Attachment, Disorganized Attachment, and Aggression
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For self-psychologists, aggression, whether expressed as antagonism or as withdrawal, a passive form of aggression, is understood to derive from early experiences of deprivation, frustration, abuse, neglect, and injuries to one’s self esteem. And feeling angry, enraged, outraged, vindictive or stubbornly spiteful and negative are typically understood as “reactions.” When we notice such behaviors in our patients, or ourselves, we seek the broader context in which these reaction were revived, evoked and organized. In contrast, we recognize that curiosity or assertion, to assert oneself or explore one’s environment, also emerge from a context and are understood to be self-initiated. Aggression, however, is reactive. But wait, haven’t we learned from Freud that aggression is innate? That it is an intrinsic constituent of the psychic apparatus that drives us to behave in destructive ways unless we have learned to curb that aspect of ourselves?

In Transforming Aggression (2000) I proposed that when early in one’s life experiences of deprivation, abuse, frustration, neglect, and assaults on the developing sense of self are massive, aggression can become the dominant form of affect expression and appear to be “eruptive.” It then appears grossly disproportionate, even unrelated to the circumstances in which it is expressed. Aggression can then appear to be innate or drive-like.

The two forms of aggression, reactive and eruptive, lie on a continuum that is differentiated at the extremes but less so toward the center of this range. Both forms of aggression regulate affect and arousal in oneself and in
relationships. Both forms serve to reduce tensions or can increase a feeling of aliveness. Eruptive aggression can over-ride affects that are intolerable to the person, such as anxiety, hopelessness or helplessness. In that case, rather than serving as a response to specific circumstances, aggressions erupts like a volcano, suddenly bursting forth in a way that seems disproportionate to its context.

In our clinical work we predominantly encounter instances of reactive aggression. We uncover feelings of helplessness or vulnerability that provide the intersubjective context in which a person’s angry outbursts or sullen withdrawal emerges. In contrast, when eruptive aggression is found in our clinical population it is not usually in such extreme manifestations as in the serial killers and mass murderers I have written about (Lachmann 2000, 2008).

For both reactive and eruptive aggression, the common denominator, frequently, is a history of disorganized attachments. That’s what I will be addressing in this paper. But first, I’ll approach aggression through a discussion of attachment theory, and then early disturbances in attachment that are relevant to our understanding of aggression and finally a case study that will tie everything together.

Attachment theory is one area of investigation in the general field of empirical studies of early development. With my co-authors Beatrice Beebe (Beebe & Lachmann, 2002) and with Joe Lichtenberg and Jim Fosshage (Lichtenberg, Lachmann & Fosshage 1992), I have been interested in this field and especially in developing an empirical foundation for adult treatment. In different ways, we have sought to
formulate life-long principles of the organization and transformation of experience. Beatrice Beebe and I proposed three such principles. They are: ongoing regulations that include self- and interactive regulation, disruption and repair of ongoing regulations, and heightened affective moments. These three principles offer three perspectives on how experience is organized and can be transformed – in life or through psychotherapeutic treatment. Self- and interactive regulation refers to managing affect and arousal within oneself and in the dyad, whether between caregiver and child or between analyst and patient. Disruption and repair refers to a segment of ongoing regulation in which the interaction is ruptured and expectations of repair can be jointly organized. Heightened affective moments may be joyful or traumatic and impact the relationship beyond the real time they take.

The empirical infant research reported by Beatrice and by Dan Stern (1985) was begun as “pure research,” with no intent to apply the findings to adult treatment or to better understand the organization and transformation of experience. Dan Stern, Beatrice and others were intent on enlarging our understanding of early development. Although their findings challenged some dearly held assumptions of ego psychology, for example that attachments proceeded via need gratification, they did not set out to apply their findings to adult psychoanalysis. That occurred when some psychoanalysts, like Joe Lichtenberg and me, got hold of this research and saw the promise it held for reshaping psychoanalytic theory and treatment to a wider, adult population. Dan Stern (2004) then moved in a direction best described in his felicitous phrase of finding “the world in a grain of sand.” He has been ingenious in unpacking a
moment in time and finding in it a replica of the dynamic themes of a person’s life.

Beatrice’s research and our collaborative discussion of it are based on mother-infant interactions that occur briefly, but over time, often in chunks of 3-second intervals. My point is that this research paradigm takes the dyad as its starting point and studies various mother-infant interactions. It differs from the attachment research and the work of Peter Fonagy and his coworkers (Fonagy, Gergely, Jurist & Target, 2002) who have been elaborating attachment theory. The difference is subtle but, I believe, important.

The research of Peter Fonagy and the attachment research inspired by the work of Bowlby (1951) although investigating mothers and babies, do so from a vantage-pint that differs from the one on which Beatrice and I focus. They study the effect of the environment, of the mother, or other caretakers, on the child. This effect is carried by the mother and can be transmitted across generations. Recall that the attachment style of the child can be predicted from the Adult Attachment Interview of the mother even before the baby is born. The child’s attachment style represented in the “working model” is thus characteristic of this child with this parent. This is not the same kind of interactive model that focuses directly on the dyad.

Each of these perspectives, Beebe-Stern and Bowlby-Fonagy address a slightly different slice of the pie of early development. But, each approach also concerns itself with what eventually makes for loving and angry relationship, what makes for secure attachments, or what makes for disorganized attachments. The differences between the two perspectives can become clear when viewed
historically.

Stern and Bowlby came to their perspectives from different backgrounds, different professional contexts, and brought different “curiosities” to bear on their subject. I think Dan Stern’s work can be best understood when we place him into the world of dance. Stern dedicated his book *The Present Moment* (2004) to the choreographer Jerome Robbins and also acknowledged theater artist Robert Wilson. He formed “lasting friendships” (p.xxii) with both that permitted him “to watch dances and theater pieces take form from conception, through rehearsals, to premiere” (p. xxii). Stern stated “It was an unbelievable opportunity for me to learn about the nonverbal realms” (p. xxii). This opportunity furthered Stern’s abiding interest in the rhythms of body movements and body communications between mother and infant and their impact on the infant’s evolving senses of self.

Among Bowlby’s influences were Spitz’s (1945) reports of infant mortality and hospitalism and similar observations made by Bowlby, himself. Spitz’s work alerted the world to the dangers of neglecting maternal nurturing and care, necessities for the infant’s survival. Furthermore, until the time of Spitz, psychoanalytic theories were built around the importance of the father. Spitz taught psychoanalysts about the contributions of the mother to the survival and psychological growth of the infant. Stern focused on how mother and infant interact, and Bowlby focused on how the infant can survive.

Rene Spitz not only influenced Bowlby, but another researcher as well, Harry Harlow. Both were led, independently but simultaneous to similar inferences. The mother counts! I mention Harry Harlow because I think his
story is also relevant to the then growing recognition in the psychiatric/psychoanalytic culture at large of the effect of the environment on the infant’s attachments. Bowlby argued that the evidence he had accumulated now left no room for doubt that prolonged deprivation of the young child of maternal care may have grave and far-reaching effects on his character and so on the whole of his future life (Bowlby 1951).

Bowlby work has inspired a wealth of research that is rooted in his ground-breaking proposition: the attachment behavioral system, designed by evolution, optimized the likelihood that the neonate would survive. He thereby replaced Freud’s “drives” with attachment motivation. Bowlby and self-psychology are in agreement here.

Attachment means that a secure base is in place, and once established, this base permits the growing infant to explore the world, and to assert and insert him- or herself into it. Curiosity and exploration of the world raise a risk involved in leaving the base. The freedom to explore depends on the infant’s felt security.

A secure attachment and a secure base eventually serve to maximize the probability of survival and connecting with a mate. In times of felt danger a flight back to the attachment figure for protection and reassurance may be required. Note that this is not an interactive model. It is predominantly a one-way influence model focused on what the growing child needs from the environment and how this need is, or is not met.

Bowlby, as is well known, worked with Melanie Klein and upset her greatly when he shifted from her formulation of internalized object representations that assumed that the mental life of children (and adults) is filled with
phantasies. Instead Bowlby proposed internal working models that were derived from the child’s actual experience.

Bowlby’s working models shifted the child’s internal landscape to mental representations that were derived from patterns of interactions with a caregiver. The child can then know and anticipate what the caregiver will do next and respond (or protect himself) accordingly. Hence working models provide cues as to what can be expected in an interaction with a caregiver. Working models thus influence both expectations and the behavior that flows from them.

Fonagy expanded Bowlby’s work by introducing the concept of mentalization, an intervening variable, located between the events and experiences of the child’s developing years with its parents, and the effect of those events and experiences on the child’s later development. Fonagy argued that early experiences of deprivation and abuse interfere with the developing child’s ability to mentalize, to feel that they have an existence in the mind of the parent. A consequence of an inability to mentalize necessitates the actual manipulation of the external world. Here is a connection between an inability to mentalize and eruptive aggression.

As the parent senses and mirrors back to the child more or less accurately the child’s affective state, the child develops a sense of self that is derived from the input of others. Through this experience, the child also derives a sense of having an existence in the mind of the parent and furthers the understanding that the parent’s mind and the child’s mind can be different. The capacity to recognize that other minds are constituted differently from one’s own develops around age 4. It is an enormous developmental advance and one that brings with it an ability to use one’s
mind rather than have to directly manipulate people or the environment. Early experiences between child and parent in which mentalization was precluded are thus linked to later psychopathology subsumed by Fonagy under the “Borderline” diagnosis.

Two comments about Fonagy’s elaboration of attachment theory. First, the theory is still a one-way influence model – from parental environment to child. This is not to deny that the child has an impact on the parent that can range, for example, from passive submission to constant belligerence or more likely, some combination of the two. Either one of these can incite increased sadism or neglect by the parent. Whatever the contribution from the child may be, it can diminish or exacerbate the parental response.

In contrast, when Beatrice and I talk about co-creation we refer to what emerges when child and parent, or patient and therapist interact. We do not mean that the two partners contribute similarly, equally, or symmetrically. We do mean that each makes some unique contribution to the interaction.

Second, as a consequence of Fonagy’s work, therapists now have increased their ability to deal with a frequently encountered therapeutic problem. Before Fonagy, it was generally believed that when, for example, patient and therapist parted for a period of time, a patient who was believed not to have reached the level of object constancy, would be unable to retain in memory their attachment to the therapist. These patients would require some reminder of and by the therapist, so that the patient would not forget the therapist. However, it may not be that the patient cannot keep the therapist in mind, rather that the patient does not believe the therapist can keep him or her in mind.
That is, anxiety at a separation may come when the patient
is afraid that the therapist will forget him or her. This
would apply to patients who do not have a sense that
existence in the mind of the therapist.

Mary Ainsworth (Wallin, 2007) is credited with
formulating the “secure base” concept and she broadened
attachment theory from its until-then exclusive focus on
*proximity* to include the child expectations of the
caregiver. Both of these foci are important: proximity and
the child’s expectations of the caregiver.

Proximity is concrete statement of physical or actual
closeness. There is a direct connection between “proximity”
and one’s body. Proximity as a feeling is rooted in body-
to-body closeness. It thus engages affect directly and
provides the avenue, the literal connection, between two
people. Without proximity as a referent, as a base from
which to “explore,” there can be no attachment.

I propose that in development proximity undergoes the
same transformation as was hypothesized by Kohut to apply
to the development of selfobject experiences. He proposed
that over time, in life or in analysis, selfobject
experiences become increasingly abstracted and
depersonified. When that occurs, a selfobject experience
can be derived from sources other than the child’s original
caretakers. Similarly, proximity develops from a literal,
concrete body-attachment experience to more symbolic
sources that can provide a feeling of nearness to a secure
base. Developmentally, as proximity becomes abstracted and
depersonified it contributes to adult attachments and
relationships.

Proximity ranges from being in uterus (you can’t get
any closer than that), to being held, hugged, touched,
standing near, and more abstract, hearing the voice of, and at its most abstract and depersonified form, recalling such experiences of proximity from one’s past and finding symbolic or other sources of it in the present. Proximity, in times past, was the lover carrying with him a handkerchief, or a lock of hair, of the beloved. Today proximity is abstracted but not depersonified as in the cell-phone.

In addition to proximity, another aspect of the attachment styles is the child’s expectations of finding a secure base that meets expectations of affective responsivity. Mayes and Cohen (1996) have summarized the literature on infant’s expectancies, violations of, and disruptions of, expectations of affective responsivity. They summarized the literature on such violations in social interactions of children who were exposed to early traumatization or who were otherwise considered to be at risk. Mayes and Cohen, as well as the attachment researchers, posit that expectations of affective responsivity constitute a basic expectation of human infants. Kohut (1981) referred to this as the “empathic human milieu” (p. 531). Unless that expectation is met to some degree, survival is unlikely. Under ordinary circumstances, Mayes and Cohen (1996) argue, “Out of the daily routines of being cared for, infants develop expectations for their parents behavior – the familiar touch, sound of the voice.” Against this background of proximity to a secure base, what is unexpected gets attention. However, when the unexpected, when what would be a violation of expectations for a child with a secure base, becomes the expected, some form of insecure attachment is a likely outcome. Mayes and Cohen state “Children growing up
in chaotic, inconsistent homes sometimes marred by violence and sometimes by neglect, may be indiscriminate and unpredictable in their social relatedness” (p.136). These observations have led Mayes and Cohen to hypothesize that violations of expectations in early life may curtail and interfere with these children’s “ability to feel safe and secure with others or when alone, to enjoy reciprocity, or to be able to endure the normal frustrations, in short to anticipate familiarity and tolerate the unexpected” (p. 136).

The fate of children for whom early distress reached extreme proportions was tragic. They lacked ordinary resources to deal with deprivation, frustration and injuries to their sense of self. Aggression erupted from them rather than serving as a reaction to their traumatizing circumstances. For these children the possibilities were restricted. Their inability to deal with early, repeated experiences of violations of expectations led to a profound social withdrawal and massive outbreaks of eruptive aggression. And these early experiences may also eventuate in these children becoming violators of the expectations of others – specifically violating their expectation of living in an affectively responsive, reasonably safe and secure world.

A shift can occur in the child who grows up as the target of violation to becoming a violator of the expectations of others. Beatrice Beebe and I (2002) reported that what is initially acquired by the infant and by the partner are presymbolic representations of the interactions themselves. That is violations of expectations are co-created and thus organize experiences in both partners simultaneously as to what it is like to be a
“violator of expectations” and what it is like to have one’s expectations violated. Each partner gets to know and expect and eventually to represent what it is like to be on either side of interactions. Thus, both sides of the interaction get to be known by each partner. For any person, one or the other side of this interactive representation may be more dominant. Looked at in this way concepts like turning passive into active or “identification with the aggressor” are not required. No additional steps need to be taken because both representations, aggressed-upon and aggressor, masochist and sadist, victim and victimizer, are already in place for each participant in such interactions. In therapeutic practice we can then consider the foreground-background relationship between representation of different sides of an interaction. We can thereby maintain a focus on integrating the sense of self.

In proposing that both sides of an interaction are represented by both partners from infancy onward, Beatrice and I are in tune with Stern’s RIGs, representation of interactions that are generalized. This perspective, as I indicated earlier, takes the dyad as the basic focus of study.

The work of Mayes and Cohen, Fonagy, and many others elaborate various kinds of insecure attachments. These attachment categories are by now well known. In addition to secure, other categories, such as avoidant and ambivalent were considered "organized." Later the fourth classification, disorganized, was identified. A large group of children’s responses to the strange situation failed to fit the aforementioned traditional classifications. In the Strange Situation paradigm, the reunion behavior of these
disorganized infants with the mother was unusual. They backed to her, froze in place, collapsed on the floor or appeared to fall into a dazed trance-like state. These behaviors were easily missed because they may not have lasted longer than 10 to 20 seconds. Disorganized attachment is noted when the attachment figure, the mother, is simultaneously experienced as not only unsafe but even as a source of danger.

Disorganized infants are found to a disproportionate degree in high-risk families, such as those studied by Mayes and Cohen. But they are also found in non risk families. Main explained that the disorganization is not only found in infants whose parents’ anger or abuse is frightening but also when the child also experiences the parents as frightened.

The finding that disorganized attachment is found in non-risk families is one of the areas that is in need of further investigation. A group of researchers at the University of Iowa researchers (Casper, Paradiseo, Yucuis, Troutman, Arndt, & Philbert, 2009) did just that. They found evidence that a specific gene can be identified in both infants and their parents that is implicated in disorganized attachment. The authors examined a specific gene (5-HTTLPR) in the susceptibility to disorganized attachment in adulthood. They investigated “disruptive maternal affective communication” as the mechanism for intergenerational transmission of disorganized attachment and identified a specific gene system in modulating emotional response to environmental stressors. When these researchers investigated temperament traits or psychological symptoms, they found no statistical significance, indicating that these characteristics may not
act as mediators of disorganized attachment between mothers and infants. Furthermore, they specified that the attachment genotype association was found for the mother’s speech related to loss, but not overall narrative coherence on the AAI. The manifestation of disorganized attachment in the child appeared in the Strange Situation paradigm. The infants studied by these researchers showed the same signs of disorganized attachment as were manifested by infants in other studies. The gene needed to be present in both mother and infant for the attachment to be disorganized.

To illustrate the relationship between insecure attachment and manifestations of aggression I turn to the treatment of David. At age 24 he came for therapy to address a long-standing pattern of self-defeating behavior, a writing block and procrastination of school assignments, picking fights with authority figures, such as bosses at work and professors at school, and having generally belligerent social relationships. It was striking to me, not when he referred to his parents by their first names, but that he spoke of them in a formal manner as though they were distant acquaintances who happened to be in his life. It seemed as though he could not expect anything more personal from his parents than he could from a bank teller. Incidentally, I had the impression that he had been high on marijuana during this first session.

His “aggression” derived from a selective attention to potential stimuli that he could find enraging. Then he would express his outrage. For example, when I told him my fee, he asked me to charge him a higher fee on the bill. Since his insurance reimbursement was 50% of my fee, a higher fee would bring a higher reimbursement and he would then not have to pay for the sessions. I refused. Angrily,
he called me a hypocrite. He could not believe that I was always this honest. I told him that that I may not always be so honest, but I would not lie for him.

At the end of our meeting, which occurred just before my summer vacation, of which I had informed him prior to our appointment, I did not expect him to want to continue to work with me. I thought that my refusing to help him deceive his insurance company would preclude his wanting to see me. It didn’t.

Promptly upon my return, David called me to set up an appointment. When he returned he was quite different, polite and even with self-observation. He told me that he had stopped smoking pot during the summer.

I thought again about our fee discussion in which he presented himself as a manipulator and as dishonest. I think he saw his expressed dishonesty as evidence that he was not a hypocrite. In my response I thwarted him and I appeared as the hypocritical authority. He responded with “narcissistic rage” or reacted or perhaps erupted, angrily calling me a hypocrite. However, in my response I said that I don’t claim never to lie, I implied that I might lie but in my own behalf. I would not lie for him. Unbeknownst to me at the time, I think that made us alike and evoked some sense of “trust” which could lead to some form of attachment. That is, it enabled him to see me as neither identical to him (that would be too close), nor devalued as a hypocrite (that would make me even worse than him), nor morally superior (that would be too distant). I did not think of this in making my response. It was spontaneous, but I think it enabled David to find a resonance with me. I may not be as much of a manipulator as he, but I was also not pretending to be oblivious to the way in which
“manipulators” organize the world as they try to derive extra benefits beyond those to which they are entitled.

David was born with impaired hearing that was not recognized by his parents. It was not corrected until he was about 5 when the impairment was recognized in school. Until that time he also had speech problems. David told me that, according to his mother, she and he developed a private sign language. Not until he recounted this story in his therapy, did David realize how strange it was that he was not taken for hearing and speech tests earlier. It was typical of the extent to which both parents were out-of-touch with what was happening in David’s body and life. The private sign language did not develop into a special intimacy with his mother, but was illustrative of her neglect of his actual problem. This neglect was not malicious but was probably a tendency by both parents to dissociate and be preoccupied. As David later described, they were primarily preoccupied with themselves and secondarily with each other. The three children came last.

David recounted this material, halfway through the first year of therapy. We characterized his early life as isolated and lonely. In addition his hearing and speech impairments presumably increased his feelings of isolation. Dealing with his aloneness and depressed affect required constant self-enlivening efforts on David’s part. He had to make sense out of his solitary experience and unshared or unvalidated feelings, on his own. At age 5, as a result of the school's attention to his problems, he was given speech lessons and reading remediation. His hearing and reading improved rapidly, as did his speech. Nevertheless, David continued to organize his experience very much on his own, in particular, his rapidly shifting states of over and
under-arousal. A tilt toward solitary self-regulation in the absence of participation by his family characterized his early development. Solitary self-regulation was reinforced and repeated throughout his later development and eventuated as his characteristic seething, hostile, resentful withdrawal and depression.

David’s home was not as violent or abusive as the homes of the “at risk” children described by Mayes and Cohen, but with respect to neglect, there were some similarities. Looking at David’s life from the perspective of reactive and eruptive aggression, the context for his hostile manner can be placed into the context of having been born with an unrecognized, moderate disability, massive but subtle neglect, and inconsistent attention and a paucity of daily expectable routines of being cared for. Patterns that would lead to secure attachments such as establishing expectations of familiar parental touch and the sound of the voice were apparently not organized. Inconsistency was apparent.

Going to school had been anxiety arousing for David from the start. He recalled daily, early morning stomachaches. To deal with his anxiety, he developed a "curative" self-regulatory ritual. He would set his alarm clock to awaken him two hours before he needed to get up in the morning. A portion of these two hours would be spent watching the clock. By watching the clock he felt he could slow down the passage of time. He said, "You know it works. When you watch the clock, time does seem to pass more slowly." Watching the clock, slowing down time, calmed him and succeeded in restoring his sense of mastery. His anxiety decreased as did his stomachache. Another portion of the two hours was spent doing homework. A tendency to
procrastinate was already prominent at that time and he consistently failed to do his schoolwork in the evening to prepare for the next day. David became aware, again for the first time, that neither parent took any interest in whether or not he did his homework assignments. Even though both parents were “academics,” college teachers, they were quite indifferent toward David and his school work. David’s reactions as he listened to himself indicated the extent to which he had come to expect his parents’ lack of involvement in his life.

When David was 11 years old he made a discovery that profoundly affected his life. He, his parents, younger sister, and older brother usually had Sunday lunch at the house of his paternal grandparents. One day as the family sat around the dining room table and talked, David explored the house. He came upon the room that had once been occupied by his uncle, his father’s younger brother. The room, long vacant, had been left intact just as his uncle had left it when he moved out many years ago. In it he discovered a treasure trove of pornography, including bondage and sado-masochistic literature. After that, visits to Grandpa and Grandma were never the same. David would sit quietly waiting for lunch to be over. Time passed slowly until he could, unobtrusively, make his way up to his uncle’s room to spend the afternoon there. Then time flew as he thumbed through the books and magazines.

This memory of David’s includes curious illustration of the intergenerational transfer of attachment styles. David’s grandparents seemed to have been as emotionally detached, dissociated and oblivious to their children, as David’s parents were to him. Not only did the paternal grandparents not know what their son was doing in his room,
they had not even looked into that room during the ten or more years after the uncle had moved out.

No one in the family noticed David’s absence or seemed concerned about where he spent the afternoon. Typically, no one paid attention to him and his secret was never discovered. These visits continued until his early teen years. They provided a seamless transition into a fantasy life to which masturbation was added. His masturbation fantasies were derived from the imagery of the books and magazines he read. In his imagination, David identified with the women. He imagined himself dressed in silk clothes, highly desirable, and subjected to torture, bondage, and discipline. He viewed of himself as an alluring, sadistically treated woman.

By the time he reached adolescence, David had lost interest in gaining his parents’ attention. His description of them reflected the extent to which his relationship with them left him feeling very much alone. He expected to be unseen, unheard, and abandoned to his withdrawn, lonely, and isolated state, but enlivened by his active imagination.

David’s pattern of solitary self-regulation organized our relationship as well. He anticipated that I, like his parents, would be primarily self-absorbed, and if I did think of him, it would be to criticize him. In light of this, he spoke in a reportorial manner, observing himself. I think of self-observation as characterized by a colder and more dispassionate self-view. Self-reflection would be more balanced and affectively varied. The most visible affects in David were depression, chronic unhappiness, and a low level of anger.

Looking at David through the lens of attachment theory
it is clear that he had little confidence of having an existence in the mind of his parents. In the absence of that, provoking the world to get evidence of his existence became a necessity. But the only convincing evidence was rejection, anger and counter-aggression. Anything other than that would be suspect and could not be trusted. Only a confrontational stance could convey to him the sense that he was being seen as a separate individual with a presence and existence of his own.

The sado-masochistic fantasies can be understood as both sides of an interaction, represented as “ignoring parent and ignored child.” We understood the alluring dress of his fantasies as a garment worn by a woman with whom his father had become involved. It suggests some desire to be noticed by his father. Given David’s description of his parents, they seemed to have been more dissociated than directly abusive or sadistic. Yet, David’s experience of them, coupled with the exciting pornographic magazines made sadomasochism a compelling form of attachment, connecting himself with others. Recall Mayes and Cohen’s observation that violations of expectations of affective responsivity in early life may curtail and interfere with the “at-risk” child’s ability to feel safe and secure with others or when alone, to enjoy reciprocity. Our initial “fee” discussion (no reciprocity) and our subsequent dialogues illustrated these observations.

In treating David, I had in mind certain assumptions that have been proposed by Loewald (1980) and Kohut (1971) and from a different theoretical perspective by Fonagy (1991). I believe that each of these authors contributed to an elaboration of the interactive context that is crucial for understanding the extent to which solitary self-
regulation can lead to aggressive reactions becoming dominant in a person's life. What Fonagy has added to Loewald and Kohut is the importance of feeling oneself to be in the mind of the other as a constituent of interactive regulation.

David's desperate attempts to counter his anxiety and depression by himself from an early age on, through pornography, fantasy, and compulsive masturbation can be linked to his sense that he was neither felt seen, nor heard by his parents. A deadening of self-experience followed, leading him to attempt to buttress a sense of visibility and to provide self-cohesion through aggressive outbursts and sexualization.

A thread of continuity can be drawn from David's lonesome clock watching and procrastination in grammar school, and his solitary self-regulation in his uncle's room, to his current writing blocks. David concurred, "I have to do it alone. That was certainly true then." Amplifying on the extent to which he felt neither seen nor heard by his parents, he added, "I could not have risked involving my parents because they might not have responded and I couldn't risk finding out." David was clear in his expectations of non-responsivity. He had resolved to handle things on his own so as not to risk being disappointed, or put differently, having his expectation of their being oblivious to him confirmed.

For David, expectations of non-responsivity led to his reliance on self-regulation of affect and arousal. Repeatedly he felt unattended to, exploited, and manipulated. In reaction, he sharpened his argumentativeness, an asset when he engaged in controversy, but a liability when it shaded into hostility, defiance or
procrastination as had occurred in his school work.

When David began therapy, he also began graduate studies. He described involving his professors in his very private struggle. He succeeded in evoking their concern: Would this bright student who participated knowledgably in class get his work in on time? David explained that indirectly he would be saying to the professors, "Fuck you," but simultaneously, to himself, "Work!" He added, "I always need to find the Achilles heel, and provoke. I can't survive in a context in which the right response to 'Jump' is 'How high, sir?'' The similarities between this behavior and the sado-masochistic fantasies became obvious to David and me. That is, he provoked his professors so as to engage them in a sado-masochistic relationship, just as he tried to do at various times in the therapy. His professors had the power to discipline him and he, as the student, was tied up in a helpless position. He then regulated his heightened arousal, anger, and defiant triumph through his withdrawal and by calming himself through detachment. Eventually, the arena shifted to an internal struggle in which he defied authority and would become depressed and self-loathing. To combat his depression and isolation, he had used pot in the past and would now try to enliven himself by calling upon his sexual fantasies.

David and I noted the parallels between his behavior with his professors and his sexual fantasies. I focused on his need to maintain self-control and his dread that were he to relinquish it, he would be ignored. I said to him that for us to ignore the sexual fantasies implicit in this pattern with his professors would smack of a repetition of his earlier experience that no one cared what he was up to in his uncle’s room. Now as then, he would be abandoned to
solitary overstimulating experiences. But to link his behavior and his sexual fantasies too closely would place the fantasies at the root of his difficulties in school. The extent to which he relied on them as his major or perhaps sole source of excitement might then be in jeopardy. We recognized that through his fantasies, David felt alive, passionate, and at least temporarily not depressed.

Had I stayed only with the sexual fantasies, David and I would have come close to enacting either his sadomasochistic fantasies or his early abandonment experiences. I would have become the authority who deprived him of his self-control as well as the sadistic figure to whom he wanted to submit. We would have come close to his feeling sexually gratified, enraged, and humiliated. As I learned later, this is what he had expected, and it would have led us into a stalemate with which he was familiar. Had I pursued the fantasies without acknowledging the dilemma that we were facing, we might have tumbled headlong into an enactment that would have iatrogenically evoked aggression. But, in addition, in spelling out the dilemma I implicitly acknowledged to David that he had a presence in my mind.

David could appreciate the dilemma I outlined. He thought that to pursue the issue of his fantasies might be "interesting, and would probably not affect the fantasies very much." Through my description of our dilemma, I attempted to convey to David my sense of him as potentially capable of setting priorities for his sexual and academic needs and motivations, in short, able to initiate, organize, and integrate his experience in the context of our dialogue. That is, I attempted to convey my sense of his potential self-regulatory capacity in the context of
our ongoing interaction.

Toward the end of the first year, David's finances were still quite limited. He had counted on a one-year teaching assistantship for the following year. In spite of delaying the applications past the deadline, David was offered a one-term assistantship in recognition of the good work he had done in the class of the professor he would be assisting.

With regret, David spoke of having to cut down to one session per week, but promised to "run the figures again" to see if anything could be done. When I raised the issue a few sessions later, he told me that he could only come once-a-week, more frequent sessions would not be financially possible. I said, "Well, we'll have to talk as fast as we can." He responded by telling me that he felt criticized. My comment ruptured our attachment as it had slowly been engaged. By this time in the treatment, however, David could initiate restoration of the tie by telling me that he felt hurt. He heard me say that I thought he had not been making good use of the time. We explored his reaction. He was reminded of his unpleasant experience with the psychiatrist whom he had seen briefly before he began treatment with me. I told David that I was glad he could tell me directly how he felt, rather than handle his hurt feelings as he did with the psychiatrist, by leaving hurt and in sullen anger.

In a subsequent session David and I came back to the interchange that had left him feeling criticized. I had not wanted to explain or excuse my comment. Nor had I wanted him to feel his response was inappropriate or excessive. When I felt that we had restored our dialogue, I told him the context of my remark. I had thought he might have known
it, but he did not. "A man and a woman were dancing at a vacation resort and one says to the other, 'Do you know this is costing us $18 per hour?' The other answers, 'I'm dancing as fast as I can.'"

David laughed and said he enjoyed my telling him this story. He then proceeded to tell me about the origin of a particular word that he had recently learned. I asked him about the meaning of his story. He told me that he had just learned about this derivation, and thought I might be equally interested. He added, since I told him a story, gave him a present, he wanted to give me one. He called it a "reciprocal communication." David did not realize that the gift he gave me was not the derivation of a word, but his "reciprocal communication." For David the treatment turned out to be a journey from solitary self-regulation to the formation of an attachment that enabled him to offer reciprocity.

Conclusion

I have proposed that attachment theory and dyadic systems theory present slightly different perspective on early development. I do not propose that one is superior to the other but rather that the contributions of the two differ. Whereas the one-way tilt of attachment theory can be taken too far, there is value in recognizing the power of the internal working model in imposing itself on relational experiences and over-riding the contributions of the other partner in an interaction. The suggestive finding of a gene in infants and mothers whose attachment is disorganized could indicate why some dyads (where both partners carry the gene) are more sensitive to attachment disturbances than others. It may also speak to the
intergenerational transmission of disorganized attachments. As yet this genetic research is too new to be clinically applicable. The work on “at-risk” children and the consequences for their later development is clinically useful. In these dyads psychoanalysis can make its most profound impact in recognizing the connection between these early attachment pattern and the later development of aggression-related psychopathology. In alerting us to the nature of the dyads that organize non-secure attachments we are able to understand better the evolving transference and countertransference in our work as I illustrated in the treatment of David.

Key words: attachment, aggression, mentalize, proximity, secure base

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