The Transference Refracted Through the Lens of Attachment
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Attachment theory, borne of the mind of an analyst, John Bowlby (1960, 1969, 1973, 1980), has developed a rich and comprehensive intellectual framework about achieving security and coping with separation and loss. Until recently, this theoretical framework has pursued its developmental pathway fairly independently of psychoanalysis and analytic technique. Following Ainsworth and colleagues (1978), who conceptualized the three strategies of coping with separation anxiety (secure, insecure avoidant, and insecure resistant/ambivalent), developmental psychologists have elaborated attachment's stability, its functioning across the life cycle, transmission through generations, and mental representations in adulthood (Bretherton and Waters, 1985; Goldberg et al., 1996; Matas et al., 1978; Vaughn et al., 1979; Ward and Carlson, 1995; E. Waters, June 5, 1995, personal communication).

In the last few years, psychoanalysts and others have been exploring the usefulness of attachment theory to psychoanalysis (Clyman, 1991; Fonagy, 1996; Goldberg et al., 1996; Main, 1993; Szajnberg et al., 1993). In this article we explore attachment theory's value for assessing the early transference and its implications for the interpretative stance, as well as conceptualizing the match between the analyst's and the analysand's working models of attachment. We begin with a brief review of attachment categories as these are relevant to the clinical vignettes presented. This is followed by a focal review of early transference in order to identify how attachment may contribute to its understanding.

Ainsworth et al. (1972) identified three categories of attachment in a normative study of infants in Baltimore in the 1960s. Securely attached infants (67% of her sample), when confronted with separation (or stranger) anxiety can comfortably seek and maintain proximity to the attachment figure as well as explore new experiences. Insecurely attached, avoidant infants (approximately 20% of her sample) avoid the mother on reunion, may even show greater affiliation with a stranger than with mother, and also explore well. These overtly "pseudo-independent" infants, have elevated physiological parameters of anxiety. Insecurely attached resistant, ambivalent infants (approximately 13% of her sample), cannot find comfort or solace in the mother's presence, even as they ambivalently may cling and push away from the mother simultaneously; these infants show poor capacity to explore. Subsequent studies have added a fourth category of fairly disturbed children who are variously called disorganized/disoriented (Main and Solomon, 1990) or defended/coercive (Crittenden, 1985, 1988, 1990, 1991, 1992b, 1996; Crittenden et al., 1991). This very small percentage of the population has a history of neglect and/or abuse: These children show no clear (or mixed) strategy for seeking comfort or proximity in the face of anxiety.

Work with attachment classification up to age 5 has confirmed the stability of classification made from 12 to 18 months of age, attachment and its prediction of exploratory play, peer relations, and interactions with parent surrogates, such as teachers for children up to 5 years of
age (Bretherton and Waters, 1985; Vaughn et al., 1979). Work in various cultures has confirmed the heuristic usefulness of the concept of security, which accounts for about two thirds of children in various cultures. The type of insecurity appears to vary among cultures, however: of the insecure one third, Japanese infants present with predominately anxious ambivalent attachment, Israeli kibbutz-reared infants present with anxious ambivalence, whereas northern German infants present with approximately 50% who are anxious avoidant (Grossman and Grossman, 1991; Sagi, 1985). Further discussion of these cross-cultural findings, including the complex methodological issues raised can be found elsewhere (van Ijzendorn and Kroonenberg, 1988). Main et al. (1985) brought us a major step forward in assessing mental representational models of attachment in three categories with similar statistical distributions: secure (autonomous), insecure defended/dismissive, and insecure enmeshed and/or angry (Main, 1993; Main and Goldwyn, in press). Although this research interview was not available for the analyses in this article, its theoretical constructs were (E. Waters, personal communication, February 5, 1995). Therefore, attachment theory has at hand a body of knowledge that began with Bowlby and had its historical origins at the time that Bowlby was working alongside, and was partly influenced by the British object relations theorists (Goldberg et al., 1996; Greenberg and Mitchell, 1985). This offers us an opportunity to learn to what extent attachment theory assists us in clinical work.

Transference has a substantial body of literature from Freud's early discovery of the phenomenon, particularly in the case of Dora. From her, Freud recognized that the nature of analysis was in part to transform the neurosis into the artificial illness of the transference neurosis, in which conflicted or distorted feelings or memories could be reworked in a relationship with the analyst (S. Freud, 1915). Further, Freud recognized that there needed to be a "working through" of the artificial illness, rather than simply a mental awareness of the transference feelings (S. Freud, 1915). Subsequent to Freud, literature on the transference focused on its nature, whether it be oedipal or preoedipal, or following the rise of self psychology, the nature of the self object transference. Even prior to the rise of formal object relations theory (Greenberg and Mitchell, 1985), it was recognized that transferences could manifest themselves as maternal or paternal, part object vs. whole object (Klein, 1948; Winnicott, 1965). Additional distinctions were made among the "unobjectionable" (that is, the analysand's nonneurotic love of the analyst) part of the transference (Szajnberg, 1996a), the "real relationship" (Dewald, 1976), the working and therapeutic alliances (Greenson, 1965; Zetzel, 1956), and the more neurotic aspects of the transference (Friedman, 1988).

Attachment theory offers a new framework with which to operationalize the concepts of object relations and transference. This is particularly applicable when one returns to Freud's fundamental concept of transference (in Latin), "Ubertragung" (in German): the "carrying over" of feelings from one loved object to the analyst. ("Metaphor," the Greek word, like Hermes, carries a message from one place (or time) to another; Szajnberg, 1986b). Fundamentally, much of Bowlby's contribution helps us think about how early representations of significant others, particularly their protectiveness, are generalized to others in our lives, including our analysts. Analysis then offers a playground to recapture these representations and rework them (Giovacchini, 1993; Winnicott, 1977).

Empirical data, that is, prospective developmental studies indicate that the quality of one's
attachment relationship predicts other relationships, including nonfamilial relationships (Benoit et al., 1993; Crittenden, 1985, 1988; Crittenden et al., 1991; Ginsburg et al., 1993; Main et al., 1985; Ward and Carlson, 1995). This is remarkably similar to Freud's assumption about transference: feelings about previously significant intimate people in one's life will be replayed with the analyst. To the degree that previous relationships were conflicted, the relationship with the analyst may be an artificial neurosis containing conflict. The counterpart to conflicted relationships is the degree to which relationships were relatively nonconflicted, fostering autonomous ego functions: these may represent Freud's idea of the nonneurotic, positive transference (or therapeutic, or working alliance). Here is where we can explore parallels between attachment and psychoanalysis: for instance, does the therapeutic alliance represent aspects of secure attachment, do neurotic aspects represent aspects of insecure attachment? Further, despite discrete categories in psychoanalysis (neurotic transference versus therapeutic/working alliance), a patient has aspects of both. Can we say the same of attachment? If insecure attachment represents a strategy (albeit faulty) for maintaining proximity, do most individuals have some aspects of both secure and insecure attachment? Do aspects of secure and insecure states of mind fluctuate with life development and in different interpersonal contexts (lecturing before an audience vs. visiting one's parents vs. being with one's lover)? We begin to elucidate these questions with our clinical vignettes. To our knowledge, the concept of variations in mental representations of attachment has not been applied to transference technique. Instead, the transference has been used to identify the stage of current functioning, previously attained stages, and the drives and associated defenses that currently and in the past have dominated one's life. These can then be treated in the artificial transference neurosis, in which the analysand engages in a developmental experience and integrative process that is applied to external life functioning, with the goal of mature and integrated functioning.

It is from this perspective that we offer three cases seen one by one of the authors (NMS). Each is described first in psychoanalytic terms and then in attachment terms. In our conclusions, we suggest how the notions of transference and internal representational models might lead to a rapprochement between the developmental aspects of the theories and to a strengthening of clinical technique.

**First Vignette: Disarming Transference with Normative Attachment Presenting Problems**

Mrs. C. was a 44-year-old mother of three who entered analysis approximately 1 year after the death of her husband. Mr. C. was killed in a private plane accident after the couple had been married for many years. Mrs. C. entered analysis because she was having difficulty mourning the loss of her husband. At the time, it was unclear to the analyst whether she was within the realm of "normative" mourning or moving toward melancholia (S. Freud, 1917). A trial course of analysis was initiated. This was performed with excellent success in moving forward the phases of mourning with initial symptomatic improvement, followed by exacerbation, then evidence of structural change. Evidence for structural change, recounted below, includes the softening of an overly harsh superego, amelioration of masochistic tendencies, the development of an ego ideal, and shift from an overly compliant transference relationship to a more collaborative stance associated with the expansion of the working alliance. The focus here will be on the nature of Mrs. C.’s attachment configuration in the early phase of analysis.
History
Mrs. C. was the youngest of eight children in a working-class Roman Catholic family; in adulthood, she learned from her mother that her mother had not wanted more children (including Mrs. C.), but that the priest had forbidden contraception and abortion. Mrs. C.'s mother was an overwhelmed and childlike woman who was often incapacitated by psychosomatic illness. As a consequence, the older daughters were responsible for much of the care of the younger children, including Mrs. C. Mrs. C.'s mother whined, desired attention, and frequently complained that no one appreciated her. She used her assets to manipulate others. For example, she tried to bribe her adult children with the promise of bequeathing the family cabin to the one who took best care of her. Mrs. C. refused to be dragged into these competitions. On the other hand, she still wanted her mother's love. Mrs. C.'s father was also incapacitated. As a quiet alcoholic, he was generally unavailable to care for the children or assist in the management of the household. In addition, Mrs. C.'s father occasionally had explosive tantrums: he had a cat-of-nine-tails hung on the kitchen door, which, although rarely used, terrorized the children. When Mrs. C. was 4 years old and had wet her bed one night, her father yanked her up by the arm, hollering "Why did you wet your bed!" When she said it was because "It hurt," he put her on a bureau and painted her labia with MerthiolateTM, yelling, "Well, this will fix it if it hurts!"

Throughout childhood and adolescence, Mrs. C. was known as the "good" child. She attended parochial schools and was referred to as "sweet face" by some of her teachers. This disarming facade, however, covered a more aggressive side to her personality with which she engaged in mild delinquent acts. She was rarely blamed for these because she looked so innocent. In her senior year, she experimented with polydrug abuse until she abruptly stopped using the drugs when one of her peers expressed considerable worry about her safety. Mrs. C.'s mother and father maintained a long, but conflicted marriage in which there had been no sexual contact for most of Mrs. C.'s childhood. In addition, Mrs. C.'s father had had a series of "secret" sexual liaisons that were, in fact, known to her mother and a source of marital acrimony.

At the time of analysis, Mrs. C.'s father had died 8 years previously. In relating this, Mrs. C. said she was relieved that he had died after his chronic and painful illness. She did not recognize, at the beginning of the analysis, that the relief also masked an element of reaction formation and underlying anger at her father for his general neglect of the children and his disdain of her accomplishments through childhood and adulthood. Although her other siblings were generally functioning adequately, they were idiosyncratic; one became a born-again Christian, one was a stock-car driver who enjoyed risk-taking, and one was an alcoholic. In Mrs. C.'s adulthood, her family repeatedly turned to her for help; at one point, she had loaned one-third of her total life savings to members of her family.

The Marriage

Mrs. C. met her husband in late adolescence when she was working at a department store. He actively pursued her for 2 years before she agreed to marriage. The early period of Mrs. C.'s marriage was marked by elements of 1960s free-spiritedness. Her husband lacked a disinterestedly attended several different colleges before graduating. He engaged in various of the arts and was able to parlay his artistic interests into a reasonable successful professional career. They both relinquished their religions of origin and adopted a New-Age spiritualism that considered all
souls (living, dead, and to-be-born) to exist like spokes in a wheel of the universe, joined at the
hub of God. Although Mrs. C. reported that they were quite fond of each other and that her
husband, in fact, adored her, Mrs. C. gave a history suggestive of ambivalence toward her
husband. She saw him both as a dear man and, at times, acted in a denigrating way toward him,
which appeared to be associated with a negative oedipal identification. For instance, Mrs. C.,
although fond of her husband's laid-back approach, covertly saw herself as the more competent,
hard-working, and consistent member of the marriage, much like her father. In another example,
although she believed that her husband was deeply in love with her and dedicated to her, she
engaged in two affairs early in the marriage. Despite claiming that he husband never knew of her
affairs, during the analysis she recalled that she flaunted one affair in such a way that it would
have been difficult for her husband not to have known. For example, while sitting at a bar with
her husband and the man with whom she was having an affair, the latter surreptitiously reached
over to hold her hand while they were talking. On another occasion, when she was living and
working away from her husband, she told him that, to shorten her drive home she was staying
overnight with a coworker (another man with whom she was having an affair). When she did
return home, her husband appeared profoundly dejected; neither spoke openly about what he
might have been suspecting. After the birth of their children, the marriage settled down into a
more conventional lifestyle.

Mrs. C.'s death came at a stressful time for the family. Mr. C. had been mistakenly identified in a
local business scandal. Although this error was rectified within weeks, and he was recognized
not to be one of the perpetrators, it profoundly depressed him. His accident occurred while on a
business trip in a private plane. Although it was clearly pilot error, and he was a passenger, in the
course of the analysis, Mrs. C. wondered whether her husband's typical bon homie might have
distracted the pilot from attending to sudden weather changes.

The Analysis

The course of the analysis was marked by ambivalent feelings preexisting the death that were
complicating her working through the mourning, as well as by characterological defenses,
especially the use of reaction formation, death denial (for instance, manifested in the form of
New Age spiritualist belief in reincarnation), disavowal, and immersion in work in order to avoid
painful feelings.

Nevertheless, the analytic course was marked in the transference by an ability to engage in the
analysis, despite Mrs. C.'s feeling that, at certain points, analysis was making the mourning more
painful. Mrs. C. could free associate, gave good dream reports, and recognized the degree of her
resistance, for instance, when holding off on presenting a dream for several sessions because of
her anxiety.

Mrs. C. developed a solid working alliance (unobjectionable transference) followed by the more
neurotic positive transference associated with oedipal material. Although the flow of material
was marked by the expected resistances, parapraxes, and intrusive thoughts and feelings, there
was an overall coherence to the narrative over several sessions, weeks, and months that was
reflected in the relative case the analyst had in summarizing the process notes. Even the early
phase was marked by the capacity for self-reflection. Mrs. C. could recount, with sincere
subjective distress, the distressing experiences of childhood, although this was marked by oscillations among generalized, semantic statements ("My father worked hard." "He wasn't that bad.") and specific negative memories. In addition, she juxtaposed confused generalizations (semantic memory) with affectively rousing examples of negative experiences (episodic memory). Even in her early work, however, the patient presented an appropriate affective tone that matched the context.

From the perspective of psychoanalytic theory, this boded well for the success of the therapy. Furthermore, characteristics of Mrs. C.'s engagement in the initial part of the analysis suggested that she had significant characteristics of normal functioning. Specifically, Mrs. C. was able to engage in the relatively abstinent atmosphere of analysis without need for modifying parameters. She was able to tolerate the analyst's silences without the coy, dependent behavior that characterizes insecure, enmeshed patients (cf. case three) who try to break the analyst's silence to demand more immediate gratification. She was able to reflect on her expectation that her incomplete sentences should be filled in by the analyst as a transference manifestation of early childhood experiences in the hope that someone would fill in parts of her feelings and thoughts. We will now perform two steps: assessing attachment, then applying this to analytic technique. First, what is the nature of Mrs. C.'s mental representations of attachment, that is, her affective/cognitive strategy(s) to maintain intimacy? Second, how does this knowledge about her intimacy strategy help the analyst understand this patient and adjust the analytic technique?

We will use four approaches to the clinical material to evaluate Mrs. C.'s attachment strategy: (a) we assess her life events, especially issues of threatened emotional separation/danger and her response to these; (b) examine the analyst's assessment of her access to and integration/reconciliation of memory systems, specifically semantic and episodes memories; (c) assay evidence of inhibition, distortion, falsification of cognitive or affective information in the analytic setting, which influence her capacity to make use of interpretations; and (d) recount the feelings and thoughts evoked in the analyst, what is currently referred to as evoked countertransference or the intersubjective response (Cohler and Galatzer-Levy, 1995; Giovacchini, 1993).

These approaches to evaluate attachment strategy are listed in a hierarchy of manifest evidence from more objective (the patient's specific memories of life events, or the analyst's assessment of memory access) to more subjective, such as the analyst's feelings evoked by the patient, as confirmed by the analytic material. No single category of clinical evidence is more important than another, however: Like stars in a constellation, it is the relationship that we construct among the stars that creates the pattern, which we call a constellation.

**Life Events**

The issue of subjectively experienced dangers (such as real threatened separations) is central to attachment formulations. In Mrs. C.'s life, both parents precipitated anxiety in Mrs. C. by appearing physically available but functionally unreliable (through psychosomatic ailment or alcoholism). As a child, she experienced danger via false appearance rather than open threats; things were not as they appeared. For instance, while her father appeared felicitous by driving the children home from school several times per week, he would stop at a local bar, lock the children in the truck with beer nuts and pretzels, while he spent hours in the bar. Mother
competed with her children by manifesting multiple somatic symptoms, hence eliciting caretaking of her by the children and abnegating child care to her oldest daughter. These parental stances fostered Mrs. C.'s reliance on reading affective signals and giving less credence to what was said (cognitive signals): This can result in insecure enmeshed qualities in a child. We can speculate on Mrs. C.'s parents' working models of attachment based on Mrs. C.'s portrayal of them. Mrs. C.'s mother's somatization, coercive emotional blackmailing of her children, and her childlike helplessness fits in an insecure, enmeshed attachment. (We are aware that we are speculating about parents' and siblings attachments. We can not assert that our assessment of these individuals are accurate, only that from the patient's perspective and report, this is how they appeared to her. In terms of understanding Mrs. C., this is most important.) Mrs. C.'s father's alcoholism, possibly an attempt toward affective self-regulation, his episodic threats, outburst, and his deceptive qualities (such as his longstanding affairs) also are consistent with an insecure, enmeshed attachment, particularly with coercive, threatening, and inconsistent qualities.

Her siblings' current functioning, except for her oldest sister, who raised her, demonstrated marginal functioning that can be associated with insecure attachment: the accident-prone stock-car racer, an alcoholic brother, a born-again Christian sister who took in adult African immigrants, whom she referred to as "my children." None had reached the fiscal independence that Mrs. C. had obtained. What about Mrs. C.'s developmental history? She was successful academically compared to her siblings; she had a stable and for the most part, happy marriage of many years, marred in its early years by two brief dalliances with affairs. That is, her life history is remarkably different than most of her family's. This is reflected in the process of her analysis, beginning with her memory systems. Memory Systems

In attachment terms, Mrs. C. had good access to both semantic (that is, generalized) and episodic (that is, specific affective) memories. Further, and most important in terms of attachment classification, she could integrate these two memory systems.

Examples of her capacity for generalized, semantic memory include her awareness that she was having difficulty mourning; the insight that she feared losing the good memories of her husband if she had any bad (critical) memories; that she recalled her father as cruel and absent; and that she experienced her mother as helplessly unavailable. Her episodic experiential memories were plentiful and supported her semantic generalization. This is what one would expect to find in securely attached individuals. Further, she could integrate both memory systems: She compared semantic and episodic memories, noting consistencies and inconsistencies.

Inhibitions, Distortions, or Falsifications in Analysis

Although we always expect some degree of misperception of interpretation, as the analysis proceeds distortions diminish. However, the nature of such misperceptions (for instance, whether distortions are predominately cognitive or affective) are associated with different working models of attachment.

Early in her psychoanalysis, Ms. C. had a disarming compliance to the analysis and to interpretations: Overtly, whatever the analyst said was acceptable. On one occasion when the analyst was 15 minutes late, Ms. C. "understood" that he was so busy with emergencies. Such
overcompliance should not be accepted simply as the unobjectionable positive transference. In fact, further analysis resulted in more overt opposition to what she experienced as unacceptable interpretations or unacceptable interpretive acts, such as the analyst's vacations. This early overcompliance is a characteristic of the disarming coy-like attitude of insecurely enmeshed individuals and can be seen as early as toddlerhood. Her willingness to reflect on her overly ready compliance and to later understand it as a defensive reaction formation against recognizing anger at the analyst, however, is associated with the capacity for exploration from a secure base. This overcompliance was interpreted in more standard ego-psychological terms as a defense against anger. But the interpretation from the perspective of attachment helped the patient recognize that the nature of this transference incorporated her anxiety and that if she were to overtly express anger at the analyst, she would suffer either abandonment, inconsistency, or retaliation (such as in the Merthiolate episode). The patient was able to associate to genetic material to support the interpretation from an attachment perspective. This capacity to explore new frontiers (of one's feelings, desires, needs, even if they are experienced as unacceptable) is characteristic of the neurotic in analysis, or from the perspective of attachment theory, is a cardinal feature of having a secure base from which one can make forays into the (inner or external) world, much as the securely attached toddler explores increasingly far-flung territory from its mother's or father's lap. Sensorimotor exploration is extended representationally in analysis.

The analyst's evoked feelings are important clinical data that can be used to judge attachment. Although the analyst's (nonidiosyncratic) evoked feelings have been more extensively explored in the analytic literature, the study of the caretaker's or observer's worked feelings is in its nascence in attachment theory (Goldberg et al., 1996; Fonagy, 1996). To the degree that attachment is established primarily in the sensorimotor stage, its communication may be at a sensorimotor level, that is, quite literally how the observer feels toward the patient or child. If the observer's reactions, including sensorimotor/somatic feelings, respond to the analysand's preverbal sensorimotor communications, then the observer should know her/his mental representation of attachment (secure, insecure, and preferably secure), in order for the reader to judge the verity of the observer's (analyst's, caretaker's, mother's) evoked feelings. For instance, an analyst with insecure, avoidant attachment may experience a securely attached individual's appeals for intimacy as intrusive; an insecure, enmeshed analyst may experience a securely attached individual's need for exploration as avoidant. This would need to be studied empirically in the analytic setting, however.

**Technique**

With this patient, the analyst felt comfortable that despite vicissitudes in the analysis or in her life, the patient would return to analysis and reflect on her feelings and reactions. Because this patient presented with fundamentally secure attachment, a preoedipal achievement, the analytic technique was focused on more oedipal and adolescent issues, such as ego-ideal deficit (Szajnberg, 1996b). Consequently, thee were few analytic parameters needed, in contrast to a patient with more preoedipal issues associated with more insecure attachment. The analyst felt comfortable enough to present new mentational frontiers (for instance, ambivalence about her husband, fondness for or identification with her father) with the sense that the patient, like Dante, would follow her associations to greater depths (Szajnberg, 1996).
Second Vignette: The Distancing Transference and Insecure, Defended Attachment
Presenting Problems

D. was an 11-year-old boy who was seen four times weekly in treatment until age 13.5 years. He presented with severe compulsive symptoms and counterphobic behavior (Szajnberg, 1993). He would act in driven ways, dashing from one sports activity to another without a sense of enjoyment. In addition, his need to write letters absolutely perfectly on the ruled paper resulted in his writing and erasing so frequently that the school excused him from written exercises for 3 months. Similarly, D. felt compelled to catch a pencil several times by its point before continuing an enterprise. When playing baseball, he felt compelled to sketch specific numbers in the pitcher's mound with his foot before pitching a ball. He rationalized his counterphobic behaviors to fit into the sports activity. For example, although he was an excellent hockey player, on the rink he preferred to be the goalie, demonstrating (in the office) the excitement of throwing himself in front of hockey pucks. He was repeatedly reprimanded by his coach for attempting to play goalie without a mask. During one baseball game, he pitched through the entire game, learning only afterward that he had fractured his elbow.

History

Familial problems extended back at least two generations in D.'s family. D.'s paternal grandfather had died of a brain hemorrhage when D.'s father was but 3 years old. His paternal grandmother was deaf and had a job at an orphanage, where she and her son lived. D.'s father had to live with the other orphan children rather than with his mother. D.'s father worked his way through school, with decompensation in late adolescence. After several attempts to graduate, he did so shortly after he married his wife. His adulthood was marked by his working productively in a middle-management job that he hated, although he was highly valued in his work. D.'s father had recurrent thoughts of suicide, generally with themes centered around attacks on his head. For example, he was a marksman and thought often of shooting himself in the head. (Evidence for the relationship between grandfather's stroke and father's thoughts of shooting himself in the head became available after the father's subsequent analysis with a colleague.)

D.'s mother came from a large Catholic family that was marked by alcoholism. Although his mother's brothers and sisters generally fared poorly, she "adopted herself out" to a close friend, going into that family's home immediately after school and staying until bedtime. Her adulthood was also marked by diversion of emotional streams; just as in childhood she lived with one family but invested emotionally in another, so in adulthood, although functioning adequately at home, she was heavily invested in an adult-children-of-alcoholics group. Indeed, she invested so much emotional energy in the group that she brought some of her bedraggled group members home and to the analyst's waiting room. She was unaware of the extent to which her husband and son experienced this as a deprivation of her affective stream.

The following significant events in D.'s development were told by the parents before the analysis began. When D. was 18 months old, his godfather died suddenly, sending his mother into a depression. At 2.5 years, D. was hospitalized with meningitis with no known sequelae, but it left his mother with the gnawing uncertainty that something may have damaged his brain. At 6.5 to 7 years, his parents had a stormy separation (which, we later learned, was preceded by father's
suicidal thoughts and an affair that father felt quelled his suicidality). The year prior to the onset of D.'s compulsive symptoms was marked by his paternal grandmother's myocardial infarction, his father's chest pains (due to anxiety), and his mother's collapse at a marathon (without physical sequelae), and a cousin's traumatic paralysis in a freak accident.

The Analysis

The analysis was marked by D.'s verbal recalcitrance and affective distance. The early phase, during his preadolescence, was characterized by his denying the need for treatment and his idealized statements about both his family and his functioning. When presented with evidence of the degree to which his compulsive activity interfered with his day-to-day functioning, he diminished the significance of this or claimed that it had improved remarkably. On the other hand, he sometimes would rationalize the value of his compulsiveness, pointing out that even the best pitchers sketch some numbers into the mound before they pitched. Even in the face of mounting evidence of counterphobic behaviors resulting in injuries, he denied the significance of these or held them up as examples of his personal fortitude.

The transference was remarkable in its constrained affective tone for the first 1 1/2 years of work; only in surges of angry affective play was there evidence that other aspects of transference were unfolding. When details of his genetic history came forth, such as the 6-month's acrimonious separation between his parents when he was 7, or the recent move to college of his older sister, he denied the relationship between these experiences and his current feeling states. Although he reported having numerous friends (who regarded him well primarily because of his sports abilities), his friendships were sufficiently shallow that he rarely mentioned his friends' names.

The transference showed a remarkable shift when D. began to experience both aggressive and new libidinal feelings toward the analyst. He referred to the analyst as a "wus," that is, a man who spends a lot of time talking and thinking about feelings or, in his peers' view, someone who is effeminate. Although this was done initially with a taunting, derogatory tone, it eventually was transformed into a sense of playfulness that lost the driven, primarily aggressive quality that it had earlier. Following this shift from grim aggression to playful taunting, a significant milestone in the analysis occurred: D. remembered an episode at the time of his parents' separation when he was 7 and his mother attempted to strangle him. Even when his mother confirmed the story, neither could recall exactly when it had happened; a search through family photos was necessary to pinpoint the date. After this remarkable recall, it took 1 1/2 years of analysis to work through the affective tone associated with the episode and for the young man to recognize the degree to which it imbricated his contemporary feelings toward mother (for her loss of aggressive control); toward father (for his absence during the separation and relative unresponsiveness at the time of the trauma); and toward the analyst, not only in transference terms, but also nontransferentially (for repeatedly raising and returning to the issue).

The patient used a synthetic interpretation from the perspective of attachment strategies. The analyst commented that D.'s affectively removed stance in his early analysis reflected D.'s sense that affect and intimacy were dangerous, leading to unleashed aggression such as mother's impulsive strangling attempt during the parent's separation; that is, not only had D. lost his father, but also mother "lost" her capacity to keep aggression in check. D.'s response was to
remain cognitively hypervigilant and affectively distant. D. was able to recognize how he replicated this stance in the analytic transference, when the transference interpretation was cast in this manner. In addition to D.'s recalling genetic material confirming the interpretation, he experienced less affective constriction and symptomatic relief.

In the countertransference, the analyst felt a general sense, in early and midphase analytic work, of standing on one rim of the Grand Canyon trying to reach across to the young man on the other rim. Affect was felt to be at great remove except during bursts of aggression during play. The analyst felt that any affective warmth was dodged by this young boy. The analyst had a sense of chasing the young boy affectively, yet recognizing that the most effective strategy was to respect his need for remove without being removed in turn. This emotional remove and chase was played out as directed by this young adolescent: the boy would hide valued, powerful objects (for example, a bristle block) in the office and the analyst was to find it guided (and misguided) by the boy's clues. Later, as a strapping teenager, D. modified the game to hide-and-go-seek: D. would "hide" in the office and the analyst, muttering dismay at having "lost" the boy, was to find him guided by the boy's verbal cues! Discourses were punctuated by positive affective bursts. Ultimately, the sessile observational stance described by Anthony (1986) proved most effective. At the end of treatment, not only did D. have complete remission of compulsive symptoms, but also a sober maturity of thought, the capacity to express appreciation to the analyst, and a mutually satisfying relationship with his father (replacing the previously explosive outbursts), and warmth toward his mother. There was no longer a driven quality to his activities, both academic and athletic. He articulated a coherent narrative of both past and contemporary experiences and could explain his difficulties prior to treatment in terms of earlier experiences, he came to terms with his feelings about his parents, and valued more intimate contemporary relationships.

**Interpretation Through Attachment Theory**

We conceptualize D. as presenting with an insecure, defended organization of attachment, which was first transformed into a coercive behavioral organization and, ultimately, into a secure/balanced mental pattern. Adding to the complexity is his parents' possible mixture of a defended/avoidant father, and a mother who could be avoidant and episodically enmeshed/angry. This conceptualization is derived from his parents' history, his presenting problems, the transference, and the analyst's countertransference. With D.'s treatment, we learn more about D.'s inner life from the analyst's evoked feelings, D's memory and distortions and inhibitions than from the account of his life events. By life history, we can speculate that D.'s father's early loss of his father to a stroke, then living among orphans in an orphanage where his mother cleaned linen, suggests a degree of removal from secure attachment figures. In childhood, D.'s mother more overtly chose to distance herself from the alcoholism in her family by adopting herself out to friend's families, and in adulthood by affiliating with adult-children-of-alcoholics groups several nights weekly, consequently depriving her husband (and children) of her affective stream. The few occasions when her affect flowed toward her son were captured by her attempted strangling. We can speculate further that D.'s mother may have diverted her affect from the family in order to protect them from such aggressive outbursts; but this speculation is not necessary for formulating the child's attachment states.
D. presented his memory systems in communicatively different manners: not only did the mode of communication differ (verbal versus sensorimotor), but also the content differed (affectively flat, denying verbal expression, vs. energized, at times aggressive, but generally expressive sensorimotor action). This discrepancy became remarkably integrated during a session midway in the analysis, when this grandson of a deaf grandmother, incrementally signed to the analyst the word "anger": raking his clawed hand upward to his face (the American Sign Language sign for anger). He alternated the sign with and without facial affective anger to "teach" the analyst that only the "sign" with the facial affect was accurate. That is, he shifted from isolation of affect from idea (signing without facial affect) to integration of affect and idea.

Prior to this, in attachment terms, his words emphasized idealized semantic memories: his life is and was (and will be) fine; his parents were good; nothing bad had happened and if it had, it only contributed to his being tough, invincible. This semantic memory symptom, when not supported by specific episode memories, is consistent with insecure, defended, dismissive, or detached attachment. As noted in the case history, his memories did not support the "everything is fine" semantic memory.

D.'s distortions and inhibitions were reflected in his reactions to the analyst's interpretations, both their content and affect. Any reaching out by the analyst, such as concern about his multiple injuries abrasions, lacerations, a broken arm were deflected as meaningless or even intrusive; what the analyst thought was warm concern, appeared to be experienced by D. as seductive or over done. This shifted poignantly later in the analysis when D. approached the analyst to show him a small pimple on D.'s knee and asked the analyst to examine and touch it, much as an older toddler would show his boo boo.

The analyst's evoked feelings are complementary to and clarifying of the child's distortions/inhibitions. The analyst was struck by the discrepancy between this boy's impassive, laconic presentation and his parents' detailed account of multiple traumata and particularly the parents' separation when he was 7. Further amplifying the discrepancy was this boy's account of the counterphobic excitement of his sports activities, which was eventually brought into the transference through play and words. The analyst felt a yawning affective chasm between himself and the child, yet found himself analytically measured (struggling not to be constrained) in his analytic concern and interpretations. As the child shifted from a predominately avoidant, detached attachment stance, regressing to the more traumatic episodes of his life (his meningitis, his parents' separation, and the strangling episode on his birthday), the child presented characteristics of angrily enmeshed attachment (attacks on the analyst, expectations of retribution, and a vigilant visual stance in anticipation of the latter), the analyst found himself able to take a more observant, interpretive stance, while cautioning himself not to be or to appear avoidantly detached in the face of this child's tumultuous affect, which developmentally appeared to precede the defended, avoidant stance at the beginning of analysis.

The effect on the analyst's technique in the beginning of the analysis, was to permit the analyst to encourage more affectively "removed" expression of thought and feelings, initially in dollhouse play, then through interpersonal play (werewolf and Dracula, hide and seek), followed by metaphors for dreams and experience as expressed in mime and charades. As the child's avoidant attachment shifted, first to enmeshed anger and eventually to secure attachment, he could
"articulate" semantically more complex and affectively charged charades and finally words (Szajnberg, 1993).

**Third Vignette: The Incoherent Transference and Coercive Enmeshed, Angry Attachment with Unresolved Traumata**

**Presenting Problems**

T. was a 25-year-old woman who was in analysis for 8 years. The reader will recognize that there is debate about whether this treatment should be called psychoanalysis (Giovacchini, 1993), or exploratory psychotherapy (Kernberg, 1975). She presented with symptoms of a severe eating disorder (anorexia or bulimia nervosa) and self-destructive behaviors, such as secretly burning herself with cigarettes so that she would appear to be a cheetah. In addition, T. had a history of "soft" learning problems, including a mild dysarthria, malapropisms, and "difficulty with numbers," all of which resolved in the first years of analysis.

**Family History**

T. was the only girl and the youngest child in a sibship of eight. She was named for her gaunt, gray mother who was chronically depressed and frequently left the family for weeks at a time to stay with her sister. It appeared that the marriage was unhappy, with T.'s mother feeling trapped by her husband's money and power into staying with an uncouth man. T.'s father was an often absent politician. T. recalled her childhood confusion over her father being absent even though she could still see him on the television and read about him in the newspaper. His political involvement elicited repeated bomb threats that required the family to evacuate the house. T.'s mother, however, refused to leave, and T. recalled fearfully watching her from the window at the grandparent's house next door while mother calmly smoked a cigarette in the living room. At any moment T. expected to see her mother blown up in front of her eyes. During the analysis, T. telephoned her mother to talk about this incident, saying, "Had you been killed, you wouldn't have been able to take care of me." Her mother responded, "I know." By early adulthood, T. appeared to identify with her mother's desire to be dead and her unwillingness to protect T. T.'s father used malapropisms; T.'s garbled words appeared to be an identification with him. T. was both afraid and envious of her brothers. As children, they tormented her. For example, they repeatedly locked her in a closet for hours while her parents were away. On other occasions, they lured her outside only to drop from trees onto her in successful attempts to terrorize her. Her envy of them can be seen in numerous psychodynamic lights, not the least of which is that none of the boys was sexually molested. On the other hand, three of her seven brothers' histories were marked by dysfunctional lives with illicit drug use, shady connections in the family business, and a paradoxical inability to achieve intellectual potential. Only T. and one brother were able to complete college; however, even that brother now subsided on food stamps.

T.'s extended family lived nearby, with her father's parents right next door. Her paternal grandmother was a principal caregiver for T. and was clearly loved by her. The grandmother was a painter and T.'s interest in painting reflected her closeness. On her father's side, the family was reputed to be involved in organized crime, with a grandfather reminiscent of the patriarch in the movie Chinatown. T.'s great-grandfather had been jailed for murder. The paternal grandfather was involved in meat and food services and kept tight financial reins on his family. There was
considerable familial disapproval toward T.'s father because he had not joined the family "business"; within T.'s family, there was pride that he was not in that "dirty" line of work, but bitterness and resentment that this made their family "poor" compared to other family members. T.'s family felt beholden to the grandfather who gave them the house next door to his. T. and several of her female cousins had been sexually "initiated" and molested by the paternal grandfather. (This was learned after several years of treatment.) The overt allegations about sexual molestation were presented only after the death of the grandfather, who had been increasingly ill for some years with a chronic illness. The original report came through T.'s father who called the analyst after the family learned of the abuse. When asked, T. angrily denied her father's allegation. Although the family rationalized his molestations as due to grandfather's chronic, neurological illness, these "initiatory rites" preexisted the illness by decades in some cases.

The Analysis

Giovacchini (1993), Searles (1975), and others who have worked with primitive mental states have shown that the transference can manifest itself as the inchoate internalized chaotic environment. A major defensive stance of such patients is externalization, that is, creating or seeking in the outside world the chaos and inconsistency that they have internalized. With such patients, not only memory recovery, but also reconstructive and structure formation are the therapeutic tasks. Much of this was observed in T.

For the first few months, T. sat on the floor at the end of the couch, her long, matted hair draped over her face, while she fiddled with beads, or rhythmically lashed her back with her key chain. Her narratives were characterized by a kaleidoscope, fragmented appearance. At times, she consciously withheld information; at other times, she spoke as if the analyst had been present during a trauma and should know the details. As an example of consciously withholding material, she spoke with great feeling about one grandmother's chronic illness, a grandmother with whom she identified, as they both were artists. After some 6 months, T. confessed that her grandmother had died some time ago in the very hospital in which the analyst practiced. T. felt relieved, on the one hand, that the analyst could not read her mind, and, on the other hand, denigrated the analyst who could work in the same hospital and not know of the grandmother's death. We later learned that although this patient spoke fondly of her grandmother, even inheriting her art supplies, this grandmother disdained T.'s mother and competed with the patient artistically. Eventually, T. showed her ambivalence about this grandmother who did not protect T. from the grandfather's molestation over several years. An example of how T. presented material vividly as if the analyst should know what had happened was her report about being raped by a male friend. It was unclear for the first 20 minutes that she was describing a rape. She spoke tearfully that an acquaintance (unnamed) came to her house (she often would not use the familiar name, as if the analyst should know whom she was talking about); she described vividly the person's appearance, old damage around the house, a shattered window, the person's leaving. It was only after some unease on his part that the analyst asked bluntly if she had been raped. She recoiled at the use of the word and then admitted that "something like that might have happened."

Memory Murkiness
T. also did not trust her own memory. At first, this presented in a murky manner in genetic material: whether she was molested by her grandfather, whether her brothers would lock her in a closet or beat her up. But she was worried. Were these accusations dreams or fantasies? Maybe they did not happen. The genetic murkiness came into the dynamic material of the analysis; after finally discussing the contemporary rape, 2 months later, she denied that it had happened. She said that perhaps she had imagined this; this man was acting in rather civil ways now; she had no reason to believe that he would do any such disgusting thing. At moments, the analyst was uncertain whether the rape had in fact happened or not.

**Transference Slippage**

In general, the transference was characterized by a periodic loss of observing ego, although there were moments when T. spoke as if the analyst were like a father, sibling, mother, or grandparent, at other times, she believed he had become such a person. For instance, when discussing her chronic suicidality, and how the analysis had kept her alive, T. responded, "You just want to keep me alive to continue to give me pain." As we discussed this further, she spoke of the analyst as if he were her grandfather (now dead), who, she believed, wanted her kept alive so he could continue to give her pain. Yet, even at these moments of lucidity, there were periods of confusion: perhaps the grandfather in Heaven wanted to keep her alive so that the analyst could torture her. In the midst of session, she would inhale sharply, startled, insistent that she had heard his (grandfather's) footsteps behind the door; a pillow's fall might be a threatening signal from grandfather to say no more. In moments of transference confusion, she developed not only pronominal, but also past present confusion. For instance, T. would speak of past experiences with profoundly visual memories. She could conjure up a very discreet visual picture of the family basement where meat was kept for curing: the meat hooks, the smell of the curing meat, the scurrying of rats. She recalled as a child hanging onto and swinging from hunks of meat. She swayed as she spoke.

**Fear and Coyness**

T. also presented not only with fearfulness, but also a remarkable coyness that was sometimes veiled by her psychoanalytic work. She would present symbolic and metaphoric material for analysis in a coy, teasing manner. That is, at times there was a perversion of the analytic work around "insight" into her presenting tidbits to keep the analyst "chasing after her." The chase would then sharply turn into fearfulness that he might capture her or a paranoid stance that the analyst was analyzing her to keep her alive in order to torture her.

**Developing Consistency in the Holding Environment**

We believe that the analytic reader can readily conceptualize the material in structural terms (as the intermingling of aggressive and libidinal impulses and associated primitive defensive constellations, including splitting, projection, and projective identification), or in object relations terms as borderline organization with hysteroid and paranoid qualities (and persecutory part objects), or in a narcissistic frame (as the deficits in the idealizing self-object who did not protect her from attacks). Here, we present this from the perspective of object relations theory, as the latter developed in parallel with attachment theory and, we believe, each imbricates the other.
This is seen more clearly when viewed over the course of the 8 years of treatment: whereas initially T. presented with a more resistant and fearful aspect (typical of insecure, resistant/ambivalent infancy), as the analysis deepened, more mixed features came to the fore with sensorimotor behaviors (typical of 12-18-month-old children), which suggested an expectation that the parental caretaker would be completely inconsistent. Later in analysis, T. was aware of periods of the analyst's consistency an achievement of the holding environment (Winnicott, 1977) that overrode the longer stretches of inconsistency that she felt existed genetically and in the early transference. Of course, these experiences of consistency were not an unvarnished accomplishment; she then felt guilty that she could experience consistency in the analyst that she was unable to find in her childhood caretakers. Her "soft" learning problems were resolved during the analysis to the extent that T. wrote a bachelor's thesis and graduated with honors from a well-regarded liberal arts college. Interpretation Through Attachment Theory T.'s case is complex to articulate in various systems, whether libido theory, object relations, self psychology or attachment. We offer the additional landmarks of attachment in the same sense that finding a few additional stars to add to and reconfigure a constellation changes it from a big dipper to a great bear, this helps the analyst and analysand chart the intrapsychic structure and consequently, the therapeutic voyage. T.'s primitive, chaotic, and disturbing inner world and symptoms can shed greater light on how attachment theory can guide transference assessment and interpretations. We ask the reader to bear with us as we follow the four attachment factors to demonstrate how attachment knowledge facilitates interpretations, the interpretive stance, and even the sensorimotor expressions (the expressed affect) of the analyst that underlie the timing and content of interpretations.

We might more clearly express the interpretations of the attachment phenomena in the transference in the developmental context of how a mother facilitates insecure, resistant ambivalent attachment in her child. Such a mother is inconsistently available: She presents with moments or periods of reasonably appealing, possibly seductive affective availability, which are interleaved with periods of withdrawal, stormy anger, and threatened or real separations. Early in T.'s psychoanalytic work, as mentioned, she would stormily leave sessions, leaving the analyst feeling quite certain that she would never return, then appearing calmly in the waiting room for the next scheduled session. After some months of this, the analyst first clarified his experience his "certainty" that she was gone forever juxtaposed with her reappearance (and refusal to discuss the abrupt leavetakings); then, he interpreted this as her treating the analyst as she once had been treated by someone for whom she cared dearly. The abrupt, stormy leavings, for "forever" it seemed, evoked feelings in the analyst (as it once perhaps had in the analysand) of concern, anxiety, and "certainty" that she (the mother) would be gone forever. This was accompanied by desperate feelings: What had the analyst (analysand as child) done to provoke this abandonment and a parallel desire that the analyst (child) should do something to keep from losing the analysand (suicidal mother) forever. This was a desperate attachment strategy. The life history recounted by T. is barely coherent, except over the years in an analytic setting. This incoherence fragmentary, kaleidoscopic, both suffused with episodic memories and suffering from memory deficits and distortions, and the inconsistency between idealized, yet unconvincing semantic memories ("My grandfather loved me." "I was his favorite.") versus contradictory, myriad episodic memories ("My grandfather fucked me!") is exemplar for insecure attachments.
Her life was replete with deceptions: The family "business" was allegedly food (note her eating disorder), but was widely known to be organized crime; her father "abandoned" the "dirty," corrupt family business to engage in politics, hardly a discipline known for its moral cleanliness; mother was allegedly present as a full-time mother, but was affectively and even physically not present for extended times due to her depression, her abandoning of the children, and to her expressed resentment for having to care for too many children; her older brothers were left to babysit for her but tormented her instead; her paternal grandmother adored her and taught her to paint, but permitted ongoing incest with her husband for many years; paternal grandfather in fact doted on her, feeding her special treats, and preyed on her sexually. For this young child and young lady, things were not necessarily what they seemed to be: She could not trust cognitive information and relied on vigilance of affect and body movements. (For instance, she would count the number of steps that it took for her grandfather to get from her bedroom door, past the closet, to the window, to her bed. She recited the numbers in a mantra of lulling herself into a numbed state for his molestation.) This inability to trust cognitive information, to trust one's mind, is associated with insecure, enmeshed attachment. Her memory qualities are another way to look at her remembered life history. In the beginning of her analysis, she gave rare semantic generalizations about her life, but the predominant material throughout the analysis was torrets of episodic memories: harsh, affectively charged, initially suffused with inchoate evil (such as her indirect recounting of her contemporary rape, never using the word), that evolved to profound anger (and guilty reactions to it). Her memories and recounts were replete with blame and shame. In an attachment frame, these memory qualities are predominately associated with insecure enmeshed attachment, although there are some characteristics of insecure defended/dismissive attachment; human as we are, we do not present as pure distillates of someone's theoretical system.

Cognitive distortions of interpretations and inhibitions of thinking were commonplace and perhaps a counterpart to her "learning disabilities," malapropisms and mispronunciations. The analytic reader will see these cognitive distortions and inhibitions as transference manifestations of her internalization of the deceptions and distortions in her family and in her life. [She innocently called her analyst (N.S.) "Dr. Sheissberg" in the first years of the treatment, professing to be ignorant of what this meant. "Dr. Sheissberg" and other mispronunciations and malapropisms disappeared by the fifth year of treatment as this yielding of apparent "learning disabilities" symptoms to psychoanalytic interpretation is recounted in a case of strephosymbolia (Flarsheim, 1977). The patient later took to calling the analyst "Satchel" after her German shepherd, who growled at, then bit the grandfather.]

**Evoked Feelings in the Analyst**

We will focus on the early analysis, as this article is primarily about transference technique in the early phase. As noted in the earlier cases, however, it may be useful to touch on later phase material, because this illuminates the change from early phase; often, we have greater clarity in knowing where we stand if we can follow a trajectory.

In the early phase, the analyst felt a profound sense of uncertainty as to whether this patient was treatable, whether she would, in fact, remain alive. Many session endings were punctuated by the patient screaming that she would never return, slamming the door in response to the analyst's
attempt to offer the next week's schedule. For many years, the patient refused to accept even one session beyond the next, feeling that this would commit her to remain alive for more than one session at a time. The analyst was aware, over time, that it would be a relief if this patient would leave treatment, and eventually he became aware of his wish that she simply die, an evoked response articulated by Flarsheim (1972) in his article, "The Analyst's Collusion with the Patient's Wish for Suicide." We later understood her abrupt and furious leavings as reconstructions of her mother's exasperated, stormy abandonments of the children, as well as a melange of the patient's wish that her mother would die, her grandfather would die, and the patient's profound guilt over such feelings and fear of retribution. Such insufflation of the past into the present with confusion of past and present is consistent with insecure anxious/ambivalence, which in the adult classification is called insecure enmeshed, angry attachment.

At other moments, the analyst felt uncertain as to whom he represented: the patient as a child, as a young adolescent, the grandfather, the father, or the patient's dog. More significantly, the analyst felt uncertain whether he was thought of as an analyst representing these significant people, or whether he had become these people. This phenomenon of transference and countertransference slippage is commonly accounted in work with borderline or psychotic patients. From an attachment perspective, this slippage is consistent with insecure enmeshed attachment.

The analyst felt vigilant in his overt expression of emotions, even of, in his mind, nonemotive bodily postures: The patient interpreted various stances as pregnant with meaning, generally ominous meaning. For instance, the patient stormed out of a session, screaming that she saw what the analyst had done. Only in the following session and with a sincere expression of puzzlement by the analyst, did the patient reveal that she had noticed that the analyst had opened the door more widely during the previous session, implying that the analyst thought the patient was now fatter. The analyst found himself wondering whether in fact he had opened the door more widely; he certainly did not consider the patient fatter. Years into the analysis, the patient revealed that the grandfather would pinch her upper arm to see whether she had gained weight and probed to discover whether she had become pregnant. The effect on the analyst was to sit in guarded ways and to feel put-upon by the patient's visual vigilance. When the patient no longer stared at the analyst, relief was but temporary, as she found meaning in both the analyst's sounds and silences. A significant part of the analytic frame was the analyst's effort to find a comfortable observational frame of reference, quite literally to be able to sit or move or breathe with ease, and to work through with the patient when her interpretations of the analyst's movements were accurate or countertransferential distortions (Searles, 1977). This patient's visual and auditory vigilance was interpreted as an attachment strategy that relied predominately on affect, rather than cognition: She did not trust words.

With time, the above feelings abated: the analyst expected that the patient would return. As the patient became curious about her own mind, the analyst felt the need to be rid of her shift to an investment by both analyst and analysand to discern why she felt and thought the way she did.

Discussion
We included case-specific discussions in applying attachment material to each of the above vignettes; vignettes that we selected to characterize the three major categories of attachment strategies at the beginning of psychoanalysis secure, insecure anxious avoidant, and insecure anxious resistant/ambivalent.

Therefore, here we will concentrate on some implications of our attempt to reintroduce attachment and psychoanalytic theories to each other: (a) other developmental pathways, such as affiliation and exploration, that interact with attachment organizations; (b) the usefulness of attachment assessment in early analysis as a marker for the patient's conceptualization of protection in the bosom of significant others and the patient's strategies for achieving this; (c) the complementary importance of the analyst's analysis in order for the analyst to know his or her fundamental attachment strategies and to gauge how the analyst is reacting (aspects of the countertransference in the broadest sense of the term, including idiosyncratic reactions versus reactions to a particular patient's attachment strategies); (d) the usefulness of attachment theory in judging the patient's capacity to integrate both affect and cognition in order to live a balanced emotional life, versus the overcathexis and hypervigilance necessary to maintain the disequilibrium of either predominately affective or cognitive strategies. The first and fourth topics have implications for assessing the capacity for identification (a psychoanalytic counterpart to attachment's exploration and affiliation) and termination (a balanced psychic equilibrium), respectively.

Bowlby presented attachment as one of several ethological systems, each of which have developmental pathways and touch on each other; the other two that he explored were affiliation to nonparental caretakers and exploration.

We can understand affiliation as attachment's conceptualization of stranger curiosity, which Fraiberg (1969) taught is the normative, or autonomous ego-functioning counterpart to stranger anxiety. If we imagine watching an 8-month-old held in its mother's arms as a stranger enters the opposite corner of a room, we can see the dynamics of stranger curiosity shift to anxiety, depending on (a) the infant's preexisting sense of security (secure versus insecure); (b) the mother's reaction to the stranger (friendly, interested, curious, cautious, concerned, fearful) as her infant watches the mother's face or feels her bodily reaction (social referencing); (c) the stranger's mode of approach (slowly, respectfully, with a smile, a frown, rapidly, aggressively, finger poking to the midsection of the baby and so forth); as well as (d) the setting of the room (home, familiar neighbor's, hospital infant development laboratory) and other factors.

Interestingly, the mother's reaction to the stranger and the stranger's approach are not measured or well conceptualized in attachment research.

The analyst can extend this thought experiment to the previous vignettes or to his/her own consulting room, as the analysand reacts to clinical material, such as transference figures or new structure formation entering his or her ken: the analysand will react on a continuum from stranger curiosity to anxiety depending on (a) the developmental level of the analysis; (b) the analyst's reaction to the material (is the patient ready vs. concern that the material is too early, or primitive, etc.); (c) the analytic setting (the holding environment, which may be the coconstructed counterpart to the unobjectionable positive transference, the transference-countertransference milieu); and (d) how the clinical material (the "stranger") is brought into the consulting room. That is, affiliation is a positive developmental accretion related to the achievement of secure attachment: the two "systems" (an unfortunately abstract word
selected by attachment theorists to describe human phenomenon) build on the other and interact. From the above example, however, the third system of exploration also comes into play: If a child is securely attached, he or she can "explore" the experience of meeting a stranger, or a new situation, such as a puzzle or a new story or song. A child with more avoidant qualities is too preoccupied with maintaining the connection with mother to be able to let his or her cognitive abilities range to new exploration. We ask the reader to draw parallels to the analytic setting, as the previous vignettes suggest. We suggest some questions raised by reconciling attachment and psychoanalytic theories, questions that go beyond the task of this article, which explores attachment for early transference assessment and interpretation.

Can attachment bring us beyond specific transference interpretations toward understanding a general interpretative stance, such as the analyst's achieving the "sessile" position (Anthony, 1986) that marks the shift from experiencing to observing ego, particularly in child analysis? Do attachment categories secure, insecure, avoidant/dismissive, insecure ambivalent/enmeshed/angry have psychodynamic diagnostic, possibly characterological, parallels: Is dismissive/defended attachment a counterpart to obsessional traits, is resistant/enmeshed a counterpart to hysterical traits, is mixed or disorganized attachment a counterpart to borderline traits (Main and Goldwyn, in press)? These questions can be explored best by the community of psychoanalysts.

Attachment theory strengthens the importance of the analyst's analysis and ongoing self-analysis. Although personal analysis has been a hallmark of psychoanalytic training in the United States at least, multiple psychotherapies have arisen that either ignore or eschew formal analysis of the practitioner. This article emphasizes that the analyst need be acquainted both with one's general attachment strategies and with one's range of reactions to other attachment strategies. Reactions to the same analysand's attachment strategy may vary among analysts in predictable ways, depending on the analytic observer's attachment stance. Assume that we have two securely attached analysts, one with more defended characteristics and the other with more enmeshed characteristics. Both analysts meet a patient with insecure enmeshed qualities. The first analyst may find himself or herself distancing from the patient; the second analyst might feel swirled into the arroyo of feelings. It is important that both analysts be aware of and monitor one's fundamental strategies and reactions for the patient's sake. The same thought experiment can be performed for a patient with insecure defended/dismissive avoidant qualities. Psychoanalysis as a discipline can present to the public specific indications for the analyst's personal analysis. Finally, attachment theory postulates an interplay among having a secure base, which facilitates exploration and the capacity for affiliation with new figures. These ideas have implications for articulating stages in the analytic process, particularly enhancing the analytic function (self-observation, self-exploration, new insights, the growth of the observing-ego). As the analysand reworks transference phenomena with the analyst (the repetition and reworking of the mental representations of the primary attachment figures), one sees and hears greater capacity for exploration, and as the transference relationship devolves and the working or real relationship evolves, one sees greater affiliative capacity with the analyst as a nontransference figure. These three attachment concepts can be used to match the dynamic interplay among transference, observing ego, and more secure object relatedness. In secure attachment, one experiences a sense of inner freedom such that one can make use of one's feelings and cognition to explore old and new worlds. We hope that this article offers such navigational devices to bring together
psychoanalysis and attachment theory in order to help us navigate the often turbulent waters and terrible shoals of our analysands' intricacies and search for a secure home port (Szajnberg, 1977).

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