

## **Patterns of relating in the couple**

*James Fisher and Lisa Crandell*

---

This chapter aims to offer a description of our attempt to conceptualise attachment in couple relationships, and to provide a brief discussion of the implications this may have for the capacity for intimacy. In the past two decades, Mary Main and colleagues have conducted seminal research directed at understanding the expression of attachment in adulthood (George et al., 1985; Main et al., 1985). They have developed the Adult Attachment Interview (AAI) which assesses 'an individual's state of mind with respect to attachment' (Main and Goldwyn, 1994: 1) and have investigated how representational models of attachment are related to dyadic functioning in parent-child relationships. We asked ourselves how one might extend this approach to an examination of attachment in couple relationships. This has led us to the notion of what we are calling 'complex' attachment.

Although some researchers have begun to expand and develop the approach which underpins the AAI for the study of adult couple relationships, these studies are at an early stage, especially with clinical populations (Cohn et al., 1992; Crowell and Treboux, 1995; Hazan and Shaver, 1994; Kobak and Hazan, 1991). To our knowledge, no-one has yet attempted to connect the AAI methodology with an object relations psychoanalytic approach to the adult couple relationship. Those familiar with the problems of psychoanalytically oriented research into intersubjective psychological processes will recognise the significant difficulties inherent in this endeavour (Shapiro and Emde, 1995). However, there is a remarkably widespread interest in the AAI among therapists from a psychoanalytic perspective, strengthening the potential links between psychoanalysis and the world of empirical research (Hobson, 1995; Patrick et al., 1994; Fonagy et al., 1991a; Fonagy et al., 1993a; Main, 1993). Therefore it was also our aim to construct a conceptual model which would reflect our psychodynamic understanding of the couple, from what is generally termed an object relations approach (Ruszczynski, 1993).

With these goals in mind, we shall now turn to the ideas and research that have formed the basis of our thinking. There is a growing consensus that the quality of a person's primary attachments in childhood is intimately linked with patterns of interpersonal relatedness throughout the life-span. In the

past decade, empirical evidence has emerged to support the position of Bowlby, who stated: 'On the way in which an individual's attachment behaviour becomes organised within his personality turns the pattern of affectional bonds he makes during his life' (1980: 41).

The evidence for this assertion has come from two strands of investigation. One tradition of research has been based on observations of infants and their primary caregivers. The aim has been to identify patterns of infant social behaviour that are taken to reflect an underlying attachment organisation, and to trace the developmental sequelae of these patterns. The second strand of research has involved a shift away from behavioural observations of infants and caregivers to the study of adults' mental representations of attachment relationships. Here the focus has been on the manner in which individuals mentally organise and think about their childhood attachment relationships, and how this influences the quality and nature of their relationships in adulthood. In other words, it is not the quality of primary attachments in childhood itself that shapes adult interpersonal relationships, but rather the 'mental representations' of those attachments which are critical for adult intimate relationships.

Both traditions are relevant for our focus on attachment in couples, and each has implications for thinking about a person's capacity for intimacy. Therefore, we shall address each methodological approach in turn.

## BEHAVIOURAL OBSERVATIONS OF INFANTS AND CAREGIVERS

The Strange Situation Test or SST (Ainsworth et al., 1978) has become the standard measure for assessing attachment security in the infant-caregiver dyad. In the SST, a caregiver and 12-18-month-old infant are introduced to a laboratory room supplied with toys. For 20 minutes the dyad engages in a series of standardised phases. Seven brief sequences, each lasting a matter of minutes, are recorded on film:

- a caregiver and infant are introduced into an unfamiliar room with toys in it;
- they are joined by a female stranger;
- the caregiver leaves the infant with the stranger;
- the caregiver returns and the stranger leaves;
- the caregiver leaves;
- the stranger returns;
- the caregiver returns.

In response to the two separation and reunion sequences with the caregiver, infants are classified into one of three primary attachment categories.

Infants classified as 'secure' may or may not exhibit distress when separated from their caregiver. If they are distressed, they seek contact with the caregiver upon reunion. They are effectively comforted by this contact so that they become settled and return to play. Secure infants who are not distressed during the separation, typically greet their caregiver with delight upon reunion, making a bid for emotional contact with a smile and/or gesture. There is a symmetry with respect to the infant's expression of the need for either physical or emotional contact with the caregiver and the reception of that contact in such a way that the infant is content.

Infants classified as 'ambivalent' exhibit marked distress upon separation and generally seek contact with the caregiver upon reunion. However, unlike the distressed 'secure' infants, these infants are not settled by their caregiver's attempt to comfort them. They continue to fuss and cry, simultaneously seeking physical contact and resisting it. They do not settle emotionally or return to play. In this system there is asymmetry between the infant's expression of the need for contact and the reception of that contact such that the infant remains in a state of discontent.

Infants classified as 'avoidant' generally show no or minimal distress during separation. However, unlike the non-distressed secure infants, these infants typically avoid their caregivers upon reunion. In many cases, the avoidance is pronounced and present even when the caregiver makes repeated attempts to engage the infant. Also, unlike their secure counterparts, these infants generally exhibit restricted affect. This is quite striking in its own right. In addition, there are now several studies showing that avoidant infants have elevated heart rates and galvanic skin responses that indicate physiological arousal, despite their rather bland affective presentation. In this system we might say that there is a discrepancy between the infant's internal emotional state and his or her external affective presentation.

In more recent years, a fourth category, 'disorganised', has been identified (Main and Solomon, 1987; Main and Hesse, 1990). These infants exhibit a disorganised behavioural strategy for responding to the stress of the situation and demonstrate peculiar and/or competing behaviours (for example, beginning to approach the parent upon reunion but then dropping prone onto the floor). Infants who are classified as disorganised are also given an alternative classification in one of the three primary categories.

There are a number of studies tracing the sequelae of infant attachment organisation on personality functioning and the quality of interpersonal relating in later years (for example, Arend et al., 1979; Cassidy, 1988; Londerville and Main, 1981). These studies indicate that insecure attachment is associated with difficulties in social competence and impaired peer relations in childhood. The findings are consistent with the idea that the quality of the parent-infant attachment relationship lays the foundation for social development in later childhood. The question then arises, 'what about adulthood?' Is there any evidence to suggest that attachment continues to impart an



influence on relationship patterns later in life? Indeed, what *is* attachment in adulthood, and how might we assess it?

### ADULTS' MENTAL REPRESENTATIONS OF ATTACHMENT AND DYADIC FUNCTIONING

A fundamental assumption of attachment theory is that, from early attachment experiences, an 'internal working model' of relationships is constructed (Bowlby, 1969, 1973, 1980) and that it is this model (which is primarily unconscious) that is carried forward and re-enacted in subsequent relationships. Therefore, as the focus moves from identifying behavioural patterns of attachment in infancy to mapping the influences of attachment in adulthood, there is a shift to the level of mental representations of attachment (Main et al., 1985).

The most sophisticated and well-validated measure for assessing representational models of attachment in adulthood is the Adult Attachment Interview (AAI). On the AAI, adults are asked to describe their relationships with their parents in childhood. They are asked to provide adjectives that characterise the parent-child relationship and to provide illustrative examples of memories that support those adjectives. Similarly, they are asked to describe incidents involving being ill, hurt and separated from parents. Finally they are asked how these relationships may have influenced their personality, and for their understanding of why their parents behaved as they did. The interviews are audio-taped and transcribed verbatim. The transcripts are then rated for the coherence of the subject's discourse using the criteria of quality, quantity, relation and manner (Main and Goldwyn, 1994). Four categories have been identified that parallel the infant classifications delineated by the SST.

Individuals classified as secure (referred to as 'free to evaluate') share a common organisation of thought regarding their early parent-child relationships. They demonstrate a flexible and reflective manner of thinking and conversing about these relationships, have access to specific memories, value early attachment experiences, integrate positive and negative aspects of their parents into a coherent presentation and acknowledge the influence of those experiences on their adult personality. Individuals classified as 'dismissing' have difficulty accessing specific childhood memories, have restricted affect, devalue the importance of early attachment experiences and present an idealised or contradictory presentation of their early parent-child relationships. Individuals classified as 'preoccupied' (also referred to as 'enmeshed') have access to specific memories but are flooded by the negative content of these memories and are unable to integrate their experiences into a coherent understanding of the parent-child relationship. Their organisation of thought is typically confused, disjointed, entangled and marked by a preoccupied anger towards their parents. Like the disorganised infants

in the SST, some adults on the AAI demonstrate a disorganised, disorientated organisation of thought that is specifically related to issues of death, abuse and/or other instances of trauma. They are classified 'unresolved/disorganised' and also given an alternative classification. (Crowell and Treboux provide further details of the AAI, including its psychometric properties, in Chapter 2.)

How is attachment, as assessed by the SST in infancy, related to representational models of attachment in adulthood? There are now a number of studies reporting that parental representational models of attachment are significantly related to infant SST classifications, even when parents are given the AAI before the birth of their child (for example, Fonagy et al., 1991a). In other words, the model of attachment that an individual has at the level of mental representation predicts attachment behaviour of his or her child at one year of age. This connection between parental representations of attachment and parent-child patterns of relating has been an important and intriguing finding.

More recently, researchers and clinicians have begun asking whether these representational models of attachment might also influence and/or reflect the quality of intimate relationships in adulthood. The studies that are emerging suggest this is the case. Couples in which there are two insecure partners show more negativity and conflict, less constructive patterns of communication, poorer marital adjustment and greater difficulty regulating affect than couples where at least one of the partners is secure (Cohn et al., 1992; Kobak and Hazan, 1991; Paley et al., 1995; Pianta et al., 1995). It is a curious finding that couples with one secure partner seem to function in a similar manner to couples with two secure partners (although see Chapters 2 and 4 for data suggesting that gender can act as a differentiating variable). It has led us to question what it is about a secure state of mind in relation to attachment that affords the capacity for more adaptive forms of relating, and what attachment means in the context of adult intimate relationships.

### COMPLEX ATTACHMENT

Both the SST and the AAI refer to attachment relationships in childhood. Whether we are talking about an infant responding to separations from and reunions with his or her caregiver, or the manner in which an adult recalls and describes parental relationships from childhood, the focus is on an individual's attachment experiences *vis-à-vis* the attachment figure. When distressed, the child turns to the parent for comfort and reassurance. Or again, the adult recalls the memories of the times s/he turned (or didn't turn) to the parent. In each case, one individual is in the dependent position and the other is in the depended-on position. In this sense, the attachment is unidirectional.

We are proposing, in common with other attachment researchers, that in



adult couple relationships each partner functions as an attachment figure for the other. In this way, the attachment system is bidirectional. In the ideal form, each partner can tolerate the anxieties of being dependent on the other and also being depended on by the other. As the exigencies of the relationship require, the partners can move empathically and flexibly between the dependent and depended-upon positions. In this way, each partner experiences both the position of the 'infant', who is emotionally dependent upon the attachment figure, and that of the attachment figure who provides comfort and reassurance to the 'infant'. It is this dual nature of attachment in the couple that has prompted us to use the term 'complex attachment' to indicate that this system has an added dimension compared with attachment in parent-child dyads.

We anticipate that the quality of complex attachment in the couple will be strongly influenced by each partner's representational models of attachment. That is, we expect secure states of mind in relation to childhood attachment relationships to be related to this capacity for reciprocity in the couple relationship, whereas insecure states of mind will be related to fixed positions and rigid patterns of relating. For example, in couples where there is a dismissing partner, it may be that the individual functions well in the depended-on position but is unable to tolerate the dependent position. However, we note the findings reported in Chapter 2 cautioning against assuming that representations of attachment will be the same across different relational domains.

On the basis of pilot data, a research team at the Tavistock Marital Studies Institute (TMSI) has worked at developing an instrument for assessing the idea of complex attachment and exploring how it may be related to couple functioning. The Couple Attachment Joint Interview (CAJI) is a semi-structured clinical interview that is derived from the AAI and has a similar format of probing different aspects of attachment. It differs from the Current Relationship Interview described in Chapter 2, and the Couple Attachment Interview described in Chapter 4, in that it is addressed towards and conducted jointly with both partners as if they were an entity. From this standpoint it asks about attachment-related issues in the partnership. For instance, how does the couple describe their ways of responding to illness, loss and separations? Do they feel they can depend on each other, and do they provide detailed descriptions in support of those beliefs? During the interview, do they demonstrate a capacity to see and consider the partner's position? Unlike the AAI, which activates an individual's representational model of attachment with respect to a previous caregiver, the CAJI is in some ways more like the SST, or rather, like two SSTs happening simultaneously, with each partner in potentially reversible roles. The difference is that the coder's attention is directed towards joint representations of the partnership as well as observed behaviour, thus distinguishing it from the SST and the Secure Base Scoring System described in the next chapter. Another differentiating factor is that it attempts to capture the security of the relationship as a whole

rather than the attachment status of each partner in relation to it – it thereby aims to be a measure of couple functioning. The resulting couple 'template' of complex attachment is like two overlapping individual attachment templates, if one pictures a 'template' as a configuration of behaviour and mental representations. The CAJI will remain a concept until the coding manual is developed into a reliable research tool.

Based on our conceptualisation of complex attachment, and drawing from the patterns of attachment delineated by the SST and AAI, we anticipate that it will be possible to identify patterns of couple attachment which correspond with variations in couple functioning that are familiar to those assessing couples clinically. These are described below. We wish to emphasise that these are patterns that we expect to be able to identify, not patterns that have already been identified.

### Secure couple attachment

Secure couple attachment involves an ability to shift freely between the dependent and depended-on positions. There is a corresponding empathic appreciation of the partner's thoughts and feelings in both these positions. Like secure attachment in the infant-parent attachment, there is an open expression of the need for comfort and contact, as well as an open reception of that contact. This is true for both partners. In this way, not only is there symmetry within the individual, there is also symmetry within the system. Finally, the partners will be moderately to highly aware of the effects of these experiences on both the self and the other as they move between these two positions.

### Insecure couple attachment

We expect there to be three distinct patterns of insecure couple attachment. What they share in common is the lack of flexibility, mutuality and the reversible bidirectionality characteristic of secure couple attachment. For example, in insecure couple attachment there is a marked degree of asymmetry and rigidity in the relationship, with one partner typically in one position and the other partner in the other position, with little movement between them. They will show little awareness of the nature of the other's experiences or of the effects of those experiences on either the self or the other. How disorganised attachment features in the couple attachment system has yet to be formulated (although some thoughts about this are offered in Chapter 7), so we will keep our focus on the three broad categories of insecure attachment.



### ***Dismissing/dismissing couple attachment***

The parent-child relationship histories of individuals classified as dismissing typically involve strong rejection of dependency needs. Consequently, the dismissing individual has learned to cut off from feelings of dependency and vulnerability. Typically, such individuals present as hyper-independent and self-sufficient, much like the avoidant baby in the SST who appears to be composed, competent and content to be left alone in a strange environment. But this is more of a pseudo-independence than a natural independence – a fleeing from dependency rather than a developmental acquisition of independence. Because it is a defensive posture, there is extreme sensitivity to any expressions of dependency, and experiences which trigger the denied or repressed feelings of neediness and dependency are perceived as threatening. This has implications for the couple attachment system.

The dismissing state of mind is a disavowal of dependency in the self as well as the other. If there are expressions of dependency by the other, it arouses the partner's own dependency needs that have been exiled from consciousness. Thus, the model in a mutually dismissing couple is that dependency is forbidden and the unconscious couple 'contract' is that 'I am not dependent on you and you are not dependent on me'. In essence, both partners collude in a pattern which pretends that it has eradicated both the dependent and the depended-on positions from the relationship. If both are able to comply with the implicit 'contract', there seems to be no conflict, or at least the conflict is avoided. Things may appear to function smoothly unless the system is disrupted (for example, by unemployment, birth of a baby, or illness), at which point the couple 'contract' breaks down. It is important to note that the avoidant infant shows little emotion or concern in the SST but demonstrates more crying and angry behaviour towards the caregiver in the home. Similarly, these dismissing couple relationship patterns may be marked by episodes of anger and resentment that erupt in other, seemingly unprovoked contexts.

### ***Preoccupied/preoccupied couple attachment***

Historically, preoccupied individuals were typically involved in parent-child relationships which were role-reversing and/or inconsistent. Consequently their dependency needs were responded to, but in either an inverted or a sporadic manner. In the case of role-reversal, the parent could 'allow' the child's dependency (unlike the dismissing parent) because s/he felt vulnerable and needy. In this system, the child becomes an extension of the parent as well as an object for alleviating the parent's own distress. When the parent is inconsistently responsive the child has the experience that sometimes its needs are met, whereas at other times they are either rejected or ignored. Thus the child learns to exaggerate and intensify the bid for

help in order to elicit a response from the parent. The child may also become hyper-vigilant about the presence of the attachment figure and feel chronically deprived.

This state of mind in the couple attachment system translates into a perpetual feeling of deprivation, and a complementary conviction that the other can never satiate the need for comfort. Like the ambivalent infant, the preoccupied adult seeks and demands emotional contact in the couple relationship, but is unsatisfied and angry in relation to that contact, thus resisting the very emotional contact being sought. In this couple pattern there is a high level of open disagreement and conflict because each partner, while demanding that the other satisfy their chronic and insatiable dependency needs, at the same time rejects any response as inadequate. In this pairing there is the asymmetry within the individual that is characteristic of the ambivalent position, as well as asymmetry in the system, as each partner competes for the dependent position while simultaneously resisting it.

### ***Dismissing/preoccupied couple attachment***

We have reason to suppose that this is a common pattern in couples presenting for therapy, and it may be a gender-specific pattern. This system is also highly conflictual, with the preoccupied partner typically expressing most of the discontent, while the dismissing partner believes that the only problem with the relationship is the other's discontent. They both agree that the dismissing partner avoids being dependent. However, the dismissing state of mind also attacks any expression of dependency needs by the other. Thus there is an inherent conflict in this system, with the preoccupied partner feeling chronically deprived and emotionally abandoned, and the dismissing partner expressing disdain towards the other's expression of dependency needs. As the preoccupied partner escalates and intensifies the appeal to have dependency needs met, the dismissing partner's defensive response is also escalated.

### ***Secure/insecure couple attachment***

With the above categories in mind, let us return to the question about what happens when a secure partner is paired with either a dismissing or a preoccupied partner. It may be that the presence of a secure partner, by virtue of the capacity to assume both the dependent and the depended-on positions, continually challenges the tendency of the preoccupied individual to assume the dependent position, and the dismissing individual to assume neither position. Perhaps, through the creation of a corrective emotional experience, the insecure partner in a relationship with a secure partner is able to engage in a more flexible and balanced way. Perhaps it is also true that under certain circumstances the pull goes in the opposite direction and the secure individual



becomes more entrenched and inflexible, in keeping with the tendency of the insecure partner. Chapters 2 and 4 provide interesting evidence about how gender can affect which way things go.

### 'COMPLEX ATTACHMENT' AND OBJECT RELATIONS THEORY

We are now in a position to consider the links between a psychoanalytical view of couple dynamics and the understanding of intimacy in terms of what we are calling 'complex' attachment patterns. Bretherton pointed out the roots of such an enterprise:

The time has come when the psychoanalytical origins of attachment theory are coming into sharper focus. Thus attachment theory can now more clearly be seen as a theory of interpersonal relationship in the lineage of object relations theory, incorporating much from ethology, but also shedding new light on and reworking from a new and more rigorous perspective the issues with which Klein, Fairbairn, and Winnicott had also been wrestling.

(1991: 27)

In the Kleinian view of primary object relations there is a fundamental link between Oedipal dynamics and what Melanie Klein called the depressive position. Britton has suggested that the Oedipal triangular relationship provides the basis for the development of the capacity to be an individual in an intimate relationship. He argues that the capacity to tolerate the anxieties of the recognition of the parental relationship itself creates a boundary for the internal world, making possible what he calls a 'triangular space':

It includes . . . the possibility of being a participant in a relationship and observed by a third person as well as being an observer of a relationship between two people . . . The capacity to envisage a benign parental relationship influences the development of a space outside the self capable of being observed and thought about, which provides the basis for a belief in a secure and stable world.

(1989: 86-7)

Britton goes on to make clear that the experience of ambivalence and the developing capacity for tolerating the anxieties associated with ambivalence are central to this process:

If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an

object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage being observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves.

(1989: 87)

It might be suggested that this could be a marker of a desired outcome in psychotherapy with couples: that is, an increased capacity to do this for each partner *vis-à-vis* the other. We suggest that this psychoanalytic understanding of development, which forms a core aspect of our psychotherapeutic work with distressed couples (Fisher, 1993), has a resonance with the research understanding of the quality of the mental representation of attachment in the individual rated as secure on the AAI. Moreover, this capacity is central to the 'complex' couple attachment pattern we have described as secure in the CAJI.

We cannot within the constraints of this chapter develop these ideas further. Our intention here is only to indicate something of how our nascent research instrument might be linked with the clinical assessment of couples who present for therapy at the TMSI. In this way, we hope to pursue an in-depth analysis of the connections between clinical judgements and couple attachment patterns.

It might be useful to end this chapter with clinical examples of one of the couple attachment patterns that we have just outlined. This may give some idea of the cross-fertilisation between our research understanding of complex attachment patterns and our clinical understanding of the disturbances in the capacity for intimacy. We have chosen to provide a few clinical descriptors of couples in therapy who were classified as preoccupied/pre-occupied on the AAI. From a psychoanalytic perspective, these couples can be seen to be functioning in a way that is characterised by the excessive use of primitive defences such as splitting, projective identification, idealisation and denial.

Often in these couples, the relationship seems to have no real beginning. It typically begins inadvertently, as when one individual suddenly finds him or herself without accommodation and moves in with the other, with neither partner feeling as though they made a decision about the partnership. While they both express intense dissatisfaction with the relationship, each partner feels that ending it is tantamount to disaster. They describe being drawn in by the other irresistibly in a way that leaves each feeling defined by the other, as if the other were holding an essential part of the self which could not be recovered. One perceptive observer said of this attachment pattern that it was 'a perversion of Proust'.



Often their therapy sessions are replete with psychological jargon that creates meaningless, entangled communications. It requires great skill and presence of mind for therapists not to become lost with these couples in a caricature of therapy. In the face of this chaotic, tense environment, the experience of our clinical staff has been that therapists become more forceful and bold than is characteristic, perhaps to prevent themselves from being overwhelmed in a whirlpool of confusion.

In this context, our understanding that developed from research discussions of complex attachment patterns became therapeutically important. In these couples, each of the partners was 'preoccupied' with the relationship and with the other, either passively or angrily, but also complained of feeling trapped by the other's preoccupation. Neither could decide to let go of the relationship, being either too angrily preoccupied with it, or too passive to take any action. When the couples, in different ways and to different degrees, became dependent on the therapists and the therapy, it became possible for the therapists to give voice to the couple's desperation to leave the damaging relationship. Paradoxically, this could also mean leaving the couple therapy. 'Giving voice' was only possible when the therapists, as secure attachment figures, could also tolerate the anxieties of being depended on to hold firm to the need to work towards a thoughtful ending. In most cases this is what happened, but very slowly, in fits and starts, and with incredibly high levels of anxiety.

We could describe this anxiety as Oedipal anxiety. In our view the capacity to be an individual, to be separate and hence capable of a relationship with another, rests on mastering the anxieties of the triangle. In brief, these are anxieties of being both excluded from a couple and of being part of a couple which excludes the third. The mastering of these anxieties results in a sense of psychological space. Conversely, the failure to master these anxieties is experienced as a desperate lack of a sense of psychological or emotional space to think, to be different and to be separate: in other words, an absence of space in which to enter or leave a relationship. We believe these anxieties and their resolution are closely linked to those associated with the experience of ambivalence, the feelings of love and hate directed towards the same person. In the end, these anxieties are only ever provisionally resolved, and they are commonly, and sometimes even dramatically, revived in the intimacy of a couple relationship. For this reason they are characteristic of many presentations for help by couples having difficulties with their relationship.

Couples in which the partners have a capacity to tolerate such anxieties in themselves and in each other – in which each can express dependency needs and tolerate the other's dependency – can be described as secure. There is, of course, much more to say about a psychoanalytic understanding of these dynamics, and about the notion of complex couple attachment. All we mean to do with these introductory observations is to suggest how research and

therapy can work towards a satisfying and constructive marriage between frames of reference which are often felt to be antithetical. To put it in the language of one of our collaborators on the project, Peter Hobson, we want to explore 'how non-analytic research might complement psychoanalytic investigations of inter-subjective psychological processes' (1995: 167)