorized as disorganized, such as freezing, stilled, or stereotyped movements, seem indicative of the states of fragmentation that result from disintegrative splitting (Steiner, 1997). It seems then that the behavior of the disorganized infant shows us what defenses such as splitting and projective identification look like in their most rudimentary forms as represented as action schemas. It is noteworthy that Main and her colleagues (Main et al., 1985) have observed that the symbolic play sequences of the disorganized child show little sense of boundary between internal and external; both are experienced as overwhelming and dangerous.

Indeed, the research findings on attachment disorganization suggest that primitive mechanisms such as projective identification are linked as much to real early events and experiences, as Bowlby (1969) hypothesized, as to the infant’s autonomous world of unconscious fantasy. As previously noted, there is increasing evidence from recent attachment research literature that infant disorganization is in part precipitated by parental projections of unwanted or hated aspects of the parents’ own self-experience (Lieberman, 1999) or of intolerable aspects of the parents’ own past experiences with trauma and loss. These experiences in turn are communicated to the infant through the vehicle of often-dissociated frightened, frightening, severely inhibited, or mistimed interactions or communications of which they may be unaware.

Whether projective identification originates from the parent, as much of attachment research suggests, or in the infant, as Klein stipulated, it functions to curtail separation between self and other. Steiner (1990, 1997) has stipulated that the object is possessed and controlled through projective identification in both the paranoid–schizoid and early depressive positions and that rigid and primitive defenses serve “to cement the objects and projected parts of the self together, and consequently to prevent the latter from being withdrawn and returned to the ego” (Steiner, 1990, p. 338). Such formulations help to explicate both the rigid, controlling, and punitive behaviors toward their parents observed in disorganized–controlling 6-years-olds and the helplessness of their parents. We might hypothesize that such parents who project their own disowned intolerable impulses, affects, and states of mind onto their children have not only impoverished their own psychic
life but also overly empowered that of their child. (See Klein, 1946, for a discussion of the depleting aspects of projection.)

Indeed, in Kleinian theory the emphasis on possession and control of the object impedes the central work of the depressive position, which involves mourning and relinquishing the object, and the illusion of control over the object. The latter is what appears to be the case in the unresolved adults whose AAI narratives show much evidence of incompletely remembered or mourned loss experiences or past experiences of trauma. It should be recalled that according to Klein (1946), even under the best of conditions mourning a loss of a significant other creates a crisis in which issues and anxieties characteristic of the depressive position must be reexperienced and reworked. Thus, the individual who experiences a significant loss may be frightened not only by the confrontation with death but also by the admixture of loving and hateful feelings toward the object that must be reexperienced and reworked as part of the psychic tasks of mourning. That the individual is more likely to show lack of resolution of mourning on the AAI when the person lost through death is an immediate attachment figure and when the death occurs in childhood or adolescence (under the age of 17) speaks to the complexity of the psychic tasks of mourning and the burdens it places on the developing ego (Jacobvitz et al., 1997).

If the individual remains fixated around possession, control, and identification with the object, the object cannot be relinquished and mourned. Instead the individual “is stuck with concretely internalized objects each containing parts of the self of which he cannot let go” (Steiner, 1990, p. 338). The full experience of the sadness, guilt, and despair about the object’s loss is avoided through manic defenses of denial and idealization of self and other, or through repetitive, exaggerated attempts at reparation. We might hypothesize that many of the features seen in the discourse of unresolved individuals on the AAI show evidence of the lack of resolution of the depressive anxieties delineated above, including the denial of the reality of the loss; the obsessive attention to details surrounding the loss, which heralds a reversion to concrete thinking and away from symbolic formulations; the exaggerated sense of responsibility for the death; the eulogistic speech; the dissociative trancelike states when experiencing loss that foretell the lack of acceptance of reality of loss in time and space; and the indices of psychological confusion between the self and the deceased. Although many of these formulations are consistent with Bowlby’s (1960) emphasis on searching and yearning for the lost object in states of mourning, these findings are more fully explicated by reference to Klein’s (1946) emphasis on the resuscitation of depressive anxieties and about the centrality of guilt and reparation to mourning processes.

The Relevance of Blatt’s Theory of Relatedness and Self-Definition to Attachment Disorganization

It is clear that attachment disorganization in infants, children, and adults involves a lack of differentiation between self and other, distortions in the process of internalization of early attachment relationships, and failures of adaptation and integration in the developmental lines of relatedness and self-definition, three areas that have figured prominently in the work of Sidney Blatt. Blatt (Blass & Blatt, 1992) hypothesized that personality development evolves through a hierarchical dialectical process between an anaclitic line of relatedness, or the capacity to form enduring stable interpersonal bonds, and an introjective line of self-definition, or the capacity to achieve a consolidated and differentiated identity. These two polarities of interest in others and investment in self-development have
characterized psychoanalytic thought since its inception. Freud, for example, contrasted “the man who is predominantly erotic [and gives] first preference to his emotional relationships with other people. . . . [with] the narcissistic man, who inclines to be self-sufficient” (as quoted in Blatt, 1998, p. 724). These polarities are also found in Bowlby’s (1969, 1973) positing of attachment and exploration as separate spheres of motivation, in Balint’s (1959) formulations of the two fundamental personality types of clinging (ocnophilic) and self-sufficient (philobatic), and in Kohut’s (1966, 1971) formulation of two lines of narcissism: the grandiose self and the idealized parental imago. Similarly Loewald (1962) defined the two polarities of “individuation” and “primary narcissistic union” as fundamental to understanding personality functioning and development throughout the life cycle.

Blatt has integrated these strains in psychoanalytic thought with empirical research in developmental psychology in his formulation of two major lines of personality development (see Blatt, 1974, 1990, 1998; Blatt & Blass, 1990, 1992). In a number of theoretical and empirical investigations (Blatt, 1990, 1998; Blatt & Blass, 1990, 1992; Blatt & Schichman, 1983; Blatt & Zuroff, 1992), Blatt has emphasized that extreme preoccupation with one of these developmental lines and avoidance of the other, as well as failures of synchrony between the two developmental lines, leads to pathological impairments in the formation of the self and interpersonal relationships. The behavioral distortions evident in both the helpless–withdrawn profile and the negative–intrusive profile identified by Lyons-Ruth (1999, 2001) in disorganized parent–child dyads represent pathological extremes of the anaclitic and introjective lines of development (Blatt & Levy, 2003). We might hypothesize that the negative–intrusive mother who mocks and teases the infant or attempts to control the infant through punitive behaviors is engaging in exaggerated, distorted attempts to establish and preserve interpersonal contact typical of the anaclitic line, and conversely that the helpless, withdrawn mother who holds the infant stiffly at arm’s length is engaging in distorted, maladaptive attempts to establish self-definition and shore up a fragile self-concept characteristic of the introjective line of development.

Further, Lyons-Ruth’s (Lyons-Ruth et al., 1999) observation that contradictory cues that simultaneously heighten and reject the child’s attachment behaviors are most strongly related to attachment disorganization is consistent with Blatt’s point that the lack of mutually facilitating interactions between the two developmental lines may be inherently pathogenic. That unresolved–disorganized states of mind with respect to attachment have been associated with a range of disorders, both anaclitic and introjective (Blatt & Schichman, 1983), including borderline personality disorder and affective disorders in children and adults (Lyons-Ruth, 1999; Hesse & Main, 1999), speaks to this point.

Blatt’s formulation that disruptions along both developmental lines are associated with impairments in the development and integration of the representational world illuminates the impairments in representational structures characteristic of those with disorganized attachment (Blatt & Auerbach, 2001; Blatt & Levy, 2003; Blatt & Zuroff, 1992; Levy & Blatt, 1999; Levy, Blatt, & Shaver, 1998). A number of attachment researchers (Fonagy, 2001; Hesse & Main, 1999; Lyons-Ruth, 2001) have observed that the chaotic and contradictory relational patterns of disorganized parent–child dyads coalesce into split polarized representations of self and attachment figures in later childhood and adulthood. However, attachment researchers have only recently begun to investigate the precise mechanisms by which these transformations may occur. These observations take us back to two aspects of Blatt’s work: (a) the theory that representational structures follow a developmental epigenetic trajectory from enactive, sensorimotor schemas based on early parent–child transactions to more abstract, symbolic structures characterized by inte-
grated, differentiated, and stable concepts of self and object and their interaction, and (b) the theory that the transformation from enactive, sensorimotor representations to symbolic and differentiated representations of self and other necessitates the development of evocative constancy evolving through a process of internalization that encompasses both gratifying involvements and experienced incompatibilities with attachment figures (Behrends & Blatt, 1985; Blatt & Behrends, 1987). In Blatt’s view, internalization is a dynamic relational process whereby individuals recover lost or disrupted, regulatory gratifying interactions with others which may have been either real or fantasied, by appropriating those interactions and transforming them into their own, enduring self-generated functions and characteristics. (Behrends & Blatt, 1985, p. 22)

Blatt has acknowledged that attachment theorists have made major contributions in helping us to understand the inherent structurizing effects of early transactions with attachment figures, particularly the caretaker’s consistent soothing responses to infant attachment behaviors. However, he has also maintained that many attachment theorists have underestimated the importance for the development of the self of “experienced incompatibilities,” or moments of separation, discontinuity, or disengagement in relationships that may also catalyze processes of internalization (see Diamond & Blatt, 1994, for a complete discussion of this issue). Such moments of experienced incompatibility include minor disruptions or inevitable mismatches in affective communication between parent and child, as well as actual separations from and losses of the object. Experienced incompatibilities, if they are phase appropriate and tolerable, promote the child’s experiences of physical and intrapsychic autonomy and may also provide the opportunity for representations of self and other to be modified, providing a “richer, more complex substrate for subsequent internalizations” (Behrends & Blatt, 1985, p. 22). Under optimal circumstances, internalizations throughout the life cycle evolve through a hierarchical spiral in which gratifying involvements are disrupted by experienced incompatibilities between self and primary objects; this disruption catalyzes the internalization of functions and aspects of the relationship, which then forms the basis for more complex interactions between parent and child (Behrends & Blatt, 1985).

There is now a wealth of empirical microanalytic studies of mother–infant interaction by Gergely (2000; Fonagy, Gergely, Jurist, & Target, 2002), Stern (1985), Beebe, Lachmann, and Jaffe (1997), Tronick (1998), and others showing how rudimentary representations are constructed in infancy through the coregulation of synchronies and asynchronies in facial expressions, vocalizations, and gestures between parents and infants. An essential aspect of such coregulation is the mother’s tolerance for moments of disengagement as well as engagement (Beebe & Stern, 1977), as well as the capacity to empathically mirror the infant’s affect in ways that modulate it and transpose it instead of simply reflecting it directly (Gergely, 2000; Fonagy, 1999; Fonagy et al., 2002).

That moments of separateness are an aspect of the gratifying involvements that catalyze internalization has been highlighted in the work of Gergely (2000; Fonagy et al., 2002) and other attachment researchers. For example, Gergely hypothesized that the primary mechanism for internalization is affect mirroring, in which the mother marks or highlights the infant’s emotional displays through playful exaggerations that allow the infant to recognize his or her own emotion in the mother’s expressions even while he or she is able to decouple such affective displays from either self or mother. Such mirroring exchanges, in which the mother reflects but transposes the infant’s affect, enable the infant to experience a high degree of contingent control in interactions with the mother, and this
in turn catalyzes the movement from primary, stimulus-driven, inchoate affective experiences to more organized, controlled secondary representations that allow the infant to transcend the immediate experience of affect. In short, the mother’s marked mirroring displays presuppose both separateness, in which mother transposes the infant’s affect rather than directly reflecting it, and empathic relatedness, in which mother recognizes and responds appropriately to the infant’s affective cues. Thus, Gergely’s affect mirroring integrates Blatt’s moments of gratifying involvement and experienced incompatibilities.

In a similar fashion, Fonagy (1999, 2001) hypothesized that the extent to which mother’s mirroring of the infants’ affects integrates relatedness and separateness plays a key role in the development of the capacity for mentalization, or the capacity to reflect on and explore the mental states of self and other, which forms the basis for secure attachment (Fonagy et al., 2002). He suggested that parents in secure parent–child dyads mirror the child’s affective state accurately but with some modulation, whereas parents in insecure dyads either fail to mirror the child’s affect state (avoidant), mirror it with inordinate clarity or exaggeration (resistant–ambivalent), or impose their own affective state on the child (disorganized–unresolved). When the parent is working from two unintegrated or dissociated coexisting representational systems or is overwhelmed by or absorbed by dissociated traumatic memories, as is the case of those with disorganized attachment, the parent cannot accurately intuit or mirror the child’s internal affective state.

The skewed relational process in disorganized dyads where the parent responds to the child’s attachment behaviors either by withdrawing from the child’s initiatives or through aggressive or hostile intrusive behaviors toward the child interferes with the establishment and joint regulation of moments of gratifying involvement and experienced incompatibility or separations—elements that, in Blatt’s view, form the groundwork for the consolidation of increasingly integrated and differentiated representations of self, other, and their interaction.

Blatt’s concept of the representational world as evolving through an epigenetic sequence in which rudimentary presymbolic cognitive–affective schemas become increasingly differentiated and integrated in the course of development contributes significantly to our understanding of the representational worlds of those with disorganized attachment. Recent investigations with clinical or more disturbed groups have suggested that the representational world is best assessed through multiple measures and techniques. Specifically, the unintegrated, polarized, and split representations of self and significant others that characterize more disturbed clinical groups may best be indexed through an assessment of overall state of mind with respect to attachment and capacity for reflective function (Fonagy et al., 1996) on the AAI in conjunction with evaluations of the quality of differentiation and relatedness in specific descriptions of self and other on the Object Relations Inventory (ORI; Diamond, Bartocetti, et al., 1999). The investigations of Lyons-Ruth and her colleagues (Lyons-Ruth, Melnick, & Yellin, 2001) also speak to this point. Lyons-Ruth and colleagues found that approximately half of the mothers of disorganized–insecure infants were classified with secure states of mind with respect to attachment on the AAI, whereas only 23% of such mothers with disorganized–insecure infants were classified with unresolved states of mind. All of the mothers were observed to be significantly more negative and intrusive and to display more affective communication errors than were mothers of infants judged either disorganized–secure or secure. In a review of the AAI of these mothers, Lyons-Ruth noted that although they often talked openly and coherently about difficult experiences including abuse and neglect on the part of their own mothers, leading to the secure AAI classification, they also affirmed how similar they were to their mothers. Further, they showed little awareness of the psychological impact
of this lack of differentiation on their own lives and relationships. Such mismatches raise
the issue of what the relationship is between mental states in parents and attachment
disorganization in childhood. Lyons-Ruth and her colleagues (Lyons-Ruth, Yellin, Mel-
nick, & Atwood, in press), in a study of the intergenerational transmission of disorganized
attachment in a sample of high-risk mothers and infants, found that unresolved states of
mind in the parent were not necessarily related to the severity of either loss or trauma in
childhood. Based on this study, they questioned the etiological assumption that actual
reported experiences of loss and trauma are etiologically related to lapses in reasoning and
discourse seen in those with unresolved states of mind, suggesting that a more complex
etiological model may be called for. Further research with clinical and high-risk groups is
essential to understand the representational states in parents that may lead to infant
disorganization, especially the patterns of differentiation and relatedness in specific de-
scriptions of self and others, and the extent to which these are captured on the AAI.

Blatt and his colleagues, including Diamond, Stayner, and Kaslow, have developed a
Differentiation–Relatedness (D-R) scale (Diamond, Blatt, Stayner, & Kaslow, 1991; see
Appendix) that assesses the interplay between relatedness and self-definition in narrative
descriptions of self and others such as those obtained through the ORI, a projective
instrument that elicits open-ended narrative descriptions of self and significant others.
The D-R scale assesses more primitive levels of functioning, including the disruption
of self–other boundaries and the persistence of split and polarized representations, as well
as more advanced levels, in which the individual intuits and understands not only the
complexity of others’ mental states but also the ways in which representations are context
bound and constructed through relationships with others (Blatt & Auerbach, 2001). The
scale encompasses 10 points, including lack of differentiation between self and other
(Points 1 and 2); self-definition through mirroring (Point 3); idealization–denigration
(Point 4); oscillation between polarized positive and negative aspects of self and other
(Point 5); emergent ambivalent constancy of self and relatedness (Point 6); consolidated
constant self and other in unilateral relationships (Point 7); representations of self and
others as empathically interrelated (Point 8); and representations of self and other in
reciprocal and mutual interactions (with an appreciation that one contributes to the con-
struction of meaning in interpersonal relationships; Points 9 and 10). The psychometric
properties of this scoring procedure including intrarater and retest reliability and the
validity of the scale have been reported elsewhere (Blatt, Auerbach, & Aryan, 1998; Blatt,
Stayner, Auerbach, & Behrends, 1996; Diamond, Clarkin, et al., 1999; Diamond, Kaslow,
Coonerty, & Blatt, 1990; Levy, Blatt, & Shaver, 1998; Stayner, 1994). Although a com-
prehensive description of the research with this scale is beyond the scope of this article,
I will briefly review several studies that illustrate how the empirical translation of Blatt’s
theoretical formulations helps us to understand the representational world of clinical
groups.

In several studies with a sample of severely disturbed (borderline and schizophrenic)
adolescents and young adult inpatients, Blatt and colleagues (Blatt & Auerbach, 2001;
Diamond et al., 1990) found that representations of self and others moved from themes of
polarization and splitting to emergence and consolidation of object constancy over the
course of long-term psychoanalytically oriented treatment. Further, Blatt and Auerbach
(2001) found that increased differentiation and relatedness of descriptions of self and
significant others were significantly correlated with improved clinical functioning as
independently assessed by the Global Assessment Scale (Endicott, Spitzer, Fleiss, &
Cohen, 1976). At the Personality Disorders Institute at the New York Presbyterian Hos-
pital, my colleagues and I have been assessing changes in attachment representations in
20 borderline patients over the course of a 1-year psychoanalytically oriented psycho-
therapy using both the AAI, rated for Main and Goldwyn’s (1998) five-way attachment
classification, and the ORI, assessed with the D-R scale (Diamond et al., 1991). Thus far our
findings affirm that impairment in differentiation–relatedness of self and object de-
scriptions is associated with unresolved states of mind with respect to attachment on the
AAI. In addition, our preliminary findings suggest that the D-R scale captures aspects of
the patient’s representational world that may not be indexed by the overall attachment
classification. For example, analysis of data on two patients in treatment with the same
therapist, both of whom shifted to secure attachment status at 1 year, showed that changes
toward greater differentiation–relatedness in descriptions of self and other were found
only in the patient who showed more positive response to therapy, more shifts to higher
level defenses, and more improvements in symptomatology and level of organization after
1 year of psychoanalytically oriented therapy (Diamond, Clarkin, et al., 1999; Levine,
2002).

Conclusion

In sum, Freud’s theory of cumulative trauma and traumatic anxiety, Klein’s theory of the
resuscitation of paranoid and depressive anxieties in states of mourning, and Blatt’s theory
of internalization and personality development as the dialectical interaction of self-
definition and relatedness dovetail strikingly with the portrait of attachment disorganization
in adults and children derived from empirical investigations of attachment research-
ers. Mary Ainsworth once said that although she had not done so, she believed it would
be profitable to search for systematic parallels between observations of infant behavior
and psychoanalytic interpretation of infant experience. “Such a search would both provide
a necessary check on the thoughtful speculations and reconstructions of psychoanalytic
theories and enormously enrich the understandings that can be derived from purely beh-
vioral studies” (Ainsworth, as quoted in Main, 1999, p. 709). The empirical elaboration
of the disorganized–disoriented category, in which there is a collapse of any coherent
attachment strategy in infants, the predominance of catastrophic fantasies in childhood,
and incoherent, fractured, and illogical attachment narratives in adulthood, forges the
linkages between parent–infant attachment behaviors and the organization of the repre-
sentational world. However, recent findings that infant disorganization is not necessarily
linked to parental lack of resolution of loss and trauma or unresolved status on the AAI
(Lyons-Ruth et al., 2001) highlight the importance of further explorations of discontinu-
ities in attachment organization. Furthermore, the lack of differentiation in the self and
object representations of individuals with unresolved states of mind in the AAI protocols
of borderline patients (Diamond, Clarkin, et al., 1999), as well as the lack of separation
between self and significant others noted in the AAI protocols of mothers of disorganized
infants—even those rated with secure states of mind (Lyons-Ruth et al., 2001)—suggests
that scoring procedures based on an integration of theories of attachment and separation,
such as those developed by Blatt and colleagues, index aspects of the representational
world not fully captured by attachment status. Indeed the integration of theories of at-
tachment and separation, relatedness and self-definition, as Blatt has steadfastly main-
tained, is a reunion whose time has come.

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