

# On Correspondences Between the Person-Centered Approach and Attachment Theory

Diether Höger

## 1 Introduction

Different theoretical systems can advance when compared with each other. This holds true for the person-centered approach (PCA) and attachment theory (AT). There are similarities between the issues of investigation and the methodological procedures. At first glance, the two approaches follow different research subjects at their outsets: psychotherapy in the case of the PCA and the behavior of infants with respect to their caregivers in AT. The PCA and AT, however, share a central interest in developmental processes in relationships. Also, methodologically, both started by deriving their hypotheses and theories from the results of their field observations.

Prior to having proposed his theoretical concepts, Rogers observed and analyzed the concrete interactions between client and therapist in a large number of psychotherapeutic interviews. By the same token, the starting point for Bowlby and his co-workers was the detailed observation of infants when separated from their caregivers. Both researchers were guided by biological ideas about living organisms and the ways in which they maintained their existence and continued developing in the respective environment. Bowlby drew explicitly from the ethologist Hinde, and Rogers was significantly influenced by the biological studies he conducted at his father's farm.

For further elaborating the correspondences between the PCA and AT, it seems appropriate to first present the basic terms and findings of AT and subsequently relate them to the theoretical concepts of the PCA.

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D. Höger (✉)

University of Bielefeld Fakultät für Psychologie und Sportwissenschaft, Bielefeld, Germany  
e-mail: diether.hoeger@uni-bielefeld.de

## **2 Behavioral Systems in Attachment Theory**

### ***2.1 Need for Attachment***

There is no doubt that the human infant, more than any other creature, depends on the support by caregivers without whom he or she would be desperately lost. Based on this observation, the biologist Portmann (1956) called the human being a physiologically premature delivery. This required that in the course of evolution, he became equipped with the ability to provoke persons whom he met after birth (these are usually but not necessarily his or her parents) to care for him, to look after him, and to support his or her further development. Correspondingly, during evolution, these persons were equipped with affection and abilities to care for the helpless infant, to care for him, and to offer him the feeling of security. The baby's dedicated and effective signaling system prompts them to exhibit this behavior (Dornes 1994).

If this caring and protecting relationship is to fulfill its function, it needs, most of all, continuity. Therefore, the infant or toddler attaches himself to his or her caregiver, in particular the one who has taken over the function of the mother. He shows the need to make sure that she is accessible and undertakes everything to sustain this relationship. In an emergency, he/she discards all other needs in favor of retaining the relationship.

### ***2.2 The Attachment System***

Inspired by Hinde (1966), Bowlby developed the idea of a genetically predetermined goal-corrected behavioral system to describe the functioning of the need for attachment. In such a feedback system, the deviations from an organism's given goal are reduced by appropriate activities. According to Bowlby (1969), the variable relevant for the attachment behavioral system is the security experienced by the infant. It is a function of the attachment figure's regard or at least their accessibility. If the experienced security is significantly less than needed, the attachment system will be activated and the individual exhibits attachment behavior. This is the kind of behavior that is apt to re-establish the proximity of the attachment figure and thus provide for the needed degree of security.

Example: An infant wakes up after his afternoon nap and finds himself all alone in the room. The experienced safeness is small and in deficit compared with the needed goal for safety. His attachment system is activated, and he shows attachment behavior, for example he calls "mum" in order to re-establish proximity with her. Should he fail, he chooses some other kind of attachment behavior from his repertoire, for example he starts crying. The mother hears him or her, enters the room, takes the infant up, caresses, and comforts him. This raises the infant's experienced safety, and he calms down. The attachment system becomes

deactivated, and other systems can become active. He wants to engage with other things, and with his behavior, he shows that he wants to be put down again.

Attachment behavior can be categorized into various categories:

- *Signaling behavior.* This happens, for instance, if infants look at their mother, smile, wave to her, or call for her. It results in her friendly regard for the infant and establishing contact, smiling back, waving, talking to them, coming closer, etc.
- *Aversive behavior.* This is disturbing primarily for the attachment figure and causing her or him to do something to put an end to it. An example of aversive behavior is crying, shouting, and screaming. To calm the infant, the attachment figure takes her up, cradles her, caresses, and calms her.
- *Active behavior.* This intends something on one's own to establish or maintain closeness, for example to run toward the attachment figure, to follow her, to stretch the arms to her, to clip on her, and to protest in case of separation.

The degree of the security needed can change. In particular, in case of tiredness, misery, distress, or illness, the need for security is significantly higher and hence also the activation of the attachment system. Furthermore, the need for security depends on age, and whereas it stays in place for a person's whole life, it is particularly high in infancy and early childhood. It then declines during puberty and adolescence just to rise again to reach another peak in older age.

During a person's lifetime, the forms of attachment behavior become differentiated. Also, new attachment figures enter the scene, for example partners. There are seven criteria that allow one to recognize an individual's attachment figure. These criteria are as follows:

- *Proximity seeking:* His or her proximity is endeavored.
- *Attachment behavior:* He/she is the preferred addressee of attachment behavior.
- *End of attachment behavior:* His or her positive regard has the highest probability to end the attachment behavior.
- *Separation protest:* Misery and attachment behavior are exhibited as a consequence of an involuntary separation.
- *Reunion is welcome:* The reunion after a longer phase of separation triggers joy and a special welcoming behavior.
- *Secure base:* The proximity of the attachment figure or the sheer knowledge about his or her unhindered accessibility has the meaning of a secure base from which the person can freely move in the world and explore it.
- *Save haven:* The attachment figure provides the locus to which an individual can flee if they feel threatened. If for some reason the attachment figure cannot be reached, the individual feels anxious and uneasy.

Persons with the following features can advance to attachment figures:

- Social partners with the most frequent interactions (in the case of children normally those who are there for them, look after them, and care for them, hence most often their mother and father).
- The person who reacts promptly and responds to attachment behavior (signaling and advances).
- Persons who are kind, accessible, and competent (Bowlby writes: “stronger and wiser”).

When there is little choice, the continuity of interaction rather than the quality is decisive. Therefore, even abused children hang on their parents, or adults stay with their violent partner.

### ***2.3 The Exploratory System***

Attachment theory presumes the existence of an exploratory behavioral system side by side to the attachment system. This is because people, in particular children, tend to engage in exploratory play as soon as they feel safe and the attachment system is not activated.

The variable responsible for determining whether the exploratory system is active was termed “arousal” by Bischof (1985). It is a function of the confrontation with something new and unfamiliar, be it a foreign person, an unknown environment, or some new object. According to Bischof, the organism’s goal is moderate arousal or, in other words, enterprising spirit (“Unternehmungslust”). Too low levels of arousal result in boredom, and the individual seeks new impressions and approaches them—he or she explores. On the other hand, too high levels of arousal cause anxiety such that the individual withdraws and looks out for safety in a trusted environment, optimally in proximity to an attachment figure.

Example: I board a train and see a little girl (approximately 2.5-years old) on the corridor at a distance of about 8 m. She stands besides her mother, smiles, and waves to me. As soon as I wave back friendly, the girl turns around and hides her face in her mother’s skirt. In the state of security close to her mother, the “secure base,” the girl turned to the stranger with curiosity and greeted him. His waving back causes a frightening overdose of closeness. Hence that girl avoids looking at him and seeks the secure proximity of her mother, the “safe haven.”

The behavioral systems of attachment and exploration stand in an antagonistic relationship to each other. Depending on the situation, the one or the other comes to the foreground. This relationship stays in place for the whole lifetime of a person. During one’s lifetime, the goal prescription “enterprising spirit” develops contrary to the need for security evoked by the attachment system: Whereas the enterprising spirit increases with age, it reaches its peak in puberty and adolescence and then declines with aging (Bischof 1985).

Both systems are of central value to human development: While the attachment system serves to establish and maintain individual's existence, the exploration system assures the enhancement of his or her competences.

## 2.4 Correspondences with the PCA

Similarities already become apparent in the context of the concept of the behavioral system. Bowlby explicitly contrasts the assumption of a goal-corrected behavioral system with Freud's (1915) drive economy. He argues that Freud did not develop this concept from clinical experience but took over an imagination of that time's zeitgeist. Bowlby himself emphasizes that the initiation and the end of behavior are not caused by excess or exhaustion of drive energy but through larger or smaller deviations from goal states. So, for example, a bird stops building a nest once the nest is done (and not when its "nest-building drive" is exhausted) and resumes immediately after the nest gets damaged.

Rogers did not specifically argue against the energetic drive model. However, for him, emotions were pivotal for regulating behavior. Attachment theory considers exactly these as closely related to behavioral systems.

In Rogers' definition of the actualizing tendency as "...the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism" (Rogers 1959, p. 196), he puts the aspects of an organism's maintenance and the enhancement of its capacities into the center. The behavioral systems attachment and exploration and their mutual relationship—as posited by attachment theory—can be seen as equivalents to Rogers' theorizing. It is noteworthy that maintenance has priority over enhancement. In the case of threat, processes of defense dominate processes of continuing development and hence need unconstrained unconditional positive regard. On its side, the exploration system is always ready to take over control once sufficient security is established.

This can be used to explain therapeutic processes that orient themselves on the PCA: A client seeks therapy because he or she is in the state of distress and misery such that their attachment system is activated. The therapist responds to their attachment behavior, is there for them, is friendly, responsive, caring, and turns out to be stronger and wiser. This makes him or her the client's "secure base" and "safe haven" such that the client's safety rises allowing the exploration system to become active. Consequently, the client can turn to embarrassing issues and in this way enhance their competences for mastering life.

This significantly confirms or supplements Rogers' (1951, p. 51) theory of the function of the therapist: "In the emotional warmth of the relationship with the therapist, the client begins to *experience a feeling of safety* as he finds whatever attitude he expresses is understood in almost the same way that he perceives it, and is accepted. He then is able to explore, for example, a vague feeling of guiltiness which he has experienced. In this safe relationship he can perceive for the first time the hostile meaning and purpose of certain aspects of his behavior, and can

understand why he has felt guilty about it, and why it has been necessary to deny to awareness the meaning of his behavior” (italics by the author).

Evidence for these relationships was found in an empirical study involving  $N = 54$  clients that had been therapeutically treated according to PCA. Höger and Wissemann (1999) showed the following: Clients who just came from a therapeutic hour experienced more safety and confidence as well as change the better they got along with their therapist.

### 3 Sensitivity of Attachment Figure and Empathy of Therapist

Hinde (1966) finds it useful to distinguish behavioral features in terms of their “lability” or “stability” with respect to environmental influences. In this sense, the attachment *system* is a stable feature of human behavior as it develops in each human being regardless of any specific environmental factors. Contrarily, the attachment behavior is instable and labile. This is because the way in which a person’s attachment behavior manifests itself in concrete situations depends on his or her experiences in their environment, in particular the reactions of their attachment figures.

Ainsworth et al. (1974) described the sensitivity of the primary attachment figure, normally the mother, for infants. They defined it as her “ability to perceive and interpret accurately the signals and communications implicit in her infant’s behavior, and given this understanding, to respond to them appropriately and promptly” (p. 127). This definition includes four essential components that the authors describe as follows:

1. Mother’s *awareness* of her baby’s signals and communications with two aspects: first “accessibility versus ignoring and neglecting” because the mother must be reasonably accessible to the baby’s signals before she can be sensitive to them. Second, “thresholds of awareness.” The mother with the lowest threshold is alert to the baby’s most subtle, minimal, understated cues, whereas the mothers with higher thresholds seem to perceive only the most blatant and obvious communications. Mothers with the highest thresholds seem often oblivious and are, in effect, highly inaccessible.
2. Mother’s ability to *interpret accurately* her baby’s communications with three main components: her awareness (see above), her freedom of distortion, and her empathy. The precise interpretation of the baby’s signals depends on her, taking into account their context, which requires sufficient awareness on her part to be accessible. But when a mother is highly aware and accessible, she may misinterpret communications because her perception is distorted by projection, denial, or other defensive operations. And if she is able to empathise with her baby’s feelings and wishes, she can respond with sensitivity.

3. Probably, the most important index of sensitivity is that the mother's responses are *appropriate* to the situation and the baby's communications. In the first year of life, the mother gives the baby what his communications suggest he wants. Toward the end of the first and in the second year of life, it is maximally appropriate to compromise between what the baby wants and what will make him feel most secure, competent, comfortable, etc., in the long run. Finally, an appropriate interaction is resolved, or well rounded and completed. For example, when the baby needs soothing, she soothes him thoroughly, so he is quite recovered and cheerful.
4. *Promptness of response.* An appropriate response that can be perceived by the baby as contingent upon his communication can be linked by him to his own signal. So he can gain some feeling of efficacy and in consequence a "sense of competence" in controlling his social environment.

Viewed from the perspective of actual behavior, these features have nothing in common with those of a therapist. On a superordinate level, however, both situations deal with conditions under which the interacting partners develop in a constructive direction. Furthermore, in both cases, the accurate interpretation means an empathic attunement to the lived experience of the interaction partner, which is free from distortion by incongruences.

Differences, however, provoke further thought. For example, in order to determine the appropriateness of a reaction, Ainsworth et al. focus attention more explicitly on the client's needs and their consideration than is customary in the PCA. If the therapist behaves such that he or she addresses the client's needs and wants and satisfies them, the latter, in Rogers' sense (1959, p. 213), is "more able to perceive the unconditional positive regard for him, and empathic understanding of the therapist." On a hot summer day, a guest is likely to feel better understood if his host not only welcomes him with the words "You sure will be thirsty" but at the same time offers him a drink. Furthermore, it makes sense to take into account how far a therapeutic episode is not just a thematic one but is also resolved, or well rounded and completed with regard to the client's needs.

Particularly, in the beginning of psychotherapy, a client in an emergency situation with his or her attachment system activated will (consciously or not) tend to look for an attachment figure. This means for someone who is responsive to the client's attachment behavior, is competent, and, importantly, through his or her actions provides a "secure base" and a "safe haven." And the therapeutic relationship will be more effective and sustainable if the client is offered all this.

## 4 Attachment Patterns

Studying infants, Ainsworth et al. (1978) could show that the infants' diverse experiences with their respective attachment figures and their sensitivity had a sustained effect on the infants' behavior in attachment-related situations. The

observed differences can be categorized into a limited number of behavioral patterns that the researchers referred to as “secure,” “avoidant,” and “ambivalent or resistant.”

Main (1990) interpreted these attachment patterns as adaptive, conditional strategies of an individual’s attachment system. They serve the purpose of responding to the attachment figure’s reactions with an own attachment behavior that ensures at least a relative optimum of safety. These strategies manifest themselves in infancy nonverbally. With increasing maturing of the cognitive functions, they are represented mentally in an “internal working model of attachment” (Bowlby 1969). Main et al. (1985, p. 65/66) defined them as “... a set of conscious and/or unconscious rules for the organization of information relevant to attachment and for obtaining or limiting access to that information, that is, to information regarding attachment-related experiences, feelings and ideations.”

#### ***4.1 The Three Classical Variants of Attachment Patterns***

According to Main (1990), there are three basic forms in which attachment figures react to the attachment behavior of individuals in attachment-related situations. The resulting behavioral patterns of infants will be organized schematically rather than categorically:

First, the attachment figure can react to an individual’s attachment behavior in a predictable and reliably sensitive form and thus provide him or her with the necessary safety. This results in “primary strategies” corresponding to the attachment pattern “secure.” As a consequence, in attachment-related situations, the individual will directly look for (familiar) persons who provide proximity and help and will trust to receive their regard and help. Subsequently, the individual will reorganize himself and be free for exploration and hence expansion of his competences. The corresponding attitude toward life manifests itself in the need and capability to attach themselves closely to a few selected persons and to establish and maintain reliable attachment relationships with them. It also implies the expectation and trust in the feasibility of such relationships as well as in the availability of someone who is going to provide care, empathic understanding, comfort, and support in the case of neediness and misery. Finally, there is also willingness to accept the necessary support.

In contrast, *secondary* strategies develop in the case that direct attachment behavior turns out to be inappropriate since it does not lead to success. These strategies then overlay more or less the primary strategy or even substitute it completely. Two variants can be distinguished: If the attachment figure predictably ignores or rejects an individual’s attachment behavior to some degree, he or she depends on other ways to procure their vital safety. This can happen through other behaviors such as receiving positive regard for achievement or self-reliance or needing to cope with the situation on one’s own. The consequence is a *secondary deactivating* strategy (according to the “avoiding” attachment pattern). In



attachment-related situations, expressions and signals of the attachment system like body contact, crying, or direct seeking of proximity are minimized or completely repressed, whereas independence, self-reliance, and proficiency are emphasized. Experience of distress, misery, or need for help is denied conscious symbolization or is distorted. Need for proximity to other people and related feelings appears threatening and are avoided along with the respective self-experiences.

The second variant of attachment-related reactions of attachment figures is such that—in an unpredictable fashion—at times, they ignore the attachment-related behavior of an individual, and at other times, they accept it, or at yet other times, their own need for attachment lets them seek proximity of the individual who at that moment is not disposed. The results are *secondary hyperactivating* strategies (according to the attachment pattern “ambivalent”) with the persistent uncertainty whether the attachment behavior will be satisfied or not. In this case, the attachment system is constantly activated and already small cues trigger the person’s attachment behavior, which is particularly intense in truly attachment-related situations. Such situations are characterized by distrust, fear of being abandoned, clinging, and intense claiming of regard and affection. Feelings of worthlessness, furiousness, and frustration are going to break through over and over but must not be expressed due to the impending avoidance by the attachment figure.

#### ***4.2 Attachment Patterns and Clients’ Ways to Offer Their Relationship***

According to attachment theory, one can expect that clients, being in a state of distress and misery when entering psychotherapy, come with an activated attachment system. Furthermore, their way of offering a relationship and hence their behavior with respect to the therapist will correspond to their individual attachment pattern. Individuals with *primary* strategies suffer from psychological problems relatively rarely (Dozier et al. 1999; Strauß 2008) and hence need psychological treatment less frequently. If, nevertheless, they enter psychotherapy, they tend to be trustful and equipped with a rather high ability and readiness for self-exploration such that working with them is likely to be smooth. However, the situation is different with secondary strategies.

In particular, at the very beginning of therapy, clients with deactivating strategies tend to reject therapeutic offerings for help—if they do not reject psychotherapeutic treatment at all and rather want tangible advice and instructions. However, the essence of the person-centered way of offering a relationship is to be regardful, and moreover, it focuses on the client’s experiencing. For persons with a deactivating attachment strategy, this offering of intimacy constitutes a threat to their individual equilibrium (Argyle and Dean 1965) against which they need to defend themselves. Hence, they are not able or not willing to talk about their

experience. In particular, it will be difficult for them to perceive or express attachment-related needs and feelings. They will tend to minimize or completely deny problems, in particular psychological ones. Therefore, it will be difficult to enter with them into a therapeutic process in the sense of the PCA.

For the therapeutic treatment of such persons and for empathically understanding their situation, the attachment theory reveals that whereas the attachment *behavior* is deactivated in them, their attachment *system* nevertheless is activated (Spangler and Grossmann 1993). Their seemingly dismissing and uncooperative behavior calls for a particularly big portion of the therapist's unconditional positive regard. This is because they are existentially dependent on maintaining their potential relative optimum on safety in a way appropriate for them and thus to maintain their inner equilibrium. Therapeutic progress is possible to such a degree to which the client is free from threat and can—under the safeguard of a therapeutic relationship—find his or her path to a less confining strategy of the shaping of relationships.

The situation is different with *hyperactive* strategies. In this case, clients, to a varying degree, tend to distrust the candor and reliability of the therapeutic offering of the relationship. They often pose excessive demands on the therapists' regard and readiness to help that finally would overstrain them. Moreover, the often ambiguous and embarrassing way in which some of those clients express their need for affection and help such as through rejecting the therapist, insulting or criticizing him/her unfairly is problematic. In such aversive behaviors, the wish to overcome them by finding out that the therapist turns out to be a reliable attachment figure despite all this distrust is truly hard to detect. The therapist's immediate reaction could naturally be embarrassment and defense; hence, the demands on his or her unconditional positive regard are huge. Knowledge about the background and the fact that the aversive behavior is not directed toward him as a person can largely facilitate overcoming such an immediate reaction.

Clients who offer their relationship based on secondary strategies are not only familiar to experienced therapists. They can also be identified by empirical research methods. Factor analysis of questionnaire about the expectations of clients regarding their relationship with the therapist helped to identify three dimensions that summarize the characteristics of these expectations (Höger 1999; Pollak et al. 2008):

1. "Fear of Rejection," defined by items stating a lack of self-confidence and the fear of being rejected.
2. "Readiness for Self-Disclosure" described the ability and readiness of talking about one's inner feelings.
3. "Conscious Need for Care" refers to a person's declared wish for the therapist's attention and care.

Cluster analyses on these dimensions that furthermore proved to be valid for partnerships as well (Höger and Buschkämper 2002; Höger et al. 2007) rendered the identification of five attachment patterns that could be aligned with the

strategies described by Main and the secondary strategies figured in two different variants.

1. The primary strategy of a “*securely attached*” individual: Substantial “Readiness for Self-Disclosure” is combined with a “Conscious Need for Care” and little “Fear of Rejection.” This configuration indicates openness to communicate about feelings with the anticipation to be accepted.
2. A similar pattern composed of high “Readiness for Self-Disclosure” and low “Fear of Rejection.” In contrast to cluster 3, however, no “Conscious Need for Care” is expressed. This attachment pattern was identified by this study for the first time and was referred to as “*partially secure*” because respondents assigned to this cluster are classified as secure by other instruments (see Grau, Clashausen, and Höger 2003; Höger and Buschkämper 2002). However, this pattern cannot be considered a primary strategy, since the expression of some need for care is an essential facet of secure attachment (Main 1990). The lack of any consciously perceived attachment need implies a secondary deactivating strategy.
3. A secondary deactivating attachment strategy “*avoidant-withdrawing*” with very low “Readiness for Self-Disclosure,” associated with a low “Conscious Need for Care,” “Fear of Rejection” is not perceived.
4. A secondary hyperactivating strategy “*ambivalent-clinging*.” Substantial “Fear of Rejection” is associated with a high “Conscious Need for Care.” Here, a wish for closeness and attention meets with the fear to be rejected (ambivalent), combined with some “Readiness for Self-Disclosure.”
5. Another secondary hyperactivating strategy “*ambivalent withdrawing*” with substantial “Fear of Rejection” and a high “Conscious Need for Care” but communication about feelings is refused (negative values on the “Readiness for Self-Disclosure” scale).

With the help of the Bielefeld Questionnaire for Clients’ Expectations (BFKE), Strauss et al. (2006) could show that clients with a “partially secure” attachment profited from psychotherapy relatively most, while clients with the two hyperactivating patterns benefited least. Results from Höger (2004) about clients’ satisfaction with their person-centered psychotherapies complement these findings. In contrast to clients with the two hyperactivating patterns, those with partially secure patterns tend to get along with their therapists well. In their therapy hours, they experience safety and confidence paired with change.

## 5 Concluding Remarks

Consider the following for therapeutic practice: Each person has developed individual strategies for his or her attachment system based on their individual attachment history. We know too little about a client if we classify him or her

under an established attachment pattern. The only decisive is the momentary, particular way in which their attachment system reacts to the attachment-related situation “psychotherapy,” meaning the concrete form in which deactivating and (hyper) activating strategies display themselves. It is these particular manifestations and the respective experiences toward which our empathic understanding and unconditional positive regard is directed. This is what allows us to provide clients with the safety they need for their free self-exploration and development. The strategies of the attachment systems are not just simple habits but existential needs being essential for sheer survival; hence, they are so significant and decisive.

If the therapeutic relationship shall have the character of a “secure base” and a “safe haven” in order to be constructive, it is suggested to take care that non-directivity of the PCA is not interpreted such a way as to render clients feeling left on their own. At any time, they should be clear that while they need to solve their problems by themselves, the therapist would not leave them alone in doing this, but will carefully accompany them.

In brief, attachment behavior or its avoidance can come up in therapy in versatile, even conflictive forms. Whereas the deeper exploration of particular consequences for therapeutic practice is outside the scope of this article, it can be helpful to understand and to appreciate the respective background as shared in this work.

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