ATTACHMENT THEORY, NEUROSCIENCE, AND COUPLE THERAPY

PART I: INTEGRATING ATTACHMENT THEORY AND NEUROSCIENCE IN UNDERSTANDING COUPLE RELATIONSHIPS

Attachment theory was originally developed by John Bowlby (1969) to describe patterns of infant-caregiver interaction. Currently, there is growing recognition that the quality of a person’s attachments in childhood is intimately linked with patterns of interpersonal relatedness throughout life. Applied to adult relationships, attachment theory provides a theoretical framework for understanding adult couple relationships, and a valuable perspective for assessing and treating couples. Couple therapy from an attachment perspective shifts the focus of treatment from the security of the individual to the security of the couple relationship. Central to a couple’s sense of security is the ability to effectively regulate affect within the relationship. From neuroscience (Schor, 2003) comes evidence that attachment is a regulatory theory with implications for interactive affect regulation in dyads. In this two-part contribution we will elaborate on first on the integration and then on the application of attachment theory and neuroscience in treating couples.

ATTACHMENT BEHAVIORS IN THE INFANT-CAREGIVER AND COUPLES RELATIONSHIPS

In applying attachment theory to couple relationships, parallels are found between the defining features of infant-caregiver attachment behavior and adult couple attachments. Bowlby (1969, 1973) proposed that attachment behavior is defined by (1) proximity seeking, (2) safe haven behavior, (3) separation distress, and (4) secure base behavior. All of these features of infant-caregiver bonds may be observed in couple relationships in which partners derive comfort and security from each other. These behaviors are particularly manifest in periods of external or internal stress within the relationship, such as when one partner threatens to be physically or emotionally unavailable, thereby eliciting protest from the other. The primary change in attachment relationships from infant-caregiver to adult romantic bonds is that the asymmetry of early bonds is replaced by more symmetry and mutuality in adult attachments. An additional differentiating feature is sexuality in adult attachments.

Adult styles of relating to primary attachment figures parallel the attachment styles identified in infant-caregiver relationships. The research of Hazan and Shaver (1987) presented groundbreaking evidence that the three major childhood attachment styles (secure, insecure-avoidant, and insecure-ambivalent) are also found in adult romantic relationships. These authors reported that secure adults described their romantic relationships as positive, trusting, supportive, and friendly; their relationships lasted longer than those of insecure-avoidant or insecure-ambivalent adults. Insecure-avoidant adults had relationships characterized by fear of intimacy and closeness, while insecure-ambivalent adults had relationships characterized by obsession, jealousy, and worry about abandonment.

Attachment styles can also be viewed in terms of the answer to the question “Can I count on this person to be there for me if I need them?” (Hazan and Zeifman, 1994). If the answer is “Yes” in a positive, secure way, the partners feel confident that they may rely on each other, have open communication, and experience a flexible, mutually cooperative relationship. If the answer is “Maybe,” partners tend to have an insecure-anxious style, with vigilance about loss, and alternating clinging/angry demands for reassurance. If the answer is “No,” the partner’s past history of abuse or neglect may have left no hope for a secure relationship. In the resulting insecure-avoidant attachment style, the partner avoids closeness or dependency, denies the need for attachment, and views others with mistrust.

Hazan and Shaver’s findings are consistent with Bowlby’s hypothesis (1982) that children develop internal working models about relationships. These relatively stable concepts are implicit, nonconscious guides for later adult attachment relationships. Internal working models guide the child’s, and later the adult’s perceptions “of how the physical world may be expected to behave, how his mother and other significant persons may be expected to behave, how he himself may be expected to behave, and how each interacts with the other” (Bowlby, 1973). According to Kobak and Scéery working models are “styles of affect regulation” which are utilized as “strategies for regulating distress in situations that normally elicit attachment behaviors” (1988, p. 136). With important implications for psychotherapy, Bowlby (1969) also hypothesized that childhood attachment patterns could change later in life as a result of new emotional experience combined with the development of new mental representations of attachment relationships, i.e., internal working models may be altered and “updated.”
Neurobiology of Attachment Mechanisms in Adult Romantic Relationships

Additional understanding of attachment relationships is found in neuroscience, which provides information about the essential brain structures that mediate attachment processes. Schore (2001) views attachment as fundamentally the interactive regulation of emotion, specifically the right brain-to-right brain regulation of biological synchronicity between psychobiologically attuned organisms. Right-to-right brain affective transactions, mediated by face-to-face mutual gaze, prosody, and tactile communications, regulate optimal arousal and promote the attachment bond between infant and caregiver. Early emotional regulation established via infant-caregiver synchrony, leads to the organization and integration of neural networks and eventual self-regulatory capacity in the child. In this manner the infant utilizes the interactive presence of an attuned mother to learn to regulate emotions.

Attachment experiences directly influence the wiring of the right hemisphere into the limbic system, the brain network that assesses information in terms of feelings that guide behavior. The right hemisphere plays a central role in the rapid, nonconscious appraisal of the positive or negative emotional significance of social stimuli. In addition, this hemisphere is dominant for the perception of nonverbal emotional expressions in facial or prosodic stimuli, nonverbal communication, processing bodily based visceral stimuli, implicit learning, and for affect regulation. The rapid, nonconscious assessment of negatively charged social stimuli by the right hemisphere via the limbic system often underlies triggering of dysregulating affect patterns in couple relationships.

Right brain-to-right brain communications between mother and infant generate internal working models that encode strategies of affect regulation and guide interpersonal behavior. These attachment schemas become implicit, nonconscious procedural memories that are later evoked in interpersonal experiences, particularly attachment relationships. Attachment schemas guide in the selection of significant others and influence the emotions experienced within relationships. “This attachment dynamic, which operates at levels beneath awareness, underlies the dyadic regulation of emotion” within a couple relationship (Schore, 2000). When an attachment schema is severely challenged or the attachment bond is breached, these events may lead a couple to seek treatment. Because the attachment system evolved to promote physical proximity and increase felt security when individuals are threatened, vulnerable, or distressed, it is particularly activated by fear provoking situations.

Deficits in Emotional Communications and Dysregulated Affect States in Dysfunctional Couples

For instance, a couple may seek therapy when their partnership becomes stressed by a life crisis or conflict that diminishes their experience of the relationship as a safe base. When partners no longer effectively act as emotional regulators for each other, cycles of fear and shame may erode the foundation of their relationship. Deficits in emotional communication and dysregulated affect states often lead couples to treatment. In such treatment, an understanding of the partners’ attachment styles, their internal working models of relationships, and related patterns of affect regulation provide an important perspective for understanding the couple process as well as the underlying attachment disruption that created the need for couple therapy.

The couple therapist typically sees only certain combinations of attachment styles in partners seeking treatment. The attachment style combinations which are more often seen in couples are insecure-anxious with insecure-avoidant, secure with insecure-avoidant, or secure with insecure-ambivalent. Since they are not free of conflict or less subject to life or developmental crises, secure-secure couples may also seek conjoint therapy. The nature of the attachment pairings in couples is a primary determinant of stability, or instability of the dyad. Just as the attachment relationship in infancy develops from countless interactions with the caregiver, adults also require repetitive interac-
tions of the secure base type for a romantic partnership to develop into a secure attachment relationship. Couple therapy from an attachment-neuropsychobiological perspective focuses on repetitive verbal and nonverbal patterns of interaction associated with regulated and dysregulated affective states. The goal of couple therapy from this perspective becomes understanding the role of attachment schemas in both emotional communication and affect regulation, with the goal of establishing (or re-establishing) a more secure base within the dyad where both effective affect regulation and emotional communication can occur.

**Part II: Application of Attachment Theory and Neuroscience to Treatment of Couples**

Couple therapy has traditionally been associated with building communication skills as a means of increasing intimacy between partners. But frequently, this approach does not create lasting improvement. Without fully understanding their habitual patterns of affect dysregulation, couples may relapse into patterns of conflict that become increasingly destructive. Couple therapy from an attachment perspective is concerned with each partner’s internal working models of relationships as well as the partner’s own pattern of affect regulation. As the couple explores these patterns and processes created interactionally, there is often a greater sense of commitment and a sense of shared partnership which contributes to building a more secure foundation.

**Interactive Affective Processes as a Focus of Couple Therapy**

The newly emerging field of developmental affective neuroscience, with its road map of how emotional patterns develop within attachment relationships (Schore, 1994, 2003), provides a window into the interactional patterns of intimate relationships. In attachment-oriented treatment the therapist is committed to creating an environment (Clulow, 2001) in which partners can explore their own attachment schemas and patterns of affect regulation with particular emphasis on cues that signal the presence of unconscious implicit memories (Schore, 2003). This approach is committed to establishing treatment as a safe and secure base, and in such an environment there is a greater likelihood of having reparative experiences, creating the possibility of new neuronal integration (Cozolino, 2002).

As mentioned previously, the mechanism of attachment, in any dyadic system, represents the interactive regulation of emotion. Generally couples seek treatment when there is frequent and intense relational disequilibrium, and one or both are too often dysregulated in their efforts...
to relate to each other. The partners first depend upon the therapist to provide the affect regulation that has been eroded by un repaired continuing conflict. There is hope that by deepening each partner's understanding of the other, by becoming aware of each other's verbal and non-verbal cues, and by gaining an appreciation of their own altered levels of arousal, the partners will become more adept at interactive affect regulation, thereby strengthening the security of their attachment bond.

Through repetitive interactions in treatment, the partners gain the ability to become aware of and describe their own emotional experience leading to emotional literacy. They learn to appreciate both verbal and non-verbal communication, including the multitude of signals that are bodily and viscerally based. By becoming emotionally sensitive, each partner learns to pay close attention to his own visceral changes and to be curious about what these bodily signals may mean in identifying nonconscious emotions.

While balance and harmony are valued, the couple also gains experience in tolerating moments of misattunement as well as the idea that conflict is a normal part of any intimate relationship, reflecting the differences between the two partners (Gottman, 1991). Without minimizing the pain of disappointment, partners gain flexibility by developing ways to manage their feelings of disengagement during times of disruption. Often neither partner has experienced particular negative emotions as tolerable or understandable. Thus, when there is an attachment breach, a cycle of shame is triggered with one partner feeling that he is being held responsible by the other for being unreasonable and demanding. Couples become aware of how the intense state of interactive dysregulation is maintained by both partners, and how this dysregulated state can undermine their bond, if not interrupted by more reparative approaches. When conflictual feelings are seen as a normal part of a couple’s interaction, then each can be more interested in what is being activated within themselves that may be contributing to their interactive stalemate. Each partner is encouraged to learn how to self-regulate. By deepening the understanding of his own internal conscious and nonconscious systems, each partner has a greater capacity to explain his emotional state, and needs related to these emotions.

The concept of neuropsychobiological cycles provides a way of examining rapidly occurring automatic nonconscious appraisal of danger and frightful stimuli. These automatic cycles which occur at a subcortical level of the brain can be slowed down when conscious thought and language are used to interrupt this rapid fear cycle (Cozolino, 2002). By emphasizing the neuropsychobiological basis of these rapid occurring automatic emotional responses, there is often a normalizing of these conflictual states since partners can appreciate the origin and nature of fearful and/shameful reactions that are being simultaneously evoked. The emphasis in couple treatment is on affect regulation which allows the shame based sequences filled with negative affects to shift into states of equilibrium and calmness where each partner can feel heard (Schore 1994, 2003). The very act of committing to engage in this examination of fearful moments is, in and of itself, a central part of the healing process of repair. This includes the creation of a shared narrative about the couple’s history and manner of emotional processing (Siegel, 1999). From a neuropsychobiological perspective, the dysfunctional right brain-to-right brain transactions between the two partners (Schore, 1994, 2003) are replaced with more balanced and considered transactions involving partners who are no longer engaged in unconsciously traumatizing each other. Being capable of navigating these lapses in connection actually creates resiliency and hope as part of the foundation of the partnership. All of this is fundamental to the creation of a secure base in which each partner can experience his emotional needs, with a sense of well being and feeling loved.
CLINICAL VIGNETTE OF A MOMENT OF MISATTUNEMENT

Conjoint therapy with Sue and John offers an opportunity to examine the principles in an actual treatment sequence, applying these concepts from attachment theory and neuroscience. Sue and John sought couple therapy because they were having frequent crises regarding their profession as university professors. During one session, Sue became extremely upset about her overwhelming responsibilities, at home and at the university. She told John that she felt very alone with the enormity of her burdens. As she spoke her voice escalated and within a millisecond she was yelling at John who sat passively in his chair staring straight ahead. Watching him for some sign of recognition and finding none, she became even angrier and more rageful, yelling at him “You are useless and I can’t take it any more.” John grimaced and turned away. Sue saw this and bit her lip, fighting back her rage which turned to tears.

This brief moment of misattunement and interactive dysregulation is an example of the rapid cycle of fear and anger that becomes a regularly enacted pattern when each partner’s insecurity is being repetitively triggered by both verbal and nonverbal cues. Sue’s bid for connection and interactive regulation was thwarted when she looked intently at her husband’s face for some sign of interest and attention. She explained later that his face seemed blank. His seeming lack of response to her pain, his blank unemotional expression, triggered her sense of abandonment. Sue’s unconscious memories based on early neglect left her vulnerable to moving into states of disruption when she read her partner’s face and body posture as being dismissive and disregarding. This moment which occurred in a millisecond represented a whole lifetime of degrading, dismissive experiences at the hands of another.

The therapist’s intervention was to help slow down this rapidly occurring cycle by helping Sue identify what she felt had happened to her. By doing this, Sue’s reaction was seen in a larger context, related to her history and what John’s behavior meant to her. John had never thought of his actions as being provocative and a source of dysregulation for Sue. To the contrary, he believed that by becoming quiet and silent, he was preventing Sue from becoming angrier and more upset. He was surprised to learn that it was actually his quiet withdrawal that was exacerbating this cycle. In the safety of therapy, this couple began to explore their own patterns of fear and withdrawal that had undermined their efforts to attach. They became aware of visual and verbal signals that were personally frightening, e.g., his blank expressions, her tone, his clinched teeth, her pointed finger.

The goal of couple therapy applying neuropsychobiological principles is to explore and identify the verbal and nonverbal, as well as conscious and unconscious interaction patterns of affect regulation that are the basis of either enhancing or diminishing attachment security between the partners. The work of therapy is to then “replace silent, unworkable intuitions with functional ones” (Lewis, Amini, & Lannon, 2002). This therapeutic approach allows greater consideration of the dominant right hemisphere’s rapid nonconscious automatic appraisal of emotional stimuli by the linguistically-based and conscious left hemisphere. Recognition of this important hemispheric duality allows us to function more adaptively by creating the possibility of better affect regulation and more secure attachment relationships.

REFERENCES


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