

Chapter 3

Attachment to Irreplaceable Others



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Opera lovers listening to Kathleen Ferrier singing Ofeo’s famous aria, *What will life be like without Eurydice?*, are moved by the tenderness, yearning and anguish of his grief. We love deeply and mourn greatly when our beloved dies or leaves us for another. John Bowlby, who patiently sat with his widowed patients as they wept and raged their way through grief, understood. He says,

Many of the most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships. The formation of a bond is described as falling love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety and actual loss gives rise to sorrow; whilst each of these situations is likely to arouse anger. The unchallenged maintenance of a bond is experienced as joy. (Bowlby, 1979, p. 130)

Seeking and maintaining contact with a few “irreplaceable others” is a primary motivating principle in our human lives, and it is an innate survival mechanism (Bowlby, 1969, as cited by Johnson & Best, 2002, p. 169). We are wired to form social connections (Cacioppo, 2018) and we regulate affect by initiating proximity to loved ones (Coan, 2010). Greenman, Wiebe, and Johnson (2017) report that

the human brain appears to respond to separation from a loved one, especially in times of stress or perceived threat, by sending a distress call throughout the organism that leads to attachment behaviour to seek reunion and to regain felt security (Greenman et al., 2017, p. 293).

When we can regain connection in times of stress, our attachment figure can attenuate our threat responsive neural activity, as demonstrated in the lending-a-hand laboratory experiment (Coan, Schaefer, & Davidson, 2006).

Bowlby also treated children brought to the Tavistock Clinic in London for conduct difficulties such as theft, promiscuity or truancy. His interest in the stories

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of these “forty-four juvenile thieves” (Bowlby, 1944) resulted in a discovery that the majority had suffered significant separation from their primary caregivers in the course of their young lives. His continued observational research with children dislocated from their families owing to World War II, integrated with evolutionary theory, ethology and biological systems theory became the birthing ground of attachment theory. Today, because of John Bowlby, we not only have more humane practices in paediatric hospitals when our children require treatment, but we also have a vast body of research helping us to understand the nuances of attachment relationships, especially those of parents and children, romantic partnerships and attachment to God. Indeed, most of us can easily relate to Orfeo’s distress when we contemplate life without the presence of our special, few, irreplaceable others. This chapter considers the importance of secure attachment relationships for our physical, emotional and social well-being.

Turning to Others

Attachment is all about distance regulation. Not just any distance, please note, but the distance between each one of us and our very important others. Infants are born with an ability to cry, and they later reach out their arms to be picked up and then to crawl or run towards their caregiver/s. What does a mother do when her baby cries in his cot? If she is attuned to her infant, she will move towards him, turn to him and attend to his needs. He will be fed and held, bathed and comforted, and if he is old enough to play on the floor, his mother will offer him the freedom to explore his toy box and investigate his little world. If he becomes lonely or bored or pinches his finger in an unexpectedly sharp novel object, he will cry out for her, crawling in her direction. She turns towards him again and comforts, soothes and settles, then offers him the option of looking about and playing again. Safe haven and secure base functions of attachment flexibly moving to and fro, close when needed, spacious when safe to play and explore.

The sensitivity and reliability of attachment figures’ responses are what builds a secure relationship between parents and their children, romantic partners, family members and close friends. Bowlby called this accessibility and responsiveness the building blocks of an attachment relationship:

For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted provides a secure base from which his (or her) companion can operate. (Bowlby, 1973, p. 359)

Bowlby thankfully challenged the notion that dependency was only appropriate in infancy and, instead, acknowledged and normalised our urge to turn towards, call to and seek out important, reliable others in times of need, “from the cradle to the grave” (Bowlby, 1979, p. 129). Susan Johnson comments that to be human is to

need others, and this is no flaw or weakness (Johnson, 2013). Such an attachment perspective on human development suggests that members of families or couples “grow and differentiate *with* rather than *from* each other” (Brassard & Johnson, 2016, p. 807).

Interestingly, recent focus has turned to the problem of loneliness in our society, and Michelle Lim, Scientific Chair of the Australian Coalition to End Loneliness (2018), says:

All human beings are vulnerable to experiencing loneliness. Unmet social needs are akin to other human needs such as thirst and hunger. In this way, while loneliness can be a distressing feeling, *it serves a function and is a signal to reach out and to rely upon others*. This reliance is critical, as it prevents us from having to depend solely on our own resources to survive, thrive or flourish. (Lim, 2018, p. 7, emphasis added)

Bowlby proposed that self-reliance is built from a child’s confidence in the accessibility and support of the attachment figure (Bowlby, 1973). Costello (2013) also explains that our basic choices about who we are and can be evolve in an attachment context. He suggests that we decide with caregivers what will happen when we are lonely and afraid, whether we are best to cry out or stifle our vulnerability, and how best to get a response from others. Essentially, this means that a positive sense of felt connection with a loved one is a primary emotion regulation device (Mikulincer & Shaver, 2016).

In parent–child attachment, there is an interesting paradox, for the more a child can turn towards his parent as a source of safety and comfort, the more secure he feels. The more secure he feels, the less he clings and the more confident he is in developing his personality and venturing forth into the world of growing up. Mary Ainsworth and her colleagues in their observational research with Baltimore mothers and their infants reported that when mothers promptly picked up and comforted their crying infants, they cried *less* by the end of their first year (Ainsworth, Bell, & Stayton, 1974). Parents, grandparents, aunts and uncles and long-term nannies can all contribute to this experience of reliable responsiveness, creating what Inge Bretherton (1980, p. 195) called a “small hierarchy of major caregivers”. However, as Ainsworth (1967) noted, when distressed, infants and children will typically seek proximity to the principal attachment figure.

Not everyone, however, is fortunate in receiving the sensitive, responsive caregiving that early attachment researchers have identified with infants’ secure attachment. Not all children grow up feeling confident they can turn towards their parents and know they will “be there” for them. Indeed, differences in experience of regulating distress with attachment figures have led to differences in responses to a very crucial question regarding whether the attachment figure can be counted on to be there when needed (Hazan & Shaver, 1994).

On these complementary internal working models of self with attachment figures depends an individual’s confidence that attachment figures, in general, will be readily available – most of the time, occasionally or almost never, and whether he will approach the world with confidence when faced with alarming situations, either by tackling them effectively or seeking support. (Bowlby, 1973, p. 203)

The models tend to be reciprocal, with children who experience inconsistent responses or worse, neglect and abuse, tending to form negative models of self along with negative models of other. (See Bretherton & Munholland, 2016, for a detailed report of Bowlby's postulates regarding internal working models.)

Attachment and Romantic Love

Just over 30 years ago, romantic love was conceptualised as an attachment process (Hazan & Shaver, 1987), spawning an extensive body of research that helps us understand more about our adult experiences of turning to important others. In adult relationships, stage of relationship development is relevant, with physical contact and proximity somewhat more important in initial stages and provision of mutual support and care important in later stages. Further, "full-blown" attachment to a romantic partner (in contrast to parents) takes approximately 2 years to establish (Hazan & Zeifman, 1994). While sexual urges and emotional attachments are not necessarily connected, Gurit Birnbaum and Harry Reis (2018) report evidence that sex can and does promote enduring bonds between partners, with benefits for the couple as well as their dependent offspring. For example, heightened feelings of passion for one's partner and gratifying sex predicts lower relationship insecurity (Mizrahi, Hirschberger, Mikulincer, Szepeswol, & Birnbaum, 2016).

Like the relationships of parents and children, romantic partnerships are a dyadic process, but typically involving mutual giving and receiving of responsiveness and support. In each pair bond, strengths and sensitivities in both partners will affect the experience and the effectiveness of the emotional bond. Anxious or pre-occupied attachment typically develops from infancy in response to inconsistent or insensitive caregiving and is marked by hypervigilance to negative affect and heightened expressions of distress. The sense of self of these individuals is typically coloured by self-doubt and models of other by mental pictures of unavailability. These individuals tend in adulthood to react to perceived partner distance or inattention with comments like, "You put your work, your family, our children, all ahead of me. I come LAST!" Partners often hear such comments as criticism or control. Individuals with this attachment orientation are more inclined to doubt their own lovability, lack confidence in their partner's availability, react to perceived unavailability with sadness or anger and are more vigilant to threat cues (Mikulincer & Shaver, 2018).

Avoidant attachment, on the other hand, is more likely to develop in the face of rejection from caregivers and reflects rules restricting acknowledgement of distress and seeking of support. When a newly married couple in their early forties sought my assistance for their relationship distress, they reported the husband's angry criticism of his wife's grief over her recent miscarriage of a much wanted first pregnancy ("All this crying- you are just wasting your time!"). When I asked this man how his parents responded when he cried as a boy, he replied emphatically, "I was told, 'Go to your room and do *not* come out until you have stopped the nonsense!'" Understanding through an attachment framework brought a particular logic to this

man's otherwise puzzling, and for his wife, distress-maintaining behaviours. He had no map to follow for tuning into his own emotions, knowing what they were telling him he needed and then acting on his own behalf to have his needs met in healthy ways (Fridja, 2007). Individuals with avoidant attachment individuals tend to be distrusting of their relationship partners' goodwill, which causes them to maintain distance, suppress emotions and strive for emotional independence (Mikulincer & Shaver, 2018). Their early experience typically results in restricted support giving in adult relationships as well (Simpson, Rholes, & Nelligan, 1992).

The Minnesota Study of Risk and Adaptation (described in detail in Sroufe, Egeland, Carlson, & Collins, 2005) has followed 180 individuals born into poverty in the mid-1970s across almost four decades. The results of this significant longitudinal study again demonstrate the impact of early attachment relationships on later functioning. Using Ainsworth's Strange Situation laboratory protocol for assessing infant attachment between 9 and 12 months of age, these infants reacted to brief separation from their mother and time with a female stranger in ways that were coded as either secure (the infants used their mother on her return as a source of comfort and base of security to regulate their affect) or insecure, with three types, namely anxious or resistant (infants were inconsolable and sometimes angry on reunion), avoidant (overt distress was suppressed but physiologically they were aroused) and disorganised (expressed odd or ambivalent behaviour towards the parent) (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990).

The impact of secure attachment as a resource over time was demonstrated when these children were 20 or 21 years of age and were invited with their romantic partners into the laboratory. Simpson, Collins, Salvatore, and Sung (2014) reported that when engaging in a conflict resolution task with their partners, individuals coded in infancy as insecure reported and behaviourally expressed more negative emotion when trying to resolve the conflict. On the other hand, more secure participants demonstrated better conflict recovery *and* their partners recovered more quickly also. These results were mediated by social competence at 6 years of age and quality of friendships at 16 years of age.

Two years later (when aged 23 years), if the couple were still together, they were invited back for an interview. Those who had been insecurely attached infants were more likely to still be with the same partner *if* their partner had displayed better conflict recovery 2 years previously. Emotionally well-regulated romantic partners appear to "protect" individuals with insecure attachment histories from relationship difficulties in adulthood.

A decade or so later when these participants were in their thirties, they were assessed for health status, according to self-report of health, number of health problems and cardio-metabolic functioning. Support was found for the hypothesis that individuals insecure as children would report more health problems at age 32 years. Further, neglect between 0 and 17.5 years, in contrast to physical or sexual abuse, was found to also predict all three measures of adult health outcomes (Johnson et al., 2017). This longitudinal finding is consistent with an emerging body of research that suggests attachment insecurity is associated with dysregulated physical responses to stress, risky health behaviours, susceptibility to illness and poorer disease outcomes (Pietromonaco & Beck, 2018).

Impact of Trauma on Individual and Relationship Functioning

The positive internal working models of secure individuals appear also to confer greater capacity to adapt to aversive events than their insecure counterparts. When Fraley, Fazzari, Bonanno, and Dekel (2006) investigated the impact on people in the vicinity of the terrorist attacks on the World Trade Center in September 2001, they found more secure individuals had fewer symptoms of post-traumatic stress disorder (PTSD) and depression at 7 and 18 months after the event than their insecure counterparts. Individuals with a highly dismissing avoidant attachment style self-reported high levels of PTSD and depression at both times. These researchers drew on previous research, suggesting that secure attachment is typically associated with *support seeking* during stress. Interestingly, this may also be at the level of internal representation, as reported in laboratory-based research, in which secure individuals in a threatening laboratory task (being presented with unsolvable puzzles and being told they had failed each one) brought to mind representations of feeling cared for by significant others in their lives, which resulted in reduction in negative affect (Mikulincer & Shaver, 2004). In the real world of terrorism, in laboratory experiments, in community and clinical research, a clear conclusion is evident. Close relationships matter, and being able to turn to a responsive other in times of stress helps us to survive and flourish.

On the other hand, negative working models in survivors of developmental trauma can be infused with a sense of insecurity, which may manifest in a range of difficulties in adulthood, such as a negative sense of self, and difficulties with memory, emotional regulation, trust, closeness, empathy and perspective taking, communication and sexuality (MacIntosh & Johnson, 2008). Importantly, however, such difficulties are likely to be experienced and managed differently if the survivor can “find comfort in the arms of another” (Van der Kolk, Perry, & Herman, 1991, p. 1669).

Attachment-Related Couples’ Therapy and Relationship Education

Turning to others and getting the response that is longed for can sometimes be hard. Seeking support in ways that draw the other close, and indeed giving sensitive support such that the recipient feels comforted or assisted, rather than ignored or intruded upon, are typically easier for individuals with secure developmental pathways and adult relationships. Insecure attachment in both partners can be associated with heightened conflict, especially at times of stress. Severe or persistent conflict is typically disturbing and erodes relationship satisfaction and security. As indicated earlier, attachment security typically has an effect on conflict situations, influencing perceptual, physiological and behavioural responses to conflict (Feeney & Fitzgerald, 2018).

However, for individuals with more difficult developmental years or adult relationships, valuable assistance is at hand. Just as therapists gain from holding an attachment framework when understanding their clients' psychological and relationship distress, so too attachment concepts can benefit individuals and couples' understanding of each other. Emotionally focused therapy for couples (EFT) (Johnson & Greenberg, 1992) aims to help couples de-escalate their patterns of conflict and alienation and restructure their attachment bond. Recent research (a first in the field of attachment research) has demonstrated reduction in attachment insecurity (avoidance and anxiety) over the course of treatment with EFT for couples (Burgess Moses et al., 2016). Emotionally focused relationship education programmes such as *Hold Me Tight: Seven Conversations For a Life Time of Love* (Johnson, 2008) and books such as *Love Sense: The Revolutionary New Science of Romantic Love* (Johnson, 2013) and *An Emotionally Focused Workbook for Couples: The Two of Us* (Kallos-Lilly & Fitzgerald, 2015) offer couples ideas and support to attune to each other, and experience new ways of talking to each other that facilitate emotional closeness. The *Hold Me Tight* programme has also been adapted for Christian couples (*Created for Connection*, Johnson & Sanderfer, 2016) and couples dealing with heart disease (*Healing Hearts Together*, HHT). A randomised controlled trial is underway in Ottawa, Canada, to test the efficacy of HHT for cardiac patients and their partners.

Susan Johnson et al. (2013) report further findings using Coan's lending-a-hand research paradigm (mentioned earlier). Secure attachment between female participants and their male partners was found to change the female's neurophysiological threat responding using electric shock as the threat. This study using functional magnetic resonance imaging (fMRI) scans was conducted pre and post therapy for the female clients. Before treatment with EFT, these clients' brains moved into an alarm state when possible electric shock was signalled, whether they were alone in the machine, holding a stranger's hand or holding their partner's hand. After therapy, however, their brains remained calm in the face of threat *but only while holding their partners' hand*. Also, their subjective reports of pain when shocks were delivered were less than pre-treatment measures. The authors comment that these results would appear to be an example of safe haven affect regulation in operation.

Turning to God

Psychology of religion researchers support the view that people are more likely to turn to religion in times of distress and crisis, and most particularly through prayer (Granqvist & Kilpatrick, 2016). According to theologian Kaufman (1981), God is a completely adequate attachment figure, with the Judeo-Christian scriptures replete with comforting images of God. Consider, for example, "The eternal God is your refuge and underneath are the everlasting arms" (Deut: 33:27 NIV), "God is our refuge and strength, a very present help in trouble" (Ps 46:1 NIV) and "Come to me, all you who are weary and burdened, and I will give you rest" (Matt 11:28–30 NIV). Centuries before attachment theory was formulated, such images offered the idea of

a stronger, wiser other who provides proximity, safe haven and a secure base from which to navigate the world and its many difficulties, griefs and fears.

Research investigating connections between religious beliefs and psychological coping has expanded in the last couple of decades and reports a complex array of results. Positive associations between religion and mental health have been found specifically in the attenuation of grief (Brown, Nesse, House, & Utz, 2004), freedom from worry and fear and a personal sense of competence (Batson, Schoenrade, & Ventis, 1993). Further, in the context of unavailable or insufficient secure attachment figures, respondents who remembered their mothers as relatively insensitive perceived that they benefited from their secure relationship with God (Kirkpatrick & Shaver, 1992). Interesting research has examined a correspondence hypothesis (images of God correspond with internal working models of other) versus a compensation hypothesis in which images of God compensate for negative models formed in the developmental years. Evidence has been found for both hypotheses (See Granqvist & Kilpatrick, 2016, for a discussion of these interesting and complex questions).

Conclusion

This chapter has summarised attachment theoretical research indicating that turning to and establishing emotional bonds with important others across the lifespan is a central part of both our survival code and also our capacity to flourish. This turning to others is not indiscriminate, for, indeed, Orfeo's intense grief is at the prospect of losing not just any woman, but his beloved Eurydice. A sick, lonely, injured or frightened infant or child will not be comforted by a stranger, no matter how well meaning that stranger may be, in the way that comfort will be provided by his or her mother or primary caregiver. It is in the thousands of interactions that are infused with accessibility and responsiveness that our attachment bonds are created. The deep emotional safety to turn towards just a few others when needed, and feel confident of sensitive response from them, this, is what makes them *irreplaceable*. Similarly, our willingness to be reliably available and responsive to our significant others builds the security of mutually warm and safe relationships in adulthood. Knowing that these few, special others exist, or have existed in an earlier stage of our lives leaving embedded mental representations of safety and love, protects us from much of the negative impact of life's strain and stress. When the 9/11 terrorist crisis occurred in New York, psychological recovery was greater for those who could turn to others for support, in contrast to those who were fiercely independent and unwilling to seek comfort or support.

Emotionally Focused Therapy for Couples, and its relationship education programme, *Hold Me Tight*, thus encourages couples the world over to "seek each other out in moments of stress, sadness, loss, anxiety and uncertainty because of the basic assumption in this therapeutic approach that clear, unequivocal expressions of vulnerability followed by soothing responses from a partner fosters intimacy, closeness, and general relationship satisfaction" (Greenman et al., 2017). Such interactions

build emotional connections that are *felt* rather than easily measured or intellectually described, and may be what W. B. Yeats (1935/1968) had in mind in his prayer for old age, “God guard me from the thoughts men think in the mind alone. He that sings a lasting song, thinks in a marrow bone”.

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