"Psychobiological attunement has been proposed to be the mechanism that drives the attachment process" (Schore, 1994, p. 97)

I'm going to suggest here for the first time that Mary Ainsworth's Strange Situation can be used to understand and predict the separation and reunion behaviors and physical movements of adult romantic partners. I don't know how many of you out there have viewed Strange Situation videos. If you have then you will probably know what I'm talking about. If you haven't, I recommend that you find a way to look at one, at least, or a hundred at best.

- For those of you unfamiliar with the Strange Situation it is a procedure involving a mother and baby. The baby is usually 12 months, 18 months, or 24 months old and is often re-examined in those intervals. The procedure has about eight stages each lasting two minutes. Here's the sequence: mother enters a room with baby, orients the baby to the toys on the floor, and then sits in a chair to fill out paperwork. After two minutes a stranger enters the room and sits in another chair. The stranger and the mother begin to interact. The mother leaves the room. Stranger begins to play with the baby on the floor. Mother reenters the room and reunites with the baby. Stranger leaves the room. Mother sits back on her chair. Mother once again leaves the room with baby alone. Mother reenters
the room and reunites with baby. Exercise ends. The video camera is trained on the baby at all times. They’re been several criticisms of the Strange Situation including:

- It is inhumane

- Cameras do not focus on the baby's face if the baby should move or turn

- Cameras do not focus on the mother's face

- Videos are often un-miked and so without sound

Those clinicians and researchers who consider the Strange Situation inhumane have turned to alternate forms of stressing mother and infant in order to view attachment patterns.

John Gottman has also looked at reunion behaviors. For instance, he and his colleagues have observed husband and wife reunions looking for several key markers suggestive of marital problems. One such marker is the presence or absence of the "limbic smile" otherwise known as a Duchenne smile, a zygomatic smile, or a true smile. This smile differs from the social smile. In a true smile the orbicular muscles of the eyes and zygomatic muscles of the mouth are expressive in a way that cannot be faked. We commonly see this smile spontaneously arise on a baby's face. It's the kind of smile that makes us smile as well. We similarly respond
to this smile when we see it in other people, both in real life and also on the movie screen. We commonly ape that smile in return because it has an immediate effect on our limbic system (Ekman, 1993; O'Doherty et al., 2003).

In the Strange Situation we also looked at the presence of a true smile in both the babies and mothers face upon reunion. We also look for proximity seeking and contact maintenance. Proximity seeking can be viewed in a variety of ways but the easiest to imagine right now in your mind is of putting her arms out reaching out for someone to come pick you up or to hug you. Contact maintenance is being able to maintain physical contact without turning away, pushing away, or quickly letting go (Sroufe, 1985, 1986, 1997).

In secure mother-infant pairs, separation is met on the part of the baby with some distress. However the baby is able to focus on the environment and the stranger was intermittent moments perhaps of intrusive awareness that mother is missing. Margaret Mahler called this kind of intrusiveness “lowkeyedness” (Mahler, 1979) as the baby is looking internally for an internal representation of mother to stave off the awareness that mother is missing. This works for awhile but there is a time limit. Upon return of the mother there is there are observable signs of proximity seeking both on the part of the mother and baby. Mother picks up baby and baby folds into the mother with all parts of the body connecting. Mother and baby are both down regulating and able to recover fairly quickly from the distress of separation. Baby is then able to share with mother his or her newfound experiences (usually toys).

Compare this to the insecure attachment pairs starting with the avoidant child in the dismissive/derogating parent. When mother leaves this child there usually is no
great observable distress. Child is aware that mother has left the turns quickly to autoregulation and begins to focus on the environment which includes toys in the stranger. There may be moments of awareness that mother is missing but this does not cause undue interruptions in the babies play. When mother returns there is a striking lack of proximity seeking on both mother and baby's part. Mother in fact may not pick up the baby to greet him or her. It is as it is as if this child has already adapted to the unavailability of this parent who is clearly present and physically available perhaps but the parent does not value attachment behaviors and so the baby stops seeking them. The child turns to autoregulation and away from interactive regulation.

This creates a problem for the mother-infant relationship when the mother or other attachment figure approaches the baby. This approach begins to feel intrusive as it interrupts the baby's capacity to autoregulation. It is as if the baby is saying "What you want?!" If we fast-forward into adulthood this avoidant child/adult perceives any forward motion or dance on him/her as a threat and a demand. This is picked up by the amygdala both in terms of vocal approach and visual approach. The reflex here is to either move away or attack angrily. A good example of this is a wife who calls down to her husband and asks him to please put the vacuum cleaner away. The husband hears this as "come here right now and put this vacuum cleaner away!" The misappraisal is reflexive and continuous.

So in quick summary, the psychobiological reflex of the avoidantly attached individual is to turn away or attack an approaching object that is perceived as demanding and intrusive. This demand is a threat to the person's autonomy which is not autonomy at all but rather a reliance on autoregulation within a one-person
psychological orientation; a world which is fundamentally masturbatory. The problem with the avoidant is his or her inability to shift states rapidly, especially those moving from a one-person psychological orientation to a two-person psychological orientation. Once the shift is made out of autoregulation, interaction can be tolerated fairly well. But once the avoidant leaves a two-person system there is a resettling in on autoregulation and a rigid inability to quickly shift back.

The reparative action for the avoidant is for the partner to modify and modulate his or her voice, forward acceleration, and phraseology in order to counter the avoidant partner’s reflexive misappraisal of a bid to reconnect as an aggressive demand to surrender autonomy. The avoidant partner must counter their own avoidant and dismissive behavior through quick and effective repair. He or she must also learn to proactively seek proximity in increasing frequency with his or her partner rather than passively await the approach of the other. He or she must also circumvent and offset demands through proactive behaviors and interaction with his or her partner.

In the case of the insecure mother-infant pair that is the angry/resistant baby in a preoccupied mother, separation is met with a lot of fussiness and distress. The baby often uses a signal cry which is not yet a sign of full-on dysregulation. The baby has a difficult time focusing his/her attention on toys or the stranger. The very young baby may lose his/her ability to maintain balance in a sit up position (not to be confused with the disorganized collapse or stilling). The baby is less successful at conjuring up a suitable internal representation of mother sufficient enough to restore his or her ability to explore the environment and play. Upon mothers return there are obvious signs of proximity seeking and when mother and baby embrace there is often an immediate, perceivable resistance on the part of the baby to fully fold into
the mother. This may be seen in the upper body or the lower portion of the body with legs not reaching around to hug the mother. The baby's face may turn away. In this instance the baby doesn't settle easily or quickly. It is as if the baby is saying "I'm so glad to see you, but wait, I just remembered that you weren't here and I don't trust that you're going to be here now so I'm pissed at you!" The baby has a hard time returning to play and seems more focused and preoccupied on mother with a lot of fussiness, proximity seeking, and contact maintenance. In Mahler's world this would be viewed as clinging (Mahler, 1968).

The psychobiological reflex of the angry/resistant baby/adult is to move forward and then back in anger. Separations may be managed fairly well but it is in the reunion that the anger can be seen and experienced. This may be a husband coming home after being away and rather than greet everyone with smiles and hugs becomes angry because dinner is not on the table, or the place is a mess, or someone didn't do what they were supposed to do. When confronted on these angry outbursts upon reunion, the angry resistant adults will often be baffled and feel guilty. What that person may not understand is that separations are stressful and reunions are met with angry ambivalence often in the form of negativism. Another example is a partner that says, "You look so beautiful tonight." A typical response might be "Yeah but I know you don't think I'm as beautiful as that little bimbo you were staring at in the mall." This is a negativistic reflex that appears to be pushing the other person away. If the other partner is avoidantly attached, this kind of behavior simply reinforces the avoidant's belief that their attachment figure is predictably dismissive and derogating toward bids of attachment. However even a securely attached individual will bristle at this negativistic reflex and will tend to avoid further compliments.
The reparative move for the angry/resistant partner is to move forward and not back. In other words, the impulse in the face of negativism would be to move away and keep a distance. However that would be the wrong thing to do as it would simply reenact the early attachment scenario. In the last two examples that I gave it might go like this:

EXAMPLE 1:

HE walks into the house after being separated from his family and becomes angry about the chaotic state of the house.

SHE comes to him using proximity seeking behaviors (smile, arms out), looks into his face and says, "I'm so glad to see you. I missed you all day."

The idea here is that the approaching partner understands that her partner reacts to separations and reunions in this manner. The transitions are jarring for him. Although counterintuitive, the reparative action is to move lovingly forward on the negativism. The immediate reward of this counterintuitive action will be the state change upon the other's face resulting in a reciprocal state change within the approaching partner.

EXAMPLE 2:

HE says: "You look so beautiful tonight."
SHE says: "Yeah but I know you don't think I'm as beautiful as that little bimbo you were staring at in the mall."

HE says: (Moving closer to her in a friendly manner) "You look so absolutely beautiful tonight and nobody can hold a candle to you."

The idea here is not what is said so much as the approach is reestablished and maintained which is the opposite of what is expected. The expected response is for the attachment figure to be angry and frustrated and to withdraw in punishment. This moving forward in the face of negativism must be repeated often and maybe forever. Moving forward with loving behavior that is admiring and appreciating is the balm entry that soothes the attachment injury from childhood. Not only will the approaching partner see a relaxing and happier face, but that response will also have an immediate impact on the approaching partner's face and then this becomes a positive, mutually amplified moment.

In summary, the Strange Situation can be used to visualize the psychobiological reflexes in the form of physical locomotion toward and away romantic partners following separation and during reunion. These forward and backward movements will be expressed in behaviors such as contempt, withdrawal, negativism, and dismissal. Each end of the insecure spectrum involves adaptive strategies drive psychobiological reflexes making these individuals predictable under certain conditions. Avoidantly attached individuals will react to approaching partners with dismissal, avoidance, or attack. Their own approach does not trigger this reflex, only
the approach of the other. The reparative action on the part of the approaching partner is to modulate prosody and phrases that modulate the intense threat response (jarring) of anticipated intrusion and demand. However, the avoidant partner must counter their avoiding or dismissive actions with repair as soon as possible. In the long-range the avoidant partner’s proactive moves forward to circumvent demands and complaints from the other partner. The avoidant individual must learn proximity seeking using their own locomotion toward the other rather than passively awaiting the approach of others. Angry/resistant individuals will react to their own approach in reunion or the approach of their partner with negativism in a forward-then-backward pattern. The reparative action here on the part of the partner is to counter negativism and resistance with loving moves forward that express admiration and appreciation. However, the angry/resistant individual must counter their own negativism or angry resistance with repair as soon as possible.

A Word about Psychobiological Reflexes

It is important to understand that these psychobiological reflexes are burned into the nervous system as a behavioral expression of the internal working model. Because it is a reflex it cannot be controlled directly by will alone. However, the good news is reflexes can be followed up with repair. For both the angry resistant individual and the avoidant individual, the reflex to attack or avoid, or to be negativistic, can be repaired quickly and easily. The quicker it is repaired the closer the repair comes to the reflex itself. In time the reflex may be modified to a large degree as it becomes part of the procedural memory system.
References


