

## Introduction to the Special Section on Attachment Theory and Psychotherapy

Joanne Davila  
Stony Brook University, State  
University of New York

Kenneth N. Levy  
Pennsylvania State University

In this introduction to the special section on attachment theory and psychotherapy, the editors briefly describe the key points of attachment theory (J. Bowlby, 1969, 1973, 1980) and its relevance to psychotherapy. They then outline their criteria for the selection of papers and briefly describe their emphasis. The aim of this section is to present novel and thought-provoking research that highlights the ways attachment theory principles contribute to understanding psychotherapy practice and outcome. It was the editors' goal to ensure breadth of coverage in terms of specific problems, range of populations, and types of treatments represented and to emphasize attachment-based treatments and outcomes.

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John Bowlby's (1969, 1973, 1980) attachment theory is one of the most influential theories of development and has implications for both personality and psychopathology across the life span. Attachment theory evolved from Bowlby's interest in diverse scientific disciplines, including psychoanalysis, ethology, evolution, cognitive psychology, and developmental psychology. He integrated principles from each of these areas to explain affectional bonding between infants and their caregivers and the long-term effects of early attachment experiences on personality development, interpersonal functioning, and psychopathology. He conceptualized human motivation in terms of *behavioral systems*, a concept borrowed from ethology, and noted that attachment-related behavior in infancy (e.g., clinging, crying, smiling, monitoring caregivers, and developing a preference for a few reliable caregivers, or attachment figures) is part of a functional biological system that increases the likelihood of protection from dangers and predation, comfort during times of stress, and social learning. Modern attachment theory also stresses that the fundamental survival gain of attachment lies not only in eliciting a protective caregiver response but also in the experience of psychological containment of aversive affect states required for the development of a coherent self (Fonagy, 1999).

Central to attachment theory is the notion that children will feel secure in their relationship with their attachment figure to the extent that the attachment figure provides consistent, warm, and sensitive care. When this happens, children learn to use the attachment figure as a secure base in that they are willing to turn to the attachment figure in times of need, the attachment figure is available and responsive, and they are able to be comforted by the attachment figure in a way that allows them to feel better and to

return to other activities. This secure base hypothesis also suggests that when there is a lack of consistent, sensitive care, children will feel insecure in their relationship with their attachment figure and consequently be unable to use the attachment figure as a secure base.

Support for Bowlby's (1969, 1973, 1980) theory was provided by Mary Ainsworth and her colleagues (e.g., Ainsworth, Blehar, Waters, & Wall, 1978), who documented different patterns of secure base use among children and their parents. These patterns—termed *secure*, *avoidant* (or *dismissing*), and *anxious-ambivalent* (or *preoccupied*)—were shown to correlate with observed maternal behavior toward children in the home (see Weinfeld, Sroufe, Egeland, & Carlson, 1999, for a review), thereby supporting the role of the parent-child relationship in the development of attachment patterns. Subsequently, longitudinal studies have investigated the influence of infant attachment styles on functioning and adaptation and have found that the attachment status of 1-year-old children, as assessed through their separation and reunion behaviors with parents, predicts behavioral and representational processes in middle childhood, adolescence, and young adulthood (e.g., Grossmann & Grossmann, 1991; Hamilton, 2000; Main & Cassidy, 1988; Sroufe, 1983; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Furthermore, this research has found evidence of stability of attachment classification and has begun to identify factors that may lead to changes in classification over time, such as major changes in caregiving environments (Hamilton, 2000; Lewis, Feiring, & Rosenthal, 2000; Waters et al., 2000; Weinfeld, Sroufe, & Egeland, 2000; see Fraley & Spieker, 2002, for a review and analysis).

Although Bowlby was a psychiatrist and psychotherapist, much of the work on attachment theory has been carried out by developmental and social psychologists focusing on normative aspects of attachment. From its inception, however, Bowlby conceptualized (1969, 1973, 1980) attachment theory as relevant to both healthy and psychopathological development. Bowlby believed that attachment insecurity, although originally an adaptive set of strategies designed to manage distress, increases vulnerability to psychopathology and can help identify the specific types of diffi-

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Correspondence concerning this article should be addressed to Joanne Davila, Department of Psychology, State University of New York, Stony Brook, NY 11794-2500, or to Kenneth N. Levy, Department of Psychology, Bruce V. Moore Building, Pennsylvania State University, University Park, PA 16802. E-mail: joanne.davila@stonybrook.edu or klevy@psu.edu

culties that arise. Consistent with Bowlby's hypotheses, recent research has linked attachment constructs to various symptoms and types of psychopathology, including depression, anxiety, eating disorders, and personality pathology, especially borderline symptoms (see *Journal of Consulting and Clinical Psychology* special sections by Main, 1996, and Jones, 1996; for reviews, see also Davila, Ramsay, Stroud, & Steinberg, 2005, and Levy, 2005).<sup>1</sup>

Bowlby (e.g., Bowlby, 1988) also believed that attachment theory had particular relevance for psychotherapy. Bowlby (1988) formulated five key tasks for psychotherapy: (a) establishing a secure base, which involves providing patients with a secure base from which they can explore the painful aspects of their life; (b) exploring past attachments, which involves helping patients explore past and present relationships, including their expectations, feelings, and behaviors; (c) exploring the therapeutic relationship, which involves helping the patient examine the relationship with the therapist and how it may relate to relationships or experiences outside of therapy; (d) linking past experiences to present ones, which involves encouraging awareness of how current relationship experiences may be related to past ones; and (e) revising internal working models, which involves helping patients to feel, think, and act in new ways that are unlike past relationships. Although the clinical applications of attachment theory have recently begun to be explored theoretically and empirically (Dozier, Cue, & Barnett, 1994; Farber, Lippert, & Nevas, 1995; Gunderson, 1996; Mallinckrodt, Gantt, & Coble, 1995; Sable, 1992; see Slade, 1999, and Eagle, in press, for reviews), the contributions of attachment theory to understanding therapeutic process and outcome have yet to be fully delineated. However, there is reason to believe attachment theory and Bowlby's five tasks are of relevance to psychotherapy.

First, the internal working models construct (Bowlby, 1973) provides an important foundation for thinking about the target of change in psychotherapy (see Cobb & Davila, in press). Internal working models are thought to develop from secure base experiences with caretakers and to contain information about the self, others, and their relation. These working models are believed to guide cognition, emotion, and behavior in attachment-relevant circumstances across the lifetime. Maladaptive working models can, thus, be evidenced in repetitive, dysfunctional patterns of thought, feeling, and behavior (i.e., attachment patterns), which are often the target of therapeutic intervention. Indeed, whether explicit or not, psychotherapies of all sorts are directed at changing aspects of working models, be it a focus on dysfunctional beliefs about the self in relation to others in cognitive therapy, maladaptive interpersonal patterns in relational psychodynamic therapy, or recognition of and empathy for partners' insecurities in integrative or emotion-focused couples therapies.

In addition, the tasks that Bowlby (1988) identified are consistent with what some believe to be core components of treatment that are required to effect change in any therapy: (a) fostering positive expectancies for change (e.g., assisting the client in being motivated to change), (b) fostering an optimal therapeutic alliance (e.g., developing an empathic bond between the client and therapist and agreement on treatment goals and strategies), (c) increasing awareness (e.g., about thoughts, feelings, behavior), (d) fostering a corrective experience (e.g., helping the client engage in new behavior and experience it differently), and (e) helping the client engage in continued reality testing (e.g., generalizing the

work to other domains; e.g., Goldfried, 1980; Goldfried & Davila, 2005). As elaborated by Cobb and Davila (in press), each of these components is reflected in Bowlby's tasks. For example, the first task, to provide a secure base for the client, allows for the development of a good working alliance. The second task, to assist the client in exploration, allows for increasing awareness and perhaps fostering positive expectations. The third task, to explore the therapeutic relationship, also increases awareness and may foster a corrective experience by providing new interpersonal experiences. The fourth task, the exploration of how past situations, experiences, and relationships have produced current cognition, affect, and behavior, works to increase awareness. The fifth task, to recognize that inaccurate elements of internal working models are no longer tenable, helps the client engage in continued reality testing. As such, the tasks proposed by Bowlby can facilitate the very things needed for change in psychotherapy and, therefore, may be useful techniques for clinicians.

Attachment theory also has the potential to provide information about how people will respond to stress and to interpersonal situations, both of which are important to know in the therapy context. In the assessment and case conceptualization phase of treatment, it is useful to understand these aspects of clients' behavior to plan appropriate interventions and make predictions about potential obstacles to treatment. For example, knowing that a client is likely to respond to stress by deactivating his or her emotions or that a client has a difficult time trusting others and developing intimacy (both consistent with a dismissing style of attachment) can help therapists select interventions and better understand the course of treatment. Thus, attachment theory has the potential to provide, at a minimum, a useful foundation for defining the target of change in psychotherapy (e.g., features of internal working models or attachment patterns), understanding the processes by which change occurs (e.g., through the development of a secure base and exploration of working models), and conceptualizing the case and planning treatment.

Unfortunately, although there seems to have been a great deal of interest recently in clinical applications of attachment theory, to date, research on attachment and psychotherapy has been mostly conceptual and case study based, with only a few empirical studies, most of which were not controlled and did not use attachment-based measures to assess outcome or mechanisms. For instance, most clinical writers have focused narrowly on issues of establishing a secure base and on the establishment of the therapeutic relationship (e.g., Farber et al., 1995). In addition, as implied above, although many treatments implicitly use principles and techniques that are consistent with attachment theory (e.g., the establishment of a therapeutic alliance, the exploration of past and/or relational experiences, the updating of self-views), few psychotherapies have been developed that are based directly on attachment theory principles (see Cicchetti, Toth, Rogosch, 1999;

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<sup>1</sup> A full treatment of the association between attachment insecurity and psychopathology is beyond the scope of this article. Although we note the association, we do not mean to imply a simple interpretation—that insecurity of any sort is equivalent to psychopathology. Indeed, it is not. Moreover, there are likely to be unique and complex associations between various types of insecurity and various types of psychopathology (Blatt & Levy, 2003; Levy & Blatt, 1999).

Lieberman & Van Horn, 1994; Marvin, Cooper, Hoffman, & Powell, 2002, for exceptions). Of those that have, only two have been tested in a randomized controlled trial (Cicchetti et al., 1999; Lieberman, Ippen, & Van Horn, 2006). In addition, although many treatments have as their goals outcomes that are consistent with Bowlby's (1969, 1973, 1980) model of therapy (e.g., change in views and cognitions about the self and others, change in interpersonal behavior), few psychotherapies have examined change in attachment processes or outcomes (e.g., used the Strange Situation or the Adult Attachment Interview as outcomes; see Cicchetti et al., 1999). Empirical work from noncontrolled treatments has suggested that patient attachment patterns are both a prognostic indicator of outcome and useful as a vehicle for understanding aspects of the psychotherapeutic process (Dozier, 1990; Dozier et al., 1994; Dozier, Lomax, Tyrell, & Lee, 2001; Eames & Roth, 2000; Fonagy et al., 1996; Hardy, Aldridge, & Davidson, 1999; Hardy et al., 2001; Hardy, Stiles, Barkham, & Startup, 1998; Kanninen, Salo, & Punamäki, 2000; Rubino, Barker, Roth, & Fearon, 2000; Tyrell, Dozier, Teague, & Fallot, 1999). But, again, few studies have addressed these issues in the context of randomized controlled trials or other strong research designs (see Hardy et al., 1998, 1999, 2001, for exceptions). In addition, these findings suggest the value in examining change in cognitive-affective schemas as a marker of outcome, but no study has actually done so. As such, the treatment implications of attachment theory principles seem worthy of consideration but sorely understudied.

The aim of this special section is, therefore, to showcase current attempts at further delineating the treatment implications of attachment theory principles using rigorous and/or novel designs. Because we believe that attachment theory (a) can have implications for the conceptualization, target, form, and process of treatment; (b) is consistent with transtheoretical principles of change; and (c) can therefore inform a variety of problems and treatment types, we hoped to demonstrate this by including studies that cover a range of specific problems (e.g., depression, borderline personality, marital distress), populations (e.g., adults, couples, parents and children), and types of treatments (e.g., cognitive-behavioral, emotion focused, interpersonal, psychodynamic). We also focused on contributions that have one (or more) of three main foci: (a) treatments that are attachment based—that is, interventions that are guided by attachment theory (Hoffman, Marvin, Powell, & Cooper, 2006; Makinen & Johnson, 2006; Toth, Cicchetti, & Rogosch, 2006; van Zeijl et al., 2006), (b) studies that examine outcome on the basis of attachment patterns as a client variable (McBride, Bagby, & Atkinson, 2006), and (c) studies that examine changes in attachment organization as a function of treatment (Hoffman et al., 2006; Levy, et al., 2006; Makinen & Johnson, 2006; Toth et al., 2006). To this end, we have included seven articles that are meant to exemplify ways attachment theory informs the conceptualization, target, form, and process of therapy. Although a number of the articles involve well-established treatments and research methods, including randomized clinical trials, a number of others present work at an earlier stage of development. We view this as a strength, as it gives us the opportunity to provide the reader with novel and, we hope, provocative ideas that can spur further conceptual development and empirical research in this area.

Four of the articles explicitly address attachment-based targets of psychotherapy. The article authored by Toth et al. (2006) describes a randomized controlled trial of an intervention that was

provided to depressed mothers of toddlers and was designed to change children's attachment patterns. Similarly, Hoffman et al. (2006) examine whether the attachment patterns of toddlers and preschool children in Head Start changed when their parents participated in an intervention. The Levy et al. (2006) article reports attachment-based outcomes (e.g., changes in attachment patterns and reflective functioning) from a randomized controlled trial of treatment of adults with borderline personality disorder, and Makinen and Johnson (2006) examine changes in attachment security following couples therapy.

Four of the articles explicitly address attachment-based forms of therapy. The work by van Zeijl et al. (2006) is a randomized controlled trial of their Video Feedback Intervention to Promote Positive Parenting, which is a short-term, attachment-based treatment for parents of children with externalizing symptoms. Toth et al. (2006) conducted a randomized controlled trial of an attachment-based intervention for depressed mothers of toddlers. Hoffman et al. (2006) examined child outcome following parents' participation in the novel, group-delivered Circle of Security intervention, a treatment based explicitly on Bowlby's (1969, 1973, 1980) notion of secure base functioning. Makinen and Johnson (2006) present a descriptive analysis of their new attachment injury resolution model of couples therapy, which uses emotion-focused therapy (e.g., Johnson, 2004) to help couples identify and resolve long-standing and deeply held relationship insecurities.

Issues relevant to the process of change in psychotherapy are also addressed. Although such issues are implicit in many of the articles, two studies are more explicit examinations. In their descriptive analysis of the attachment injury resolution model of couples therapy, Makinen and Johnson (2006) describe in detail the processes that couples go through in working toward resolution during treatment. Levy et al. (2006) draw attention to process issues with regard to the type of treatment mechanisms that can lead to attachment-related changes, particularly with respect to the use of the client-therapist relationship.

Finally, two of the articles focus on issues of assessment and case conceptualization. McBride et al. (2006) take a rare approach of examining whether facets of attachment security moderate treatment outcomes in a randomized controlled trial of cognitive-behavior therapy (Greenberger & Padesky, 1995) and interpersonal psychotherapy (Klerman, Weissman, Rounsaville, & Chevron, 1984) for major depressive disorder. Their study highlights how knowledge of clients' attachment patterns can inform conceptualization and treatment planning. The article by Westen, Nakash, Thomas, and Bradley (2006) addresses assessment issues with regard to the use of attachment constructs in psychotherapy. Although this article differs from the others in that it does not focus on psychotherapy process or outcome, it offers an important contribution by providing a way for clinicians to assess adolescent and adult attachment security in a valid manner during the course of treatment, and it provides insights into the personality correlates of different aspects of attachment insecurity. The assessment of adult attachment security is controversial and can be a daunting process, involving learning how to administer and reliably code intensive interviews. As such, Westen et al.'s article may provide an accessible alternative for clinicians.

The special section concludes with a commentary by Morris Eagle (2006), a noted clinician and attachment theorist who has written extensively on clinical implications of attachment theory

(Eagle, 1982, 1995, 1996, 1997, 2003, in press; Parish & Eagle, 2003). Eagle comments on each article and considers the implications of the findings as they reflect back on attachment theory and forward on directions for future research.

We hope that the findings from the articles in this special section will have important implications for understanding the prognostic and prescriptive value of attachment patterns, understanding how attachment representations change as a function of treatment, and understanding the value of attachment-based treatments. The last special section in the *Journal of Consulting and Clinical Psychology* that featured attachment theory was published 10 years ago (1996, Vol. 64[1, 2]) and focused on attachment and psychopathology. Since that time, research has continued to examine the ways attachment insecurity is associated with psychopathology. We hope that this special section moves the field to consider more fully the implications of attachment theory for the practice of psychotherapy, in terms of treatment conceptualization, content, process, and outcome.

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