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From the editor's Desk

By Volker Thomas

Don't worry, I shall not write about the Presidential elections. We all need a break from that, don't we? But what shall I write about? Hasn't this been the primary focus on people's minds for the past two months? Maybe it has not? Well, what am I supposed to write about in my column? Well, how about the end of the millennium. Mathematicians claim that 2000 was the last year of the 20th century (not 1999). So the hype about the end of the millennium was one year premature. Perhaps, that's why the millennium bug did not bite? I hope you were prepared this time when the "real" transition from the 20th to the 21st millennium happened. Watch your computers for the Y2K bug (Y2K, what is that?). Time goes by so fast. Last year around this time, many people worried about the world being torn apart by a computer glitch, this year it's only the presidency of the USA. This makes me wonder what it will be a year from now?

Anyway, as I reflect on the year that has just passed, I am reminded of the relativity of time. My oldest daughter Tina (who lives with her husband in Germany) just told me about her frustrating attempts to get pregnant. At 28 she and her husband decided to have their first baby assuming that conceiving is as "easy" as contraception. Then they realized how "hard" they have worked NOT to get pregnant for the last 5 years. Now they want to get pregnant and find out that this also takes "work", i.e., it's much more difficult to conceive than they thought. To them it feels like reality and fantasy of human propagation and intimacy are turned upside down. I sympathize with them finding myself getting anxious at the thought of becoming a grandfather, which turns part of my world upside down as well. For many years I have felt bad for my parents and my two younger children that my choice of immigrating to the US has kept them apart physically and culturally. I felt responsible creating as many opportunities as possible to see each other. I have missed seeing my "US children" grow up with their grandparents near by. I also found myself becoming defensive when my parents complained that my immigration alienated them from their grandchildren. They are in their 80s, too old to travel across the Atlantic. Which puts the entire travel burden on us, spending most of our vacation time in Germany.

Becoming a grandfather of a grandchild across the ocean will put me in the position of my parents (in relation to Tina) and Tina in my position (in relation to me). I wonder what my reactions will be living so far away from my first grandchild (when it will be conceived and born). As long as my parents live I can combine my visits to them with seeing my grandchild and his/her parents. So the travel burden will not solely be on my daughter and son-in-law. Yet I wonder, how I will be part of my unborn grandchild's life being so far away? How will I react to my daughter and son-in-law's needs? It's mind boggling, the transition into grandparenthood at close physical proximity is difficult enough. Yet adding the physical distance and the cultural differences into the equation makes it seem even more difficult. What a challenge! I look forward to meeting it! I am grateful that my training as a family therapist provides me with the insight and the knowledge to face these transitions with a level of awareness that make me more confident to go through life transitions. However, the training does not make it any easier, less intense, or less painful when the transitions are not as smooth as I would like them to be.

When I think about AFTA I can't help it but be reminded of my familial transitions. Our professional parents (charter members) are aging. Many of them can't travel any longer to see their professional children and grandchildren at the Annual (AFTA family) Meeting. I wonder what our responsibility is towards our professional parents and grandparents (i.e., elders)? How can we stay connected with them, appreciate them for their professional legacies, draw on their wisdom and experiences? There maybe (ideological) oceans between them and us, yet don't we have an obligation to honor their legacy (as I feel obliged to stay in touch with my parents across the Atlantic)? How do professional organizations such as AFTA work through life course transitions? I don't know the answers to these questions. As I explore the answers for my family I may get inspired to transcend possible answers to the transitional process in which AFTA has embarked. I invite you to join me in this process.

Let's reconsider the threat of Y2K as the possibility 2001. The answers do not lie in the numerical confusion of senseless machines but in our hearts and minds. The fear of Y2K seemed to close the hearts of many people. My hope for all of us is that the possibility of 2001 will reopen them and help us transcend the accomplishments of the past into a vital future.

I wish you PEACE and PASSION for the new Millennium.

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REFLECTIONS: THE CLINICAL RESEARCH CONFERENCE, 2000

Claudia Bepko

What could be more idyllic? A mellow fall weekend, a five-star hotel overlooking Lake Ontario, a small, other-worldly town fastidiously perfect as only Canadian towns can be, first class theater within walking distance, the company of friends, and 14.25 hours of high quality, intellectually stimulating presentations on the intricacies of attachment. Surely, for the lover of ideas, aesthetics and comfort in all of us, this had to be heaven. We listened, we talked, we walked, we shopped, we ate (was it my imagination or did we, in fact, eat the same meal reconstituted for three days?), and in the off moment when Howard Liddle failed to appear, we raced to Niagra Falls.

Sue Johnson did a masterful job of pulling together a conference rich with both new and familiar voices who spoke a language often unfamiliar to many of us. As one of the presenters remarked, "clearly psychologists don't read family systems literature and family therapists don't read psychology literature." So this was virgin territory for those of us who had little more than a passing awareness of Bowlby's work and the evolution of attachment theory since. The presentations were uniformly excellent. The presenters were uniformly challenging and personable.

We began with biological and ethnographic discussions of attachment behavior. On Thursday night, Stephen Suomi talked so fast on attachment in primates that he managed (intentionally) to pack four hours worth of material into one riveting hour. One more day's worth of this intense pace would have been exhilarating, but by the end of day two, my head was overheated. We had wound our way through seven more major presentations, poster sessions that were as stimulating, if not more so, than the talks, and running until 7pm on Saturday night, a panel discussion in which each of the four presenters tried valiantly to do a full length presentation of his or her work in 15 - 20 minutes. (One of these was the only presenter on attachment in gay couples). The next day we woke to Virginia Goldner. Her brilliant discussion of attachment in violent couples was completely mesmerizing, even on a Sunday morning after the two and a half exhausting days before.

And yet, the topic itself, attachment, in a room full of family systems therapists, could not but raise a certain level of controversy much of it, I felt, left unspoken and unprocessed. The only problem with this whole idyllic conference was my nagging sense that it was almost as if we were back in the AFTA of the 80s. Was this part of the same group that had struggled through the Feminist Critique? Had some of us really been through the pain of Women's Institutes and Men's Institutes as they struggled to enunciate every nuance of systems theory's, as well as AFTA's gendered insensitivity until it reached a crystalline pitch? Had we really sat through those diversity plenaries with Monica McGoldrick and Ken Hardy and Rhea Almeida, to name a few? Hadn't we participated in group sessions where we stood to testify to our homosexuality, our religious and ethnic identities, our inclusion in or exclusion from privileged groups and classes? Could this possibly be the same AFTA, I wondered; AFTA before postmodernism and Narrative Therapy? Was I in a time warp where we got to go back to the modernist, almost regressive past that bordered on being non-systemic? Remember how simple life used to be when we looked only at dyads? This was the attachment conference. In this most stimulating of conversations, there was no color, there was no gender, and there was *almost* nothing not heterosexual. Maybe this is why it seemed so idyllic.

Here is my dilemma. If I am to become more effective as a clinician, and as a program/ theory builder, I need a way to think about the complexity of human attachment. I need a way to understand the influence of relational trauma the impact it has on families, on children, and on society. I need to know what attachment theory can tell me about the pervasive breakdown of connectedness in modern culture. I need to know more about the ways that a failure of relational connection sets the stage for abuse of substances, abuse of women, abuse of sex, and the violence that permeates our lives.

But I need to know it in a way that includes men and women both as actors in complex systems of relationships, one that takes cultural differences into account, and that does not implicitly continue to blame the assumed caretaker, mother, for the evolution of a child's attachment style. (Having close male friends who, as gay partners, parent an adopted female who they brought home at two days old, I wondered how the research might address attachment in this context.) And finally, I would like to know much more about the neurobiology of attachment. Here, we've only scratched the surface.

I learned the basics of attachment theory at Niagra on the Lake. But the systemic thinking that could build on it was not fully in evidence. Perhaps it hasn't yet been written. Goldner, who suggests that we need more conceptual clarity in "layering" our thinking about attachment, begins to get at it. Safir and Sargent's *Family Attachment Measure* may approach a systemic application of it. That family systems and attachment theories are still new and strange bedfellows is all too apparent. I would have liked someone to provide a Feminist critique. I would have liked a presentation on "Attachment Patterns in Men and Boys," "Men as Caretakers," "Internal Working Models the Homosexual Perspective." "Attachment Patterns in African American Families." "A Cross-Cultural Study of Attachment." Or, "The Dynamics of Family Attachment," just for instance.

Like most of our early working models of psychology, attachment theory was

developed by white men and women in predominantly middle or upper class cultural groups. The research numbers were small, the groups highly homogeneous, and the validity of the coding potentially unreliable. The assumption that a child develops an "internal working model" of anything is simply that an assumption. Whatever "it" really is remains a construction in language of a process that seems to be observable, depending on what you're looking for. What an internal working model might mean in a non-white context is a mystery. Solomon and George (1999) conclude in a chapter in the much mentioned *Handbook of Attachment* (Cassidy and Shaver, 1999) that in studying cross cultural validity, "ecological factors may have a powerful effect on the patterning of young children's secure-base behavior in the home" (308). And in general, contemporary researchers still struggle even to extend the assumptions of attachment theory beyond the second year of life.

I want to say that this conference was idyllic from the perspective of offering a meditative environment that provided the time to delve into a topic in depth, with a small group of compatriots. It was a much-needed intellectual retreat, and certainly AFTA should continue to provide this kind of experience that goes on without the hustle and bustle and the many competing demands of the annual conference. It was exciting and informative to hear the work of presenters outside the field of family therapy. Much will be useful in my work. Since I now develop programming for juvenile offenders, adolescents with serious substance abuse problems and children with mental health problems that result from serious trauma, I was particularly interested in the work of Marlene Moretti, who has been part of developing systems oriented, attachment-based programs for just such populations. I was disappointed that Howard Liddle didn't come I need to know about his work.

But I was dismayed that no one talked about fathers. While one presenter was quick to assure me that the "caretaker" *could* be a father, in her research they mostly interviewed mothers because "it's easier to get women in, and men, you know, are less comfortable getting down on the floor to play with kids." I kept wondering how it must feel to be a man at this conference and have one's participation in child rearing and in helping to form a child's secure base of attachment completely ignored.

So I hope, in the future, that this particular conference doesn't become a forum in which AFTA's commitment to Diversity and to thoughtful critique on issues of gender, race and class gets put aside. It was difficult to tell whether the topic itself set the stage for the relative absence of these debates, or whether the clinical research conference constitutes a small splinter group that has become a sanctuary from the fray.

These worries of mine aside, this conference on "the typography of close relationships" was a unique and rich experience sometimes a sanctuary is a fine place to spend a weekend.

Claudia Bepko, LCSW is the Assistant Director of Outpatient Services at Sweetser Family Institute in Portland, Maine. She is the author of several books and articles on family therapy, the latest, co-written with Thomas Johnson, is "Gay and Lesbian Couples in Therapy Perspectives for the Contemporary Couple and Family Therapist" in the October 2000 issue of the Journal of Marital and Family Therapy.

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Attachment Theory: A Guide For Couples Therapy

Presentation by Susan Johnson
Reviewed by Victoria Dickerson

The title of the presentation was "Attachment Theory: A Guide for Couples Therapy." The task: to take clinicians and researchers through the difficult process of seeing how certain theory and research are relevant to specific clinical practice. In my experience as a therapist, I have found that the single most daunting undertaking has been that of making sure my work is coherent with my thinking. What Sue Johnson has done in her work and her writing is create a coherency between a practice approach to couples therapy and a theory of adult love, namely attachment theory. This was what she showed in her presentation.

It would seem to trivialize Sue's immense body of work to try to summarize here what her talk covered. I would recommend that readers go to her more recent articles, two of which were included in the conference packet. (Johnson, S.M.; Hunsley, J.; Greenberg, L; Schindler, D; [1999]. Emotionally focused couples therapy: Status and Challenges. *Clinical Psychology: Science and Practice*, 6:67-79 and Johnson, S.M.; Whiffen, V.E; [1999]. Made to measure: Adapting emotionally focused couple therapy to partners' attachment styles. *Clinical Psychology: Science and Practice*, 6:366-381.) What I will do is highlight the major ideas as they jumped out at me in Sue's very clear and animated presentation.

It is always a pleasure to be in the company of someone who obviously has great passion for her work and ideas. Sue has developed an approach that not only addresses some of the clear deficits in clinical couples work but has also assiduously researched its effectiveness. Since she first developed and described her theory and approach in the early 1980s, I imagine Sue has devoted concentrated time and energy continuing to critique and refine her work. We, at the Clinical Research Conference at Niagara-on-the-Lake, in October, 2000, were fortunate to be able to participate in the current culmination of her ideas.

Sue commented early in her presentation that the application of

attachment theory to adults was a revolutionary event for couples therapy. She suggested that without a theory we know neither what happens nor why. Attachment theory is a way of understanding the nature of marital distress. It helps us appreciate the extent of fear and despair that can occur when separation looms as a possibility. Partners, in their attempt to protect themselves, confirm the other's fear.

Prior to the creation of EFT, couples therapy was primarily practice-driven, with interventions being mostly behavioral; also, there was no clear theoretical perspective on relationships that was shaping clinical practice. Further, there were disparate understandings, including intrapsychic dynamic theory, systemic focus on interactional patterns, and some attention to the interplay of cognitions and emotions, but no approach that was able to combine these ideas. EFT views relationships from an attachment perspective and relates this to how the couples' process of expressing needs show up in interactional patterns.

· Couples therapy, namely EFT, accomplishes the following (this from my notes):

- focuses on attachment needs, contact, comfort, and on separation distress
- privileges emotional responses and restructures fear
- creates a collaborative alliance
- shapes new bonding cycles
- focuses on models of self
- addresses specific attachment moments

Nine treatment steps are outlined in EFT, summarized in three categories: first, de-escalation of the negative cycle; second, changing interactional patterns; and third, consolidation and integration. A key focus in the second set is what Sue calls "softening." This is an event where a partner, coming from a position of vulnerability, can ask for their attachment needs to be met. In a very illustrative video-taped session, Sue showed the occurrence of such an event in work with a couple, where the female partner was risking reaching for her spouse, and he was being available and responsive (i.e., able to ask for what he needed in a way that was clearly being experienced differently by his female partner).

Use of video tapes as a way of illustrating clinical work is almost always compelling. My experience is that participants want to see the work in order to understand better what the presenter is telling them. However, what a workshop participant sees and what the taped clinician and clients actually experienced in the room may be quite different. For example, after the presentation, one questioner asked how what was shown could be considered systems' work, as this particular video excerpt was not necessarily a good illustration of systemic thinking, even though, both theoretically and in

practice, EFT is said to address interactional patterns. I wondered, and asked Sue later, how she was thinking about gender and power. Again, this was not readily apparent in what was being shown. She responded, however, that the kind of mutuality and equality evident in the change event on the tape can be seen as a comment on power and gender. She said, "Men are encouraged to go beyond gender based constraints and access their dependency needs as well as becoming more attuned and nurturing to their wives. A secure bond between adults would appear to preclude a one-up, one-down, relationship. Usually, most distressed couples see the other person as having the power even when they are being coercive." Sue's response is a good example of how one of the hardest things to describe or even to show is what happens in the room, how it happens, and what the therapist and client are thinking.

On another note, Sue also briefly talked about attachment injury and relationship trauma, including the effect of betrayal of trust, indicating that such injury needs to be resolved first.

There is a fair amount of clinical research that supports EFT as an effective treatment modality. The research shows that 70-73% of couples in EFT recover from distress and that a two-year follow-up shows stability in these findings (again from my notes). Sue's recent articles (cited above) summarize in greater detail nine studies of clinical outcome research and also comment on four studies that address the process of change in EFT. She also addresses the need for future research.

Having experienced many different presentations, in conferences as well as classrooms, and having been on both the giving and the receiving end, I am pleased to say that Sue Johnson's presentation was both engaging and compelling. Her personal involvement and enthusiasm for the topic shined through, as she skillfully combined balanced amounts of conversation, didacticism, overheads and video. And the brief question-and-answer session, afforded by what little time remained, aptly highlighted Sue's sincere thoughtfulness in response.

In the introduction to her talk, I commented that Sue and I come from very different epistemological positions. Subsequent to her presentation, we had a conversation about those epistemological differences, which led to an agreement to share video tape and comments to see where we differ and where we connect. To my mind, this outcome is precisely what a clinical research conference has to offer, at least in possibility. So, this brief article is an attempt, even though I come from a different theoretical metaphor (narrative), to summarize Susan Johnson's presentation on her work emotionally focused couples therapy based on her metaphor (attachment theory). I am always pleased to engage in an experience of learning with someone whose ideas are different from my own.

Victoria Dickerson is the president and one of the co-founders of planet-therapy.com, a large mental health internet site offering continuing education workshops for professionals and information for consumers. She was also the co-founder and co-director of Bay Area Family Therapy Training Associates, a narrative therapy training center in the San Francisco Bay Area. She has also written extensively and offers workshops on the narrative metaphor.

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Attachment Theory: A Guide for Practice in Couple and Family Therapy

Volker Thomas

After Stephen Suomi's Thursday night introduction to attachment in primates and his fascinating report on uptight, laid back and jumpy monkeys, conference attendees were ready to jump into human attachment and family therapy. The title of the Friday morning plenary, Attachment Theory: A Guide for Practice in Couple and Family Therapy fit our readiness well.

The first speaker was Cindy Hazan who entitled her talk, Sex Differences in Human Mating: Cosmological or Cosmetic? Dr. Hazan is an Associate Professor of Human Development at Cornell University. In recent years she has investigated the processes of attachment formation between adults. At the beginning of her talk Dr. Hazan made her bias very open when she referred to attachment theory as a brilliant theory that provides a far more accurate evolutionary model of human mating than the currently popular men-are-from-Mars-women-are-from-Venus accounts. Moreover she critically discussed sexual strategies theory (Buss & Schmitt, 1993) as a scientific evolutionary model that tries to explain human mating. This theory claims that men "naturally" seek out and take advantage of opportunities to copulate with as many different females as possible, while women prefer one male who has resources and appears willing to share them with her and her offspring (Hazan & Diamond, 2000). According to the research on sexual strategies theories sex differences in mate preferences seem statistically reliable and culturally universal.

As an alternative explanation for mate selection Hazan proposed to explore human mating from an attachment theory perspective. In the course of evolution human offspring were born after shorter and shorter gestation that left them exceptionally immature and dependent on the nurturance of their caregivers. A flexible mechanism developed that fostered an enduring bond between offspring and caregiver. This mechanism was attachment. According to attachment theory, attachments have four defining features, proximity maintenance, safe haven, separation distress, and secure base. Citing many empirical research studies Dr. Hazan argued that in adulthood the same four features would be redirected toward a mate.

In contradiction to sexual strategies theory Dr. Hazan proposed that sex in the human species serves more than a reproductive function. For example, multiple features of human sexual anatomy and physiology support the view that humans evolved to bond with their reproductive partners. Research based on attachment theory has shown that women and men equally seek kindness, understanding, and intelligence in a mate rather than physical attraction (men) and resources (women) as suggested by sexual strategies theory. For sexual strategies theory, mating is about reproduction of genes via sexual activity. Emotional bonds are relevant only insofar as they help or hinder this process. From an attachment perspective, these bonds belong at the center, rather than the periphery, of evolutionary theories of human mating (Hazan & Diamond, 2000).

The next question Dr. Hazan raised was about the mechanisms that lead to forming attractions between potential mates and then to pair bonding? Romantic infatuation serves as such a mechanism. Additionally, twin researchers suggest that human mating may be a largely "adventitious" process. Dr. Hazan added that propinquity may be an integral part of this process. Propinquity affords not only opportunities for mating but the kind of prolonged bond that increases familiarity and in turn, enhances the mutual attractiveness of potential mates. "As every zookeeper knows, a nearly sure-fire way to get two members of any species to mate is simply to house them in the same cage. Why must it be different for *Homo Sapiens* " (Hazan & Diamond, 2000, p. 197). Finally then, the factor primarily responsible for the shift from attraction to infatuation is reciprocal liking, or the perception that the person one is interested in feels the same way.

In the conclusion section of the article (Hazan & Diamond, 2000) on which she based her talk Dr. Hazan summarizes her argument from propinquity to attachment eloquently,

Propinquity and familiarity further narrow the pool. Potential mates who are encountered daily at the river's edge have an advantage over those residing on the other side. Within this pool, they are vigilant for signs of reciprocal interest, expressed in easily recognized flirtation behaviors. A slightly prolonged gaze, a smile, or a subtle violation of personal space may trigger romantic infatuation. If mutual, the psychological and neurochemical processes that ensue make each person the sole focus of the other's attention and passion and render alternative potential mates less desirable. The same processes stimulate a seemingly insatiable longing for close physical contact. This physical intimacy in turn triggers a release of hormones that boost desire for continued contact. In time, their neurobehavioral systems become mutually conditioned to the stimulus of the mate such that she or he comes to have a uniquely powerful effect on physical and psychological well-being. A pair bond is in place. The two are attached (p. 201).

At the conclusion of Dr. Hazan's presentation a lively discussion ensued. Many in the audience wondered out loud about the concept of propinquity. Many comments expressed appreciation for the switch from sexual stereotyping that is implied in sexual strategies theory to mutual liking and support that is reflected in the attachment perspective of human mating. Questions that remained open included, does this mating theory equally apply to older couples? The term "mating" seems to imply propagation. However, with a

divorce rate of almost 50% many people seek partners with whom they do not wish to propagate. Dr. Hazan's presentation was limited to heterosexual couples. Thus, one wonders whether and how her arguments would apply to lesbian, gay, and bisexual relationships.

In the second part of this plenary Dr. Roger Kobak spoke about The Implications of Attachment Theory for the Assessment and Treatment of Family Dysfunction. Dr. Kobak is a clinical psychologist and Director of Training in the Department of Psychology at the University of Delaware. His research focuses on the role of parent-teen relationships in fostering the social and emotional development of adolescents. More recently, this has included helping caregivers, both parents and teachers, manage the stresses involved in working with emotionally disturbed children and adolescents.

According to Dr. Kobak, attachment theory and research provide for a normative model of healthy and adaptive functioning. Parental sensitivity to the child's signals in infancy results in the child's confidence in the availability of the caregiver, an increased capacity for exploration and self-confidence, open communication between caregiver and child, and the development of a reflective function. The parents' ability to establish a cooperative partnership in early childhood results in the child's development of perspective taking (reflective functioning), the capacity to maintain cooperative conversations, to negotiate goal conflicts, and the basis for self-regulation, conscience, and frustration tolerance. The Internal Working Model (IWM) or confidence in the availability of the attachment figure guides and structures interactions and regulations of behavior.

This attachment model has several specific implications for the assessment of family dysfunction. Dr. Kobak gave examples of interactional cycles in distressed relationships. These cycles include reciprocal negative exchanges that are rigid and highly predictable, pursue-withdraw sequences and mutual accusations of who is responsible for experienced problems. These families have specific patterns of communication and expression of emotion. For example, negative feelings are expressed in distorted ways, there is a lack of validation or of the sense of being understood, family members take an adversarial rather than cooperative position, and there is a lack of repair processes in these families. Most family members make the cognitive appraisal that the other person is no longer a source of safety and protection, but rather a threat or danger. This may lead to parental anger and rejection, parental neglect, marital conflict, parental favoritism and jealousy, adolescent violent outbursts and suicide threats, unpredictable dissociative states, and the experience of parental abandonment. Conversely, the parents appraise the child as threatening or a burden. This leads parents to perceived failure as caregivers, social isolation, and lack of secure base. When assessing the parents' level of reflective functioning, clinicians find that the parents' ability to take the child's perspective or to understand problematic behavior is a distorted expression of a legitimate need. These parents have a limited ability to catch themselves and to understand their contribution to the problem. Finally, these parents have a limited capacity to assess their internal states and that of the child and to reappraise a situation.

What are the implications for treatment? Dr. Kobak suggested three main implications. First, the clinician helps to connect the dysfunctional patterns of

interaction to the core cognitive appraisals or IWM in the treatment contract. Specifically, problematic emotions (e.g., fear, anger, sadness) can be reframed as distorted expressions of attachment concerns. Second, goal of therapy is to increase the parents' reflective functioning. By providing a secure base the therapist promotes the acceptance of unacceptable thoughts and thus empathizes with the parent's self. Equally important is to empathize with the child, to assert clear expectations and limits, to monitor the relationships (e.g., closeness and distance, reducing reactivity to negative child behavior), and to initiate repair processes. The therapist helps the parents how to apologize for lapses in parenting. Third, the therapist monitors interactions and reflective functioning for signs of movement toward more open and cooperative communication, greater confidence on the part of the child in the parent, and a greater sense of competence and efficacy on the part of the parent.

Dr. Kobak's complex and dense presentation sparked many questions and comments. Many focused on the specific application of attachment concepts to the practice of working with families. Some noted the lack of fathers in the traditional attachment theory literature and the long-term flexibility of attachment styles. Specifically, the question was raised whether family therapy can change children's and parents' attachment styles from less secure to more secure. Dr. Kobak assured the audience that attachment styles are not carved in stone and that they can be changed through the process of therapy.

References

Buss, D.M., & Schmitt, D.P. (1993). Sexual strategies theory: An evolutionary perspective on human mating. *Psychological Review*, 100, 204-232.

Hazan, C., & Diamond, L.M (2000). The place of attachment in human mating. *Review of General Psychology*, 4(2), 186-204.

Volker Thomas, Ph.D. is Associate Professor and Director of the Marriage and Family Therapy Program in the Department of Child Development and Family Studies at Purdue University.

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AFTA Newsletter

(submission by Anna Dienhart)

First Impressions . . .

For years I had heard colleagues talk about their wonderful experiences in the AFTA organization and, especially, the annual conferences. I must admit, I felt some envy when they talked about the stimulating plenary presentations and interest group discussions. Since I am not, typically, an enthusiastic conference goer I usually find the crowds of people a bit daunting and the scheduling of serial talk at you presentations an overload of information. I was intrigued to hear about a different kind of experience.

So . . . On a cold winter day last January, when my colleague, Jean Turner, suggested we co-present some work at the upcoming AFTA Conference in June, I surprised myself and jumped at the chance. The intrigue about an "AFTA experience" pushed me over my usual "conference phobia" (I get even more anxious about presenting at a conference than I do about the crowds and information overload!) Jean assured me the crowd was friendly and usually engaged in fascinating dialogue. This sounded inviting.

Then came the hurdles around whether I could attend, given my non-member status. So, I began the process of membership application. Some anxiousness set in as I scanned my (small) network of professional colleagues for those who might already be AFTA members who could recommend me to this organization. Questions arose, "Am I truly qualified for membership, as it seems a rather prestigious group with a daunting impression of 'insider' screening?" "Do I want to belong to a group which seems so 'elite'?" "What does this membership process say about the general texture of the organization?" "How is this group different from AAMFT?" and "What will be different about being a member of AFTA than I experience as a member of several other professional organizations?" At some point, my colleague (Jean) let me know it had been decided I could attend the conference as an "invited guest" since I was co-presenting with her, but it would be better if I was in the process of applying.

Despite some hesitation stemming from these questions, I persevered and approached the required four colleagues for references (as, I only knew two AFTA members) and began the application process. I must say the administrative staff in Washington were a BIG help here and were also most pleasant, responsive and timely in being so (already a difference from some other organizations!).

So, I arrived in San Diego for the conference, stepping off the plane and almost immediately into the "White People's Caucus." Oh... Yes! This was different! Members were open, engaged, and serious about making a difference in the organization and in society. They seemed to be talking candidly about personal and professional struggles to be more aware, sensitive, and responsible for racism, in its blatant and, more importantly, subtle, insidious forms in daily life. Having lived in Canada for the past twenty-two years (though still a US citizen) this was a conversation that held my attention and challenged me to consider the nuances of similarities and differences in international experiences.

It is most important to stress "conversation" here, because I experienced the afternoon as a series of conversations, in groups which varied in size and composition. Indeed, this was engaging, serious and intriguing and it was not so easy for me to become a passive conference goer!

I did find myself wondering about the history of this "caucus," especially noting the separation from the "people of color caucus." What does this say about where the organization is with respect to issues of diversity and inclusion? Where does the organization see itself going? In the following days, I heard different people talk about some hopes to pursue developments on these fronts respectfully.

An incongruity? The group which opened the first plenary seemed to represent a local organization working to empower youth to know their cultural heritage and to reconnect with it in life affirming ways. Again the presence of diversity, yet seemingly a circumscribed engagement. How could we have, even within the "conference" environment, more fully engaged these people and embraced the sacredness of their quest? Or would to try to do so be disrespectful? In these questions I am keenly aware of my disconnection from my own US roots.

Then there was the "women's caucus." Another new and stimulating experience. I thoroughly enjoyed meeting women from various places in the U. S. and abroad. I found it fascinating to explore questions that took us to both personal and political places, resulting in multi-layered connections which usually do not happen easily at conferences. However, since my research focuses on men in families, I found myself wondering what I would have learned if I had been eavesdropping on the "men's caucus". What does it say that I would have had to eavesdrop to learn from men talking about men's' experiences? I am aware this question is not limited to an AFTA forum. However, what does this kind of separation specifically say about where AFTA is in dialogue about gender?

Knowing what I know about myself and conference fatigue, I selectively attended plenary sessions, post-plenary discussion groups, clinical discussions, and interest groups. I found the variety of offerings fit my preferences and represented a significant difference from other conference offerings.

Importantly, I found the variety also very engaging. The kinds of discussions happening in most of the formats were both intellectually and personally stimulating, people seem to be very engaged and revealing of their "stance" on issues. Controversy was generated (this is always stimulating!) and people seemed respectful of the different perspectives offered. My one regret is, I did not attend any of the more "social" evening functions they seemed to be held in interesting places, and by that time I was beginning to get a feeling of how much warmth and friendliness, as well as professionalism and intellectual pursuit, is in the air at AFTA conferences. I noticed most people smile at you when passing in hallways, people stop and engage familiar colleagues and newcomers alike, there were refreshments provided which invited both casual and serious exchanges after presentations. I had the impression that people really enjoyed the chance to connect, reflect on new and old ideas, as well as different perspectives, and catch up with each other professionally and personally. At the "newcomers breakfast," someone depicted AFTA as a interactive organization that is interested in member's initiatives, is endeavoring to be responsive to possible new directions, and thrives on member's active participation he said not to expect a passive experience. I could surely detect the signs of such a culture.

While I remain a (somewhat) reluctant conference goer, I believe the AFTA conference offers a refreshing alternative to my "old story" of what can be in store for me when I attend. Nonetheless, I sense AFTA is struggling at a crossroads of some sort. It seems that, on one hand, there are significant outreach efforts especially to bring in new members and a commitment in some circles to move the organization toward a culture embracing diversity. At the same time, though, I felt tensions, and heard comments, surrounding the possibility that familiar connections, favored forums, and comfortable ideas might be left behind.

I am now a member of AFTA and plan to attend future conferences, as well as begin to entertain how I can contribute. I look forward to belonging to this organization as it seems committed to generating thought provoking professional conversations, especially in areas that push the field of family therapy beyond what has been.

Anna Dienhart

After changing careers at mid-life (formerly an international economic consultant), I earned my Ph.D. in Family Relations and Human Development in 1995 from the University of Guelph in Canada. I am currently the Director of the University of Guelph's graduate program (Master's level) in Couple & Family Therapy. My research interests focus on men's experiences of family life, especially fatherhood, and developing ways to effectively engage men in family therapy.

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Attachment Across the Life Span

As 14-month Laura ventures across the playground, she looks over her shoulder at her father. It's a playful look, as if to say, "Isn't this great!" All of a sudden, a five-year-old whizzes past and almost knocks her down. Her eyes dart back to her father as if to say, "Is this safe? Am I going to be okay?" Her father's calm gaze reassures her that, indeed, everything is all right. The quality of Laura's exploration of her world depends on the relationship she has developed with her caregivers. If she knows them to be of comfort to her when she's distressed and they serve as a secure base from which to venture, then she can safely and securely explore and master her world. She has developed what Bowlby called a secure attachment. While this drama is quite obvious during the infancy and toddler phases of development, a similar set of dynamics appear to be played out during adolescence.

In Bowlby's theory, attachment refers to a biologically primed behavioral system that, under threatening conditions, enables infants to seek safety through proximity to their caregivers. Conceptually, he juxtaposed this motivational system to seek security and safety (to preserve the species) with the exploratory system whose function it is to motivate the child to master his environment. Through early interactions with others, children develop internal working models of themselves, others, and the interactions that are hypothesized to guide subsequent relationships and interactions.

In the conference plenary titled, "Attachment Across the Life Span," the presenters addressed the development of the internal working model and the reciprocal relationship between attachment and exploratory motivational systems, with Nancy Cohen, Ph.D. presenting her work with infants and their families, and Marlene Moretti, Ph.D. presenting her work with adolescents and their families.

Dr. Cohen described a psychodynamic parent-child psychotherapy called Watch-Wait-Wonder (WWW) and reported on the results of a study comparing it with a different form of parent-infant psychodynamic psychotherapy. The aim of WWW is to help infants and mothers achieve a more secure attachment relationship, improve the interactions between mother and child, and improve the child's cognitive development and affect regulation.

Both clinicians and researchers hypothesize that four aspects of parental behavior will help an infant in developing a secure attachment relationship: (1) perceiving the infant's emotional signals; (2) responding to them sensitively; (3) displaying affection; and (4) accepting the infant's behavior and feelings. The target of WWW is both the parent's own internal working model and the observable interactions with the child. What distinguishes WWW from other forms of parent-infant psychotherapy is that it is infant-led. In the first half of each session, the parent gets down on the floor with the child and observes her self-initiated activity, interacting only at the child's initiative. In the second half of the session, the parent discusses his observations and experiences of the infant-led play with the therapist and, together, they examine their meanings from the perspective of the parent and the themes and relational issues that the infant is trying to master. This enables the parent to examine his internal working models in relation to the infant and vice versa.

To evaluate the effectiveness of the WWW therapeutic model, mother-infant dyads coming for treatment were randomly assigned to either the WWW intervention or another form of psychodynamic parent-infant psychotherapy (PPT) that was therapist-led, rather than infant-led. Both therapies were successful in a number of aspects of treatment. Both resulted in a decrease in the presenting problem and parenting stress, and an increase in parenting confidence. In both therapies, mothers reported a strong and positive therapeutic alliance. There were also some specific differences in the outcomes of the two therapies. Mothers in the WWW group reported a larger decrease in depression at the end of treatment than did mothers in the PPT. The infants in the WWW treatment group shifted their attachment security either from insecure to secure (21%) or from disorganized to organized (15%) more than did the infants in the PPT treatment group (3% and 9%, respectively). Furthermore, the infants in the WWW group exhibited a greater capacity to regulate their emotions and a concomitant increase in cognitive development than did the infants in the PPT group. The gains made by these infants were maintained over a six-month follow-up period.

Although the mother-infant dyads in the WWW group exhibited the predicted changes in their attachment relationships, the hypothesized pathway that changes in attachment security was predicted to take place—an increase in mother's sensitivity and responsiveness—was not confirmed. Mothers in both groups displayed less intrusiveness in interactions with their children and no differences in measures of reciprocity, unresponsiveness, and conflict.

While the changes in attachment security were modest, it is important to remember that changing attachment security in a clinical sample has been notoriously difficult. Furthermore, the interventions were made when a majority of the children were between 18 and 24 months—well after the attachment relationship had been established. If interventions were done during the first year of life, it is highly possible that the gains made could have been even greater.

What is it about the WWW therapy model that might be effective in making an impact on both attachment security as well as infant cognitive development and affect regulation? Dr. Cohen hypothesizes that the mother down on the floor, following her child's lead, may influence both the emotional relationship with the child as well as the child's exploratory and mastery behaviors. the

reciprocal relationship between these two aspects of development may have created a synergy between them that had a greater impact than either one alone.

Imagine infants whose families did not participate in a therapy like WWW as adolescents. Dr. Moretti presented her work with adolescents like these with severe behavior problems with the goal of understanding their attachment issues and examining the predictive importance of self representation and attachment security in emotion and behavior regulation.

One major component of the internal working model is the person's view of self. To tap into adolescents' self-representations, they were asked to list the characteristics they believed described themselves as they are, the attributes they wish to be or feel they should be, the attributes that describe how their parents view them to be, and those they believe their parents desire of them. A number of interesting findings emerged from these data:

- In mid-adolescence (ages 14-15), adolescents and adults are farthest apart, sharing only 25% of the standards for identity development.
- In contrast, in late adolescence and early adulthood (ages 18-24), there is considerably more congruence (40%) between adolescent and adult standards of identity.
- High-risk conduct disordered adolescents' own and inferred of parents' representations of self are profoundly more negative than adolescents in non-clinical samples. Girls' self-representations are more negative than boys'.
- In adolescents with conduct disorder, there is less differentiation between own and inferred parental views of self than in non-clinical samples.
- The negativity of self representations is a robust predictor of relational aggression (i.e., acts harmful to relationships) in girls and overt aggression in both girls and boys.
- Girls who perceived themselves as different from what their mothers wished them to be and experienced low support from their mothers for the development of autonomy had low self esteem. Conversely, adolescent girls who also perceived themselves to be different from who they thought their mothers wished them to be but also received high support for their autonomy had high self esteem.

To examine the potential attachment dynamics in conduct disordered adolescents, they were classified into one of four attachment categories using Bartholomew's family attachment interview. The four categories were based on two underlying dimensions of the internal working model: models of self and models of other. Those in the *secure* category had a positive view of self and other. Self is viewed as competent and others are viewed as helpful. Those in the *preoccupied* category had a negative view of self and positive view of others. Self is viewed as unable to consistently evoke positive responses from others. Those in the *fearful* category had a negative view of self and negative view of others. They desire connection but fear rejection and are mistrustful.

Those in the *dismissing* category view others as incompetent. They denigrate close relationships and maintain a stance of vulnerability and independence.

In two clinical samples of conduct disordered adolescents, less than 10% were classified as securely attached. Almost half were classified as fearful, and about a quarter each were classified as preoccupied or dismissing. A gender effect was found such that, across the two studies, boys were equally divided between the dismissing and fearful categories and a few in the preoccupied category. Girls were equally divided between the fearful and preoccupied categories with only a few in the dismissing group.

While the prevailing assumption about aggressive youth is that they would typically be described similarly to those in the dismissing category, the results were surprisingly different. It was the classification as preoccupied that predicted aggressive and delinquent behavior. Dismissing attachment predicted low anxiety, delinquency, and low aggression. Finally, while a negative self-representation as well as preoccupied attachment were both related to aggressive behavior, each was also a unique and significant predictor of aggressive behavior.

Dr. Moretti and her colleagues have concluded that aggressive and delinquent behaviors often (though not always) reflect difficulties in the process of identity individuation within an insecure parent-child relationship. Further, one hypothesized function of aggression is to engage caregivers who are perceived as reluctant, unavailable, or inconsistently engaged. As a result, these adolescents appear to be overly dependent on their parents because of the deficits in their feelings of self-worth and in effective emotion and behavior regulation.

These rich findings have numerous implications for interventions. First, adolescents do not need to detach from their parents to develop autonomy. In fact, the ability to develop one's identity may require healthy conflict and difference in the context of secure relationships. Second, typical programs for adolescents rely on strengthening parental authority and containment of adolescent behavior. A different model, currently being implemented by Dr. Moretti and colleagues at the Maples Adolescent Center, is described as an "attachment-based multisystemic approach," with the underlying guiding principle "moving from control to connection." A panoply of specific interventions is used in the program, but a hallmark of the approach is the assignment of consistent caregivers/staff to each adolescent in the residential program. It is hoped that the development of a close, empathic, and responsive relationship with these staff members will enable the adolescents to construct new internal working models of self and other.

The conceptual, empirical and clinical richness of both Dr. Cohen's and Dr. Moretti's work stimulated a lively and appreciative exchange of ideas. Three additional ideas emerged from this discussion. First, when attachment is discussed, the focus is typically on the mother and child relationship. Very few researchers have examined the father-child attachment relationship and the implications for the family-level unit of analysis. Second, attachment appears to be a critical aspect of healthy development, but certainly not the only one. While it may be necessary, it is not sufficient to explain the course of a child's early development. Finally, these concepts and empirical findings are

inextricably bound to our culture and we must not assume that they apply to other parents, infants, and adolescents. As always, answering the important questions raised in the presenters' work has raised a wonderfully diverse array of additional questions to answer and issues to tackle.

Martha Edwards, Ph.D., is an AFTA board member and on the faculty and Director of the Early Prevention and Enrichment Project at the Ackerman Institute for the Family. At New York University Medical School's Child Study Center, she is also a member of the Unique Minds team and co-principal investigator on a project to develop family-focused treatment for children with bipolar disorder and their families.

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Attachment, Violence, and Culture: Virginia Goldner and Vivian Carlson Speak at the AFTA Clinical Research Conference, October, 2000

Peter Fraenkel, Ph.D.

In introducing the program for final morning of the AFTA Clinical Research Conference, I suggested the informal title, "It's More Complex Than That." First Virginia Goldner, then Vivian Carlson, provided perspectives that deepened the dialogue on the place in systemic theory and therapy for the concerns upon which attachment theory revolves those most profound levels of connection, need, vulnerability, and care.

Virginia spoke on the topic of intimate violence specifically, relationships in which men batter women. Noting first the challenge even of naming this topic in a manner that captures its complexity and visceral reality, she pointed out how easy it is both for couples and therapists to indulge the natural tendency to avoid direct talk about it. Drawing upon the seminal ideas of psychoanalyst Jessica Benjamin regarding domination and subordination in intimate relationships, her own classic work in feminist family therapy, and the in-depth clinical studies of the Ackerman Violence Project, Virginia spoke of how intimate violence represents a more extreme version of the problematic interface of gender, dependency, and power that "shadow(s) all adult relationships." In the generic script of gender relations, maleness is equated with unquestioned power and agency, and defined away from dependency and vulnerability; femaleness becomes the container for these latter needs and sensitivities, as well as synonymous with the absence of will and desire. As a result, males are perpetually engaged in a process of reducing and eliminating signs of their own and women's subjectivity, leaving a world of persons as objects to be manipulated (even if benignly at times), while women's intrapsychic and interpersonal "job" then becomes to restore the disowned inner world of felt need and softer sides. As the feminist lens has highlighted, through the influence of multiple institutions and beliefs promulgated in the wider culture this distinction between objecthood and subjecthood, and parallel distinctions between agency and passivity, separation and connection, then become organized hierarchically, with subjecthood subjugated to the forces of the objectifying gaze. And when the man's need to deny dependency, passivity, and connection is extreme because of a history of abuse or shaming at the

hands of a father, or a history of watching this father abuse a mother, the conditions are set for battering. Despite hidden sympathies for his abused mother, or the direct sharing of her experience of victimization if he too was abused, the boy in becoming a man is drawn to emulate his father and, like him, to deny feelings of vulnerability and need associated with the shame of being "like a woman."

Virginia supported these psychological and sociocultural observations with recent research findings on the epidemiology of violence. Data indicate that:

The majority of violent acts across cultures and classes are perpetrated by men

Intimate violence is the greatest cause of injury to women, more than the total number of car accidents, muggings, and rapes combined

One-third of all women will be physically assaulted by an intimate male partner at some time in their lives

Men are at greater risk of violence from strangers than from intimates; the reverse is true for women

Women who separate from their violent partners are six times more likely to be victimized by them than those who stay

Likewise, 50% of a large sample of murders of women by their partners were precipitated by the men's rage over actual, impending, or perceived estrangement from the women, and another 20% were rooted in the men's beliefs that the women were having affairs

In drawing the shared contours of the portraits of many of the women who stay in relationships with violent men, Virginia concurred with the common assumption that many of these women experienced sexual or physical violence or witnessed it perpetrated on their mothers, and through these experiences became socialized into the role of victim. However, she emphasized a more striking common pattern that these women were typically emotionally neglected and devalued as children, ignored or put down when they tried to "make a claim for themselves," longing to be heard. As a result, they are compelled to stay with violent men not because of masochism, but because they see these men's dependence upon them, revealed around the edges and between the cracks of their violent episodes through the intensity of their possessiveness, their apologies after the beatings, their pleadings not to leave proof to these women that they matter.

Virginia closed by offering, both in words and in a videotaped segment, a glimpse of the therapist's experience of witnessing and working with these couples in which men batter women, and outlined the therapeutic premises and processes of this work. Frankly, at this point, the quality of Virginia's prose moved from merely elegant to truly poetic, and I feel I can barely do her justice with my attempts at paraphrase. For instance, at one point she said, "The couple, then, is always poised on the knife edge of being lost and found. Indeed their implicit contract is that the relationship must always be a safe-house for these two lost children, bonded like Hansel and Gretel, making their

way through the dream-infested forest of their actively, dangerously unsettled families. The magical reparative fantasy of this kind of romantic interest is ultimately coercive "you'd better be in my dream, or I'll ruin yours." She also drew a chuckle from the audience as she spoke about the "allure of romanticism" and the fantasy that it will cure the hidden attachment injuries of childhood, noting that, "as Freud observed long ago, romantic love is at best, a good knock off of the real thing that never was."

Virginia spoke of how the partners' protectiveness toward their relationship can send confusing signals to those poised to offer assistance, often resulting in extreme reactions towards them. She emphasized that the critical axis of treatment involves "holding the tension between psychological and moral discourses..." In other words, the therapist must work with the couple to understand the psychological sources of the violence and the interpersonal patterns that ignite it while maintaining clarity about the wrongness of the violence and the man's complete responsibility for it including in the frequent cases in which the woman, rather than being the stereotyped passive victim, is an angry, vocal, attacking victim. As Virginia summarized, "The work of treatment, I now believe, is to convene a conversation around these matters, and to keep it going until safety, equity, remorse, and reparation are achieved, or until it becomes clear they cannot be."

One of the pleasures of this clinical research conference was that in bringing together the two heretofore mostly separated traditions of systemic theory/therapy and attachment theory, some of the human beings attached to those respective approaches came along, too! In other words, we made new acquaintances and friends. Vivian Carlson, a research psychologist with a long history of work with developmentally disabled children, is certainly one such new friend and valued colleague. In a clear, empirically-grounded presentation, Vivian addressed some of the concerns that several AFTA members had raised throughout the conference: namely, whither the role of culture and diversity in understanding parent-child attachment patterns? Vivian began by drawing a distinction between the project of achieving "cultural competence" and the stance of "cultural reciprocity." She described the cultural competence approach as a hierarchically-structured process in which professionals from dominant societies or groups attempt to familiarize themselves with the defining features of another (usually subordinate) society or group, typically resulting in stereotypical, simplistic, and static descriptions. All too often, the cultural competence model ends up wittingly or unwittingly highlighting that group's deficits in comparison to the "home" culture. In contrast, the cultural reciprocity approach involves recognizing from the outset one's own assumptions and beliefs, how these influence one's perceptions of another culture, and attempts to "bracket" or suspend these biases as one endeavors to understand the inner logic of the other culture's premises, goals, and practices.

The implications of choosing one or the other approach to understanding culture and difference are large, as different research questions and associated methods emerge depending on whether one seeks to assimilate the new culture into one's existing frameworks (cultural competence model) or seeks to understand this culture more on its own terms (cultural reciprocity model) in ways that might then transform one's own cultural understandings. Vivian demonstrated this point by reporting on emerging findings from a longitudinal study on parenting and subsequent child attachment style that she and her colleagues at the University of Connecticut are conducting. In this study,

mother-infant dyads from middle class Anglo families in rural Connecticut were compared to a matched group of mother-infant dyads from Latino families from the same social class and similar living context in Puerto Rico. Comparison of videotaped home interactions found the Puerto Rican mothers engaged in far more "physical control" and active structuring of their infants' behavior (as operationalized by an Anglo-based attachment coding system) than did the Anglo mothers, who tended to encourage more independent exploration. According to Anglo-based attachment theory, such high physical control (typically labeled "intrusive") is believed causative of pathological avoidant or even disorganized attachment styles, in turn associated with later psychological and interpersonal disturbances.

However, it was the lack of a more open-minded, respectful view of the parenting styles of other cultures that resulted in the omission of the critical distinction: whereas high control in Anglo families is typically associated with low parental warmth and responsiveness (leading to negative outcomes in children), in Puerto Rican families, it is most typically associated with warmth and responsiveness (resulting in secure attachment and other positive behaviors in these children). Moreover, this study, and others like it (including one appearing in a recent issue of the American Psychologist that documented radically different associations between parenting styles and attachment behaviors in U.S. versus Japanese families) point to differing parenting and socialization goals for children in different societies. Whereas the dominant groups in U.S. society seek to produce autonomous, competent, self-reliant children, many other cultures within the U.S. and in other countries seek to produce obedient, interdependent children.

At the more micro level of research methodology, Vivian's work and that of her like-minded colleagues demonstrates the need for a broader taxonomy of parenting styles, one that is informed by both the positive and negative child outcomes relevant to each particular culture in which the taxonomy is utilized. At a middle level, her work challenges some of the most basic assumptions in traditional Anglo-based psychological theory and research about what constitutes good parenting. At the broader, more profound level, Vivian Carlson's work challenges the field to consider the possibility (nay, the reality) that there are, as she says, "a variety of pathways to developmental competence," and that maybe those cultures subordinated by what I call "psycho-imperialism" have much to teach dominant societies about what it can mean to be more fully human.

Biographical Statement

Peter Fraenkel is Associate Professor of Psychology, Doctoral Program in Clinical Psychology, The City University of New York, and Director of the Center for Time, Work and the Family, Ackerman Institute for the Family.

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Opening remarks for the 5th AFTA Research Conference. Attachment: A Perspective for Couples and Family Therapy.

At the beginning of this new millennium, a science of close relationships is evolving that allows us to begin to describe and predict the ongoing processes in distressed and non-distressed family relationships. This kind of research can help us to focus our interventions to hit the right target. Recent research suggests, for example, that the fostering of emotional engagement and soothing responses in a couple's relationship may be even more crucial in relationship repair than fostering conflict resolution.

Descriptions of the phenomena we wish to change, correlations, metaphors and a plethora of change techniques are, however, not enough. We have to be able to coherently explain and give meaning to the patterns that are emerging in descriptive research. In general, there is more and more recognition of the need for a comprehensive, integrative theory of close relationships to guide our research efforts and approaches to intervention. This need becomes more urgent, it seems to me, as therapists are required more and more to create change in brief, efficient formats, prove the effectiveness of their interventions and effectively address the multiple mental health problems, such as clinical depression, that go along with distress in families. We need to know the topography of close relationships if we are to chart direct routes to change and to know which changes really make a difference to the essential quality of family life. Ideally, such a theory of relationships should be compatible with other valued frameworks in our field, such as systems theory and feminist perspectives (and I believe attachment theory is compatible with these valued frameworks).

This conference explores whether Attachment Theory, as first formulated by John Bowlby, perhaps the very first family therapist (he published his book, *Forty-Four Juvenile Thieves: Their Character and Home Life* in 1944), offers us such a theory of relationships.

There is now a large body of evidence that links secure attachment to a host of core individual and relationship variables. Secure attachment involves a relationship characterized by interactions where people are accessible and responsive to each other and so offer each other a protective safe haven and a

secure base from which to learn and grow. Secure attachment is related to intimacy, trust, interdependence and the quality of caregiving and to individual variables such as the ability to meta-communicate, resilience level and adjustment to stress. In general, secure connectedness with key others appears to offer us the most powerful way to tame fear and anxiety, to construct a coherent, positive, integrated sense of self and to stand and face the dragons we all face in life and which none of us can truly face alone. But most importantly, the area of attachment theory is not only rich in research findings, it is also eminently practical, offering couple and family therapists a map to the territory where they spend every clinical hour the mysterious territory of love and belonging.

As an attachment theorist/clinician/researcher, I would like to offer a few statements for you to muse on, laugh at or violently disagree with, and so share my sense of how revolutionary this theory is.

Enmeshment is at best a confusing concept meshing intense caring and coerciveness and at worst a fabrication. In fact, the more connected I am to my loved ones, the more fully I can be myself.

Self-sufficiency is a lie. The only self-sufficient human being is a dead human being. There is nothing wrong with depending on others.

Robertson Davis, a famous Canadian author pointed out that orgasm is just a muscle spasm. Sex can be recreational but mostly adult sexuality is about being touched, held, and desired. It is about being attached.

Culture is important but there are key aspects of being human that are just that human, that is belonging to the species and cutting across cultures and attachment is the prime example.

Gay relationships are not essentially different from heterosexual relationships. They are about the need for attachment.

Violence in close relationships is best seen as attachment distress coercion sparked by attachment panic.

We may improve relationships in couples therapy in many ways and by many means, but we will never achieve stable recovery from marital distress and defeat the problem of relapse until we actively create bonding events in therapy. Such events are the only true antidote to negative cycles such as criticize/attack withdraw/defend.

I hope I have piqued your interest. If you are more of a visual person, perhaps I can give you an image an image that captures the essence of attachment theory for me.

In the old Anglo Saxon stories, Life is about standing in a dark, narrow passage while a dragon comes to find you. There is no escape as Hemingway said, the world will break everyone. For the people who painted this image of life, the only point was how well you fought. For the people we see in therapy, I would

like to suggest to you that there is another key question, that is, whether or not they fight alone. The distress in family relationships is, from the point of view of attachment theory, most often a desperate attempt to get the ones you love to stand beside you in the dark, and so make the fight worth fighting and the terror of the dragon less debilitating. It may look like the fight is about concrete issues—money, sex—but it is really always about whether I can count on you to stand beside me in the dark.

To take a less metaphorical stance, reality is always more prickly and awkward than our definitions of it. Many of the analyses offered here in the next few days may be erroneous, but as Frank Fincham has remarked, "this is less consequential than the clarity of such analyses, for science is advanced more by error than by confusion." I wish you an absorbing and stimulating conference—full of many new moments of clarity and a few fascinating errors.

A subjective summary of the conference:

What did I learn, what do I remember ?

Well, I remember that the conference opened with a talk from Dr Stephen Suomi on uptight, laid back and jumpy monkeys. He explained to us how patterns of interactions in attachment relationships has profound effects on behavior, the regulation of affect and on biological processes, even those that are highly heritable, and these effects can last a life time and be passed on to the next generation. Highly reactive monkeys with inherited low serotonin levels could be aggressive and be unlikely to survive because of their lack of social skills and risky behaviors, or, if given to super mums, could be precocious and able to survive very well.

From Cindy Hazan I learned something about the secret of mate selection. She suggested that it is not about strategically passing on your genes by selecting older, resource rich men if you are female, or nubile fertile women if you are male, but about accessibility. We fall in love with those who are accessible to us. Proximity finds us a potential mate and then the cuddle hormones released during infatuation and sexual orgasm render contact with them euphoric. At some point the relationship then moves from arousing to comforting and we become attached. Men and women and parents and kids then, in all cultures, go through set sequences of separation distress and grief if separated from attachment figures. The sexes here are more alike than different, or as Cindy put it, men are from North Dakota and women are from South Dakota.

Roger Kobak painted attachment in systemic interactional terms rather than as being primarily about inner working models and personality traits. He linked secure attachment in adolescents to co-operative conversation and the ability to reflect on one's self and take another's perspective. After this, everyone, feeling secure, reflected on the lovely autumn colors, blue sky and quaint streets of Niagara on the Lake and took a break before listening to me talk about how attachment offers a map for couples relationships and helps the therapist intervene incisively. I suggested that attachment theory paralleled research such as Gottman's by emphasizing the importance of soothing interactions and emotional engagement and that the research on emotionally focused couples therapy, where 70 to 73% of couples recover from distress in

ten or so sessions, argues for the strength of interventions that focus on the bonding process. I talked some about a new concept of attachment injuries, where one partner does not respond to another's urgent need, and how such events then hold a relationship hostage.

After fabulous food and a wander round the beautiful hotel with aristocratic libraries and huge vases of fresh roses everywhere, we all went off to see the play, *She Loves Me*. The music and great acting seemed to fill everyone with cuddle hormones and a sense of the timelessness of the story of boy meets girl, etc.

One of the highlights of the next day was when we learned to wait, watch and wonder about infants and how their mothers can attune to them with Nancy Cohen. Marlene Moretti then confirmed my suspicion that adolescents need to construct their emerging sense of self *with* their parents not by detaching *from* their parents. She also told us that very aggressive adolescents tended to be anxious and preoccupied about attachment. Pam Alexander focused us on the disorganized attachment strategies of trauma survivors and how they need connection with others but are also very wary of closeness. Sexual contact is then often most difficult with those they are close to. I then listened to my colleague, Valerie Whiffen, talk about post-partum depression and put it in the context of attachment interactions with one's partner, and how having a child kindles one's own attachment needs and sensitivities. The best predictor of women's depression remaining stable for six months was their partner's avoidance of closeness. Men also get depressed when children are born, perhaps because they feel excluded and rejected by the bond between mother and child. I grasped once again the power that social interactions have to structure our inner world and cue and maintain responses like depression.

Then, before another completely degenerate meal, many good jokes and comradeship (as someone said, "this is just like camp, only with lots of scotch") we all had the great treat of listening to a panel give us their brief thoughts on a range of fascinating topics. Jonathon Mohr pointed out that the stigma associated with gay relationships makes the creation of secure attachment difficult and that this in turn fosters a negative gay identity. Bob Marvin talked of the difficulties of custody battles and their impact on children's attachment and how the chaos of disorganized attachment where children don't know whether to dissociate and numb out, cling to or avoid their parents is worse than simple insecurity. Karen Wampler then helped us grasp some of the ways attachment theory needs to expand in order to fit the family therapy context. She suggested that there had to be less focus on the dyad and that the theory had to be meshed with a sensitivity to culture and gender. She stressed the need to move from a focus on typologies of attachment classifications to interactional processes. Cleve Shields then talked to us about being able to code the stories of our elders and see attachment patterns in them.

On the final morning, Virginia Goldner spun a wonderful web that put violence in close relationships in the context of gender and attachment. She showed us how gender positions men and women in the attachment dance and often blocks mutuality and responsiveness. She emphasized the power of insecure attachment, the entitlement and coercion associated with masculinity, and shaming and emasculation in childhood to foster men's violent responses to their partners. She stressed the panic of separation as a cue for men's violence

with their partners and the frustration of the need to be needed, recognized and valued as a pathway to victimization for women. The last presentation by Vivian Carlson focused on culture and contrasted cultures that focus on independence and individualism with those that focus on interdependence and belonging. Using examples from her research on Puerto Rican and Anglo-American mothers, Carlson showed us that "good" mothering can look different in different cultures and that a secure attachment is best fostered by parenting practices that are designed to produce the traits that are valued in a particular culture. So using lots of physical control in a culture that promotes obedience and proper demeanor reflects loving attentive mothering and seems to be experienced this way by children, whereas in our culture this may be seen as coercive and foster avoidant attachment in children.

A few AFTA members then offered their reflections to us so we could begin our journey home with some ways to reflect on the richness of the conference. They pointed out that attachment was not a new idea. John Byng-Hall masterfully linked systems theory to attachment theory and family script theory. Our own Lyman Wynne's sophisticated model of epigenetic development in relationships described the progression from attachment to intimacy in very useful ways for researchers and clinicians. Others commented that attachment theory holds potential for integrating the biological, the social and the psychological. Contextual variables such as race, class, gender, and ethnicity need to be included and the theory needs to be more clearly applied to larger systems variations. They stressed that the conference challenged us to expand our thinking and attune to our clients' needs for affiliation while recognizing that attachment is but one element, albeit a crucial element, in people's lives. I could not then resist stressing that this theory supports the collaborative stance in therapy in that it promotes the need for therapy sessions to be a safe haven and a secure base where clients and therapists are safe enough to learn and grow.

Just to offer a final thought, Gary Schwartz, in the book *Love and Survival* (by Dean Ornish, 1998) says, "Psychologists use the terms bonding, attachment and affinity and so do biologists and physicists. They refer to the essence of what enables a system to be a system, which is to remain connected by a mutually attractive force. . . . Love is the fundamental attractive process."

Finally, much appreciation goes to the participation of the program committee in many activities, including as moderators of the sessions at this stimulating conference.

Susan Johnson is Professor of Psychology and Psychiatry at the University of Ottawa and Director of the Ottawa Couple and Family Institute. Johnson is best known for her research on emotionally focused couples therapy and her writings on attachment and emotion and her clinical presentations on couples therapy.

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Making New Attachments

Margaret K. Keiley

I returned a few weeks ago from the AFTA Clinical Research Conference on "Attachment: A Perspective for Couple and Family Therapy." In terms of content, seldom have I attended a research conference that was as pertinent to my own work as was this one. In addition, I found myself making connections old and new with other researchers who have interests, questions, experiences, or reservations about attachment similar to mine.

I attended this conference because the thread that runs through my research and clinical work is that of affect regulation and attachment. In my clinical work, I have noticed that many of the difficulties for which individuals, couples, and families came to therapy seemed to involve irregularities and dysregulation of the affective and attachment systems. Clients seem to start using addictive substance or engaging in processes (drinking, gambling, among others) as a means of regulating affect and/or connection with others and/or themselves (Keiley, in press). As the cycle of addiction continues, they experience increased disconnections with significant others and more negative affect brought about by their continued use of the addictive substances or process. In turn, they manage these increases by further increases in the use of these addictive substance or process (Tomkins, 1963). And so the cycle continues. In my work with families, similar cycles of escalating, uncontrolled negative affect and disconnection with significant others seem to exist in the development of externalizing and internalizing disorders (Magai, 1999; Patterson, 1982). For example, in response to parents' aversive intrusions into relatively trivial noncompliant behavior, children often counterattack in a less trivial manner and the parents then respond with further escalations of demanding behavior; a coercive cycle ensues (Dishion, Patterson, & Kavanagh, 1992). These cycles carry over to the child's relationships with peers and teachers, often resulting in school failure and associations with deviant peers a further escalation of disconnection and negative affect.

From my clinical experiences with families and individuals trying to manage behaviors such as these, I have created a research program to investigate the affective and attachment mechanisms through which these behaviors emerge

and to evaluate intervention programs designed to change the developmental trajectories of these behaviors. Currently, I have been investigating the development of externalizing, internalizing, and addictive behaviors of children, adolescents, and adults in various contexts and exploring the affective and attachment factors that influence that development. I also lead a team of students and faculty who have developed and implemented an 8-week family intervention program based on an affect regulation and attachment framework that we have tested with groups of parents and incarcerated adolescents. The 6-step program is designed to help family members regulate their feelings successfully, thereby allowing them to reconnect with each other and problem solve more effectively. In addition, since my work as a family therapist and as a trainer of family therapists focuses on the connections that exist among supervisors, therapists, and clients and how affect is regulated within these systems, I am investigating how attention to these affective and attachment processes affects changes that occur in therapy.

Out of these research and clinical contexts, I attended the most recent AFTA Research Conference on attachment. While at the conference, I was thrilled to be in the company of other clinicians and researchers interested in attachment and affect regulation in contexts similar to mine. Having an opportunity to hear well-known attachment researchers present their work was gratifying, but having the chance to interact with them in the informal context of sharing meals and engaging in other activities was particularly helpful in making more lasting connections and finding areas of common concern. In addition, I had the opportunity to deepen my relationships with people whom I already knew. Just walking from the hotel to the theater to see, of all things, *She Loves Me*

, was an occasion to enjoy these new and re-newed attachments. What fun!

During the conference, I was relieved to find out that these clinicians and researchers were wrestling with some of the same problems with which I was wrestling. I was also excited to hear that some of them had found solutions to these dilemmas that they were willing to share with me. I discovered I was not alone in advocating an interdisciplinary focus for the future of family research. Not only did many of the presenters come from fields other than family therapy but many of the family therapists I encountered also held the view that we, as family researchers, need to attend to information gathered from other disciplines. When the pioneers of our field were developing family therapy as a separate discipline, they appeared to be intent on differentiating family therapy from other disciplines, such as clinical psychology. Since then, we have often insisted that our systemic view of individuals, families, and the world was not only unique, but also better than the perspectives taken by other clinicians and researchers. At times, we have ignored the research findings of developmental and family studies that might have been useful for our clients. Certainly, the dreaded developmental psychopathologists were condemned as disrespectful and pathologizing. At the AFTA conference, I was pleased to see that, as the field moves through its adolescence to its adulthood, we are now able to include all of the disciplines that might have something productive for us to think about as we work with and study the functional and dysfunctional patterns within families.

Another dilemma with which I have struggled is that of the measurement of attachment and affect regulation across the lifespan. During this conference, I

was introduced to several new ideas about how these measurement dilemmas might be explored and, perhaps, resolved. During my graduate education, I took several courses in research methods and design, in which we evaluated numerous studies and became aware of the problems involved in the measurement of most constructs. I learned that the reliability and validity of measurement instruments was of paramount importance. After that class, I began to wonder whether quantitative analysis of family processes was of any value at all, if most of the measures that we use are of doubtful reliability or validity. Maybe the only legitimate analysis is a qualitative one. I still have not resolved that dilemma, but at this conference, I met others who were asking this same question and working to develop measures that might be reliable and valid in assessing attachment (and affect regulation).

One of the reservations about attachment theory to which I have clung for many years is a political one. Hidden within the attachment framework, although not always well hidden, has been an assumption that to insure that infants develop a secure attachment, mothers must stay home and care for them. Being a feminist, this perspective has been untenable for me. I was pleased to find other conference attendees who had encountered this same dilemma, survived to tell the tale, and were now on the road to integrating ideas about attachment into their clinical work and research programs. I felt as though, as a family researcher and clinician, I had found a secure base from which to explore further the meaning and usefulness of attachment theory. In fact, this conference was not only one of the most relevant ones that I have attended in the recent past, but it was also one of the most supportive. My experience at this conference has encouraged me to do what I can to insure that other conferences that I attend become secure bases from which I can engage in reflective conversations with fellow researchers and develop my skills as a researcher and clinician.

References

Dishion, T.J., Patterson, G.R., & Kavanagh, K.A. (1992). An experimental test of the coercion model. In J. McCord & R. Trembley (Eds.), *The interaction of theory and practice: Experimental studies of interventions* (pp. 253-282). NY: Guilford Press.

Keiley, M.K. (in press). Affect regulation and attachment-focused treatment of a husband with obsessive-compulsive disorder and his wife. *Journal of Couple and Relationship Therapy*

Magai, C. (1999). Affect, imagery, and attachment: Working models of interpersonal affect and the socialization of emotion. In J. Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 787-802). NY: Guilford Press.

Patterson, G. (1982). *Coercive family process: A social learning approach, Vol. 3*. Eugene, OR: Castalia Press.

Tomkins, S. (1963). *Affect, imagery, consciousness (volume 1)*. NY: Springer.

Margaret K. Keiley, Ed.D. is Assistant Professor, Marriage and Family Therapy Program, Department of Child Development and Family Studies, Purdue University, West Lafayette, IN 47907

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NEW DIRECTIONS: CLIENT DIVERSITY & CHANGE PROCESSES

Joan Laird

The format for the final part of Plenary III, titled NEW DIRECTIONS: CLIENT DIVERSITY & CHANGE PROCESSES, was quite different from the other presentations, which featured single speakers. In this session, I moderated a panel of four interesting and dynamic presenters, each of whom spoke for approximately 15 minutes on a range of topics having to do with the application of attachment theory. In spite of the late hour and the fact that we were competing with a wedding banquet for a particular room (we lost and had to move speakers, conference attendees, and all of the equipment!), the session was well attended and generated a lively discussion.

Notably lacking in an otherwise fine and fascinating series of presentations up to this point in the conference was any content on "culture" or "diversity"-- ethnic, race, gender, social class, age, sexual orientation or other-- inadvertently promoting the notion that the principles and processes of attachment are universal. This panel began to critically examine the relevance and usefulness of attachment theory for particular populations and for change processes in practice. These themes were furthered in the final session on Sunday morning with attention to the place of culture in early attachment relationships and in practice with violent couples.

In the first presentation, **Jonathan Mohr**, a doctoral candidate in the Counseling Program at the University of Maryland at College Park who recently completed his dissertation on attachment-related dynamics in the counseling relationship, spoke on Stigma and Same-Sex Romantic Attachment, discussing attachment theory in light of the issues and challenges that confront gay and lesbian people. Scholars of attachment focused initially on attachment bonds in infant-caregiver relationships. Although attention has turned more recently to attachment issues in heterosexual adult romantic relationships, very little work exists on the relevance of attachment theory for same-sex adult relationships. Mohr argues that exploring the issues of stigma and oppression that lesbian and gay people face in this society can provide information helpful not only in better understanding adult attachments, but such issues as the ways gender and attachment interact in relationships and the interplay between the

attachment system and contextual forces. Interestingly, homosexuality does not fit easily into the evolutionary underpinnings of Bowlby's attachment theory, since the central purpose of strong attachments is reproductive sex and the survival of the fittest. Bowlby saw same-sex attraction as evidence of an evolutionary "functional mistake." Nevertheless, several studies suggest that the connections between attachment styles and relationship quality in gay and lesbian couples strongly resemble those in heterosexual couples.

Mohr went on to describe the extent of continued stigmatizing of homosexuality as well as presenting current statistics on the very high rates of various kinds of abuse perpetrated against lesbian and gay people in this society, ranging from verbal insults and threats to physical violence. He asked, "How do gay and lesbian responses to stigma and abuse affect same-sex couple relationships?" Using the experiences of two couples to illuminate some of his ideas, Mohr concludes that differences in internalized homonegativity in gay and lesbian people, that is, differential responses to social stress and oppression like fear and anxiety, intersect with attachment-related processes to help explain both the sources of and solutions to fear in individuals and thus in adult same-sex attachments. To what degree is stigma management related to secure or insecure attachments, and to what degree can the successful facing of stigma and marginalization actually strengthen same-sex attachments? These are questions requiring further study.

The second speaker, **Robert S. Marvin, M.D.**, is on the faculty of the Department of Psychiatric Medicine and Director of the Child-Parent Attachment Center at the University of Virginia. He conducts research on families who have children with developmental disabilities, child-parent attachment in families who have adopted children from orphanages in Eastern Europe, and attachment-based interventions in high-risk parent-child relationships. Here he spoke on [Custody Battles: An Attachment View](#).

After reviewing some of the similarities and differences between family systems and attachment theories, Marvin went on to describe disorganized attachments and caregiving patterns, focusing on families who are divorced or separated and are sharing or trying to share parenting across two homes. He stressed that the bonds between parents or caregivers and their children are not identical by any means and every couple has some difficulty, at times pulling away and at other times becoming closer to their children. Many children of divorce do well, but in some families the children become quite disorganized. Three factors seem to lead to more successful joint custody and care and reduce the risk of attachment ruptures: 1) Minimal parental conflict; 2) Parents trusting that each will give good care; and 3) Parents updating each other on important issues. In terms of intervention, Marvin suggests that parents need to be educated about these issues and the risks involved for their children if they do not meet these goals. Parents need to be helped to develop a pattern of trust in each other's parenting, and they need to be flexible. Moving back and forth, combined with a lack of trust in each other's parenting by the parents, can be very disorganizing for children, leading to insecure attachments. Parents need to be flexible about joint custody and living arrangements as children develop and their needs change. As every family and couples therapist should know, if the couple cannot sufficiently work out their relationship around co-parenting, joint custody will not work.

Karen Wampler, Ph.D., the third speaker, is Professor and Director of the Marriage and Family Therapy Program at Texas Tech University, and is both a clinician and researcher. She offered a lively critique of some facets of attachment theory in her presentation on In Session Change and Attachment Style. For one thing, Wampler finds attachment theory "relentlessly" dyadic, saying that one cannot move from the theory, which focuses on classification rather than interaction, to the larger systems that surround couples and families. We need, she believes, broader definitions of attachment that are more sensitive to cultural context and gender differences. Further, the theory is not particularly helpful in understanding adults who are not in pair bonds or individuals and couples without children. Wampler provided a very useful handout titled "Interpersonal Processes Underlying Attachment Styles" as well as results of her research on differences in male and female behaviors according to attachment style.

The final speaker, **Cleveland Shields, Ph.D.**, turned our attention to Attachment and the Elderly. He is on the faculty at the University of Rochester Medical Center in the Departments of Family Medicine and Psychiatry. In describing the research being conducted by him and colleagues at Rochester, Shields posed the questions, "What are the cognitive aspects of working models of attachment like among the elderly?" "What are the associations between their working models of attachment and their adjustment to cancer?" Cancer poses a threat to the very existence of the attachment bond in couples. In the Rochester Attachment Interview and Coding System model, research couples are asked to tell stories of good times and bad, to share perspectives on experiences such as how they met, to reflect on changes over time in their relationship as well as on problems they have faced and how they have solved them, to discuss what compromises they have made, and to describe the details of what they actually do in meeting life's contingencies.

Shields hypothesized that couples with more secure attachment styles would demonstrate better adjustment to cancer. However, the results are mixed in that gender differences in the degree of attachment security seem to work differently for husbands and wives. Although avoidant behavior on the part of both spouses was related to poor adjustment, and secure attachment on the part of wives was associated with better adjustment, husbands with anxious attachment styles were more positively related to adjustment of wives with cancer than those with secure attachment, an unexpected finding. Shields, like Wampler, suggests that further examination of gender differences in attachment styles is needed.

The stimulating discussion that followed focused on questions about how attachment is actually defined and whether or not people are describing the same phenomenon when they are talking about infants and children, or adults. One participant asked, "When we talk about attachment, are we talking about a 'trait' or a 'state'?" Wampler suggested that this is a "both/and" issue, that attachment may be a trait but attachments can change over time. Someone else pointed out that children can have a secure attachment with one caretaker and at the same time an insecure attachment with the other. Jay Lebow observed that Bowlby, Ainsworth, and other early attachment theorists were using very specific meanings of attachment, defining attachment as a trait in the infant itself, and asked, "Can we make the leap to applying that same concept to couples?" Others commented that the concept of attachment, seen as one type of affectional bond, is used by researchers in very precise ways

and in clinical work in more general and metaphoric ways. The afternoon ended with a strong call for more attention to the importance of culture and cross-cultural study, pointing the way to conference's final morning.

Joan Laird, MSW

Professor Emerita

Smith College School for Social Work

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Flow and Family Therapy: In Praise of Lightning Up

Fred Piercy and Tim Nelson

Purdue University

Fred P. Piercy, Ph.D., is head of the Department of Human Development, 366 Wallace Hall, Virginia Tech University, Blacksburg, VA 24061-0416

Tim Nelson is an assistant professor of family therapy at Bethel College, Mishawaka, IN

Flow and Family Therapy: In Praise of Lightning Up

"I wish to become the finest martial artist in the land, the boy said to the master. "How long must I study?

"Ten years at least, the master answered.

"Ten years is a long time, said the boy. "What if I studied twice as hard as all your other students?

"Twenty years, replied the master.

"Twenty years! What if I practiced day and night with all my effort?

"Thirty years, was the master's reply.

"How is it that each time I say I will work harder you say it will take longer? the boy asked.

"The answer is clear, " the master replied. When one eye is fixed on your destination, there is only one eye left to find the way.

from Fields, R., Taylor, P., Weyler, R., & Ingrasci, R. (1988).

Sometimes less is more. It's a way of thinking that doesn't come naturally to many of us. Our culture tells us that the harder we try the better we'll do. But sometimes too much effort can cut us off from our own best resource ourselves. When family therapists are overly serious or anxious or try too hard, they become less helpful.

On the other hand, therapists who are "in flow do more by thinking less. According to Csikszentmihalyi (1990):

...flow is the state in which people are so involved in an activity that nothing else seems to matter. The experience itself is so enjoyable that people will do it even at great cost, for the sheer sake of doing it (4).

Flow occurs when people lose themselves in sports, the arts, teaching, writing, sewing, mountain climbing, even in conversations with others. When individuals experience flow they feel exuberant, peaceful and totally connected with themselves and others (Piercy & Nelson, 1999).

Perhaps you have experienced flow in therapy times with your clients when:

- you are challenged, but feel up to the challenge;
- your head and heart are congruent;
- you expect the best;
- you are passionate about your work;
- time and space seem to melt away;
- you are totally yourself;
- you feel focused;
- you trust the process;
- you are fully human; and
- you feel like you make a difference.

The fundamental prerequisite for flow experiences in therapy is confidence in the process. You are fully present and have a positive sense of expectancy (yet no rigid expectations), a trust that good things will happen as you let go of your picture of what needs to happen. In other words, flow comes when you can lift yourself out of a "gotta-try-harder mentality and connect in the present with the best in your clients and in yourself (Piercy & Nelson, 1999).

Unfortunately, our overachieving society teaches us all about hard work, but very little about letting go, trusting our natural abilities, being passionate, and being fully present. What can we do to experience flow in our work as family therapists? Below are a few suggestions.

For Family Therapy Trainers

Robin William's character in the film *Good Will Hunting*, had it right. Real learning comes through what we experience day to day. Family therapy training should include intellectual knowledge, but should also encourage trainees to connect their real world experiences, abilities and passions to their work as family therapists. Several of our students here at Purdue entered our family therapy program with life-passions that have guided their family therapy

education and future professional lives. Judith Myers Avis, for example, applied her passion for feminist thinking to family therapy and has become a leader in feminist family therapy (Avis, 1989, 1992). Cleve Shields brought into our field a background in philosophy and religion that allowed him to provide a cogent critique of the "new epistemologies" (Shields, 1986).

David Mackinnon, with his MBA and banking background, was a natural to apply cost analyses to family therapy (Mackinnon, 1998). The careers of these and other family therapists blossom when they apply their passions to family therapy.

Joy is often another missing ingredient in family therapy training. Csikszentmihalyi (1990) says that flow comes when a task is a challenge, but not so challenging that it discourages. Too much challenge, and we get discouraged, too little challenge and we get bored. As family therapy educators, can we challenge without discouraging? Can we connect our students' present passions to our field? Can we provide trust, encouragement and safety so our students can let go and find their best selves? Do we encourage joy? Do we pay attention to times when their spirits and passions fill the room? We believe we should teach our field's theories and interventions, but we should also encourage students to remain close to their own personal strengths, passions, values, and internal wisdom as they experiment with family therapy theories and make them their own.

For the Practicing Family Therapist

The challenge for practicing family therapists is to recreate a system that fits the best in them. Ackley's (1997) *Breaking Free of Managed Care* is a good resource toward this end. Ackley offers some great ideas to help you identify your strengths and build your practice around them.

Self-reflection also helps. What about therapy has brought you joy in the past? What were you doing when you felt most effective, most fully human in therapy? How can you recapture this feeling? How can you laugh more in therapy?

Perhaps you can create a support group of other therapists dedicated to asking questions about passion, love, connecting, and how to bring them into being. You entered this profession to make a difference and to be uplifted in the process. If that's not happening, you need to look for reasons and solutions.

In the spirit of creating joy in our work, here are a few ideas to consider:

Schedule "down time" in your schedule for regrouping, relaxing, meditating, and connecting with your colleagues.

Invite someone into your practice that you like and respect, someone who will support and energize you and your work.

Hang pictures in your office of those who give you joy—your partner, your children, your dog, your heroes—those who make you feel lighter.

Start or end your sessions with a riddle or a joke.

Teach a magic trick to the children you see in therapy. Read stories aloud with them.

Learn to juggle.

Check your clothes closet and ask yourself, "How good am I at letting go? Then do some spring cleaning.

Give homework assignments that involve looking for wisdom in cartoons like "Cathy and "Peanuts, or books by A. A. Milne and Dr. Seuss, or recent movies or videos.

Ask your clients to bring in and tell you about photos of times when they were most joyful.

Conduct a therapy session in the park, or while you walk with a client.

Make time for other joyful experiences, both inside and outside the therapy room.

Case Example

Karla, a family therapy doctoral student, was a master at flow. When she died unexpectedly last year, many of her friends, colleagues, and clients lined up to remember her at her memorial service. Mostly, they talked about Karla's caring spirit and the unforgettable ways she connected with them.

Karla didn't believe in convention. One former client said that Karla would sometimes turn out the light in her office and turn on the little starlight bulbs that criss-crossed her office ceiling.

"We'd lay on the floor, the tops of our heads touching like two hands on a clock. We'd look up at the stars and talk. Somehow my problems didn't seem so big.

After the memorial service, those in the family therapy program went back to the clinic to reminisce about Karla. After a while, Adrian spoke.

"You all know how serious Ping-Chuan, Michael, and I can be, and how we can get uptight in our therapy?" said Adrian. "Well, Karla was our student supervisor one semester. She wanted to lighten us up. One night during supervision she invited us to do something different, to stretch ourselves just for fun. So we played a little.

Adrian then got up and began moving the large bookshelf in the back of the room. As he did, we could see a beautiful finger-painted mural on the wall behind it. Inside a circle of colorful handprints were the words, "Here's to us!

Each letter was a different color.

"Karla wanted us to connect with our playful side. She also wanted us to affirm the good supervision we were doing. We kinda got carried away, I guess, said Adrian. "Then we figured we'd better hide what we did with the bookshelf.

We admired the finger-painting and agreed that it deserved an honored place in the room. It was a great way to celebrate what Karla meant to us. Before we left that night, we each touched Karla's handprint and bid her farewell.

Less than a week later, a conscientious janitor washed the finger-painting off the wall. Life is like that.

Karla was peerless at creating magic moments flow experiences that brought out the best in us. We've decided that the ideal way to celebrate her life even better than a finger-painted mural is to bring flow into our own lives, to lighten up a bit. We invite you to do the same.

REFERENCES

Ackley, D. (1997). *Breaking free of managed care*. New York: Guilford.

Avis, J.M. (1989). Integrating gender into family therapy curriculum. *Journal of Feminist Family Therapy*, 1, 3-26.

Avis, J.M. (1992). Violence and abuse in families: The problem and family therapy's response. *Journal of Marital and Family Therapy*, 18, 223-230.

Csikszentmihalyi, M. (1990). *Flow: the psychology of optimal experience*. New York: Harper and Row.

Fields, R., Taylor, P., Weyler, R., & Ingrassi, R. (1988). *Chop wood, carry water*. Audiotape distributed by Audio Renaissance Tapes, 9110 Sunset Boulevard, Suite 200, Los Angeles, CA 90069.

Mackinnon, D. (1998). Economic evaluations in marital and family therapy outcome research: Methodologies and applications. Unpublished doctoral dissertation, Purdue University, West Lafayette, IN.

Piercy, F., & Nelson, T. (January, 1999). Flow in the consulting room. *Family Therapy Networker*, p. 46-47.

Shields, C. (1986). Critiquing the New Epistemologies: Toward minimum requirements for a scientific theory of family therapy. *Journal of Marital and Family Therapy*, 12(4), 359-372.

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Reflections on "Attachment: A Perspective for Couple and Family Therapy"

Ronald Jay Werner-Wilson, Ph.D.

Assistant Professor

Iowa State University

"Attachment: A Perspective for Couple and Family Therapy" was the first AFTA-hosted event that I have attended, but it won't be my last. Although I had read about attachment theory in my graduate training, it was never mentioned in any of my formal clinical courses in marriage and family therapy so I have only recently "discovered" the attachment literature. I was drawn to the conference because I was excited about my "discovery" and wanted to interact with other marriage and family therapists who were integrating this literature in research and clinical practice.

I encountered a similar sense of excitement at the conference. It seemed as though many of us who were present recognized the potential contribution that attachment literature could make to an understanding of marriage and family therapy. This creative zeitgeist was poignant, though, because the person who has been pointing our field in this direction for over a decade was absent. John Byng-Hall, who I understand is now retired and has taken up painting, was not in attendance. My "discovery" of the relevance of attachment to marriage and family therapy occurred because I happened upon a chapter he contributed to the *Handbook of Attachment* entitled, "Family and Couple Therapy: Toward Greater Security." That chapter led me to his other writings. Although disappointed that he was not in attendance, it seems to me now as I reflect in my office, that his contribution to our field should be acknowledged.

I left the conference ruminating about three themes: (1) fathers as caregivers, (2) conceptual clarity, and (3) barriers to recognizing potential contributions from the attachment literature to a systems perspective.

During several presentations, participants inquired about the role of fathers as caregivers. It seemed, participants suggested, that the role of fathers as

attachment figures was not being addressed. In response, presenters often commented on difficulties associated with recruiting fathers or commented that the mother was the primary caregiver. The lack of father involvement and our resignation about it has prompted me to spend some more time reflecting on fathers' role in families and wondering about strategies for inviting men to participate as caregivers in the lives of their children.

During one of our sessions, Jay LeBow, from the Family Institute, suggested to the panel of presenters that it would be helpful to be conceptually clear about types of attachment. I spent some time thinking about his comment, reflecting on the attachment literature, and was able to identify five ways that the word attachment is used. Informally, it is a term that is used to refer to a general level of affection. In the professional realm, four additional conceptualizations come to mind. First, the *Diagnostic and Statistical Manual of Mental Disorders* describes features of "reactive attachment disorder." Then we have the three conceptualizations directly connected to Bowlby's work: (1) attachment in children (as measured via the Strange Situation), (2) adult nuclear family attachment (as measured by the Adult Attachment Interview), and (3) adult romantic attachment. Jay's admonition for conceptual clarity seems particularly salient because empirical evidence suggests that the two forms of adult attachment are discrete, so it seems important to ensure that assessment/measurement be linked to the conceptualization of interest.

In addition to reflecting on Jay's admonition for conceptual clarity, I spent some time thinking about the presentation by Karen Wampler, in which she indicated that she was struggling to integrate attachment constructs into her clinical and research work because attachment research seemed dyadic rather than systemic. This is, of course, a serious issue facing researchers who study families, because data is often only collected from one member of a family. It occurred to me that Jay's suggestion for conceptual clarity might also, paradoxically, address the systemic nature of attachment. If we become clearer about type of attachment (e.g., child attachment, adult nuclear family attachment, adult romantic attachment) we could begin to investigate the relationship between these different domains. There seems to be strong evidence that adult nuclear family attachment (as measured by the AAI) predicts attachment style of children (as measured using the Strange Situation). Research on attachment relationships in families could become more systemic if researchers addressed the correspondence between the adult attachment style of multiple caregivers and the attachment style of a particular child with each adult. To provide a more sophisticated picture of systems, researcher's could study changes in romantic attachment across time as a predictor of relationship satisfaction which, in turn, could be investigated as an influence on parenting strategies and/or attachment in children.

Overall, the conference was a splendid opportunity to think in depth about attachment from a multi-disciplinary perspective that could help enhance the field of marriage and family therapy.

*Ron Werner-Wilson is an Assistant Professor and Director of the Marriage and Family Therapy Clinic in the Department of Human Development and Family Studies at Iowa State University. He has recently published a book **Developmental-Systemic Family Therapy with Adolescents** (ISBN 0789001187) that describes an interdisciplinary approach to therapy that*

emphasizes attachment between parents and adolescent children. He has two primary areas of research interest: (1) adolescent sexuality, and (2) process research on gender and power in marriage and family therapy.

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Book review:

all about love: new visions
by bell hooks (2000)

Courage does not even begin to describe what it takes to write about love, such an elusive and often indescribable emotion, act, and experience that touches us all. bell hooks accepted the challenge because she believes that our nation is turning away from love. Being the social critic and thinker that she is, she found it disillusioning when she was not able to find a "tell-us-all-about-love-book" herself. This came at a time when she and her most intimate listener and lover (with whom she had endless discussions about love) were breaking up. In continuing her search for answers through questions and conversations around the nation she was struck with our own cultural confusion about love. It was out of this search and struggle that *all about love* was born.

The book addresses a number of different forms of love starting with very personal and sometimes rather dark renditions of hooks' own childhood (and later adult) experiences of love. Along with several different aspects of love such as honesty, values, justice, commitment, loss, mutuality, and spirituality, she also discusses the act and experience of love within the context of romance, mutuality, community, greed, loss, healing, and destiny. It is in her convincing critique of our current views of romance, that she presents her well-established feminist self. She does so by making some very strong assertions that would have us changing our entire culture and language of romantic love. For instance, she believes that we should change our language of "falling in love" (which liberates us from the responsibility of our actions and takes away choice), to "choosing to love," thus implying a more active and responsible act. hooks borrows her definition of love from Scott Peck by describing it as "the will to nurture one's own or another's spiritual growth."

Throughout the book, bell hooks presents most of her thoughts about love in terms of that which gets in its way (i.e. obstacles) and that which generates it (generative resources). Obstacles range from religious segregation to our worship of individuation and our culture of several "ism's," narcissism, sexism, and consumerism. Fear, another obstacle, is viewed as "the primary force that upholds structures of domination" because it promotes separation and sameness thus, "making difference, of any kind, appear as a threat." In

referring to her own family as "dysfunctional," hooks also addresses how confused messages about love in such families can also lead us to lovelessness and disconnectedness. It is this disconnectedness and isolation that hooks believes has led us to our current hunger for spirituality.

It is not surprising then that most of the generative sources of love she discusses center around spirituality in the form of loving practice, communalism, and healthy interdependence. Although she borrows from, and cites, several different spiritual writers in her work (e.g. Merton, Peck, Kornfield, Williamson, Viorst, and Salzberg, among others), many of her thoughts are founded in Buddhist thinking and practice.

Even though the book may seem to be a "fast read," I found it worked best for me to digest it slowly and in small chunks for two reasons. Quite simply, it was my way of limiting the bad, painfully negative parts and extending the good, inspirational parts. In other words, a "slower read" curbed some of hooks' negativity and somewhat slanted views to limited doses, while, in contrast, it extended her beautifully written nuggets of enlightenment and hope. It was in words like "we too can choose serenity in the midst of struggle" that I found reassurance, peace, and nurturance. I think that is hooks' gift to us in her book, her own hope that true love is felt and found.

Reviewed by Silvia Echevarria-Doan, Ph.D.

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AFTA President's Column 2000-2001: Integration and Generativity

Past midway into my term as president, we can take stock and reflect on what has happened at AFTA during the past year.

I believe we can be very proud of our ability as an organization to be in a both/and, integrative phase. After several years of dedicated commitment to diversity, it is no longer merely a desirable concept for AFTA. Diversity has become a reality at many levels: the board and committee representation, the annual meeting structure and the contents of our conversations everywhere. While these vital issues require continuous awareness in our thinking and actions, we are also refocusing our efforts to stay abreast of the major issues facing our field, our profession and the families we see. Many efforts are underway to boost our research components and have clinical applications consistently attended to. The need to include all these goals simultaneously never ceases for it is at the core of what AFTA's complexity is about.

The 2000 Annual Meeting in San Diego, under the careful, skillful leadership of Hinda Winawer, was an exquisite representation of these integrative, inclusive goals in a context of stimulating presentations from a variety of orientations. A spirit of collaboration, respect for differences and "connectivity" reigned. In our efforts to reach outside of AFTA and increase our interorganizational representation, we invited the presidents of all the major national organizations concerned with families and family therapy to the Annual Meeting. A large number responded positively and promised to make it a permanent reciprocal feature. This outreach effort will continue in the 2001 meeting by inviting the presidents of the major family therapy associations in the Americas.

This worthwhile and seemingly monumental project, the 2001 "Meeting of the Americas," the vision of my predecessor, Don Bloch, is blooming into a richly textured reality shaped by the loving hands of Lois Braverman. We can think of this meeting as a new chapter in the consideration of diversity and a laboratory in which to collect data about new integrations, formats, and panamerican dreams. For the first time and on an experimental basis, our AFTA "family" will open the doors to AFTA eligible non-members both from the U.S. and from the Americas. Thus, we hope to learn from excellent work going on in other countries along with productive interchange, greater visibility and new

membership possibilities for AFTA.

AFTA has always been mindful of maintaining its "experienced" level conversation. Foundational decisions to limit and select membership have helped create a professional and social network that nourishes us intellectually and supports us personally. But accomplishing these goals while supporting the growth of the next generation—the future theoreticians, researchers and trainers of the field—has always been a challenge. To our well-established goals of inquiry, participation, diversity, inclusivity and connectivity we must add generativity. Erik Erikson defined this stage as "the interest in establishing and guiding the next generation." He predicted that a lack of generativity would result in stagnation, self-absorption, boredom and a lack of psychological growth.

As a way of learning more about what and how AFTA can do to offer guidance to the next generation, and encourage their participation, the Board has supported an exciting initiative to be tried at the Miami meeting. Each AFTA member will be able to recommend an outstanding student who holds promise to become one of the future leaders of the field. Please take advantage of this unique opportunity and send to Central Office the names of the students you would like to recommend for an invitation to attend the 2001 Meeting. Because of the budgetary constraints, we regret that we are unable to offer a reduction of the registration fee of this meeting for the invited students.

Nurturing of future generations will not succeed unless the older generation is properly recognized. The results of a very interesting recent survey AFTA conducted on retirement revealed a variety of needs shared by a fairly large number of AFTA members who will be facing retirement in the next decade. A subcommittee of the board will study the merits of their requests and their availability for forging linkages with the younger generation. A videotape project honoring the contributions of founders of AFTA is already underway.

Undoubtedly, we should focus on membership. To paraphrase a recent editorial of a journal that asks if anybody reads journals anymore, I am tempted to ask: Does anybody join organizations anymore? Given that there are so many organizations to join these days, why should people continue to join AFTA today? Motivations are ubiquitous. Some will join because AFTA is an as yet unparalleled place to hear the very best work in family therapy. Some will be enriched by AFTA as the one and only truly interdisciplinary family therapy organization. Some will be attracted to AFTA's authentic caring to stay relevant to the contemporary challenges families face. Some will join because of AFTA's keen involvement with social justice for families and organizations. Many will enjoy the possibility of being part of the only annual meeting where two-thirds of the attendees get to present their latest work to a distinguished group of colleagues and obtain meaningful feedback. Others will enjoy a place where learning from "experts" can be translated to personal experience and dialogue. Still many others will continue to come for the deeply secure base that evolves from the repetition of ritual customs.

Your willingness to continue to join us is what keeps us going. Your willingness to tell your friends of the benefits of joining AFTA is what we need to keep this valuable communication network alive and vital. If you are part of the large number of our supportive members who do not come to meetings, venture out

to Miami and bring your non-AFTA friends. You will help us make this unique encounter even more special.

The Board is intensely studying how to better serve the needs of members, as well as how to increase membership, and welcomes your suggestions at any time.

I am thankful to be working for AFTA with the support of a most caring and competent Central Office, an outstanding Executive Committee that takes its work very seriously, Board members and Committee Chairs full of robust enthusiasm for projects (see Newsletter columns). Creative endeavors maintain AFTA's internal vitality, but also apply our critical thinking and training to serve populations in need. This is what ultimately makes all of our work really worthwhile.

Celia Jaes Falicov, Ph.D.

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Human Rights Committee

John Rolland

Kosovar Family Professional Education Collaborative

As part of the Kosovar Family Professional Education Collaborative, a second team, comprised of four AFTA members, Corky Becker, Jim Griffith, John Rolland (team leader), and Kathy Weingarten, plus Van Griffith, returned to Prishtina for one week, September 3-10,. It was an incredibly rich and intense experience. In short, we and our Kosovar colleagues feel the project really "took off."

To refresh memories, during the first visit in May and based on the training needs, we decided that the next four visits would have the following foci with issues of trauma and loss addressed throughout: (1) Family Assessment & Treatment Planning (9/00); (2) Brief Treatment Models & Techniques (planned 11/00); (3) Family Intervention: Child and Adolescent Mental Health, Issues of Substance Abuse (1/01); (4) Family Intervention: Chronic Mental and Physical Illness, Multiple Family Discussion Groups (planned 3-4/01). The September visit focused on the initial family interview/assessment and treatment planning.

Activities between first and second visits.

Training Activities. As our Kosovar colleagues decided at the end of our first visit, they formed two core training groups, each with six members and six "assistants" that met weekly for one hour for seventeen weeks to discuss some core readings we brought for translation, have a family case presentation, follow-up on previously discussed cases, and reflecting on personal reactions to doing family-based work. The training groups found chapters from Froma Walsh's book, *Strengthening Family Resilience*, the most useful at this point. Monthly, the two groups met together for a case presentation and discussion. There was periodic communication by e-mail between each group's appointed English-speaking leader and John Rolland and Jack Saul. At the present time, the training groups have enlarged. There are 36 persons (12 teams of three members each) involved in the training: these include psychiatrists, psychiatry residents, psychologists, social workers, and nurses. Given the unbelievably

trying circumstances of our Kosovar colleagues professional and personal lives, we can't underscore enough the incredible motivation and commitment this represents.

The Writing Group, which includes Griff, Corky, and Steve Weine, were also very successful in completing their projected goals. Griff and Shqipe took leadership in writing up a case description, which included: how the family came to the health worker; the present complaint; the course of services; family problems and challenges; the strengths, resources, and competencies of the family and its members, the living conditions- urban, rural, displacement, housing; who is in the family; family history of events; and how the health workers have helped. The American and Kosovar teams worked collaboratively. Griff and Shqipe wrote up their cases, met with their team to discuss the writing and revised based on the team's comments. They then sent the writing to the other team to be discussed. Two people from each team wrote a response to the other team's writing. The two responses concerned questions which raise cultural or theoretical issues. The result will be two additional perspectives on each case. Each team is reading and discussing the case and commentaries of the other team to create a final draft for publication.

Fundraising. (1) The AFTA Board committed \$8,000 (\$2000/visit) towards AFTA's expenses during the next four visits. In addition, approximately \$3400 has been paid or pledged by AFTA members who attended the Annual meeting towards the anonymous matching grant of \$10,000 to support the Diversity fund and participation in the Meeting of the Americas next June. As previously planned, a letter will be sent shortly to the entire membership to solicit additional donations towards the KFPEC Project and the matching grant. (2) The *American Jewish World Committee* generously funded the project for \$40,000 from 7/1/00-6/30/01 to be used within Kosova to fund a one-half time project manager, translators (for written materials/syllabi and during our meetings in Kosova), meeting expenses during our visits, equipment (e.g. laptop computer, video-equipment, copy and fax machines), materials/supplies, telephone/ internet, transportation for American & Kosovar participants while in Kosova. Jack Saul, Steve Weine, and Ferid Agani were primarily responsible for the success of this grant proposal. (3) An additional \$20,000 has been promised from the *Jerome Frankel Family Foundation* in Chicago, and \$10,000 from the *University of Illinois at Chicago* towards the future of the project.

Activities during our Visit.

Site Visits. Site visits were arranged to better familiarize us as to where health and mental health services and consultations occur (or could occur) in the community (e.g. health clinics, schools, religious, work-settings, home) and to help the collaborative group develop a picture of how service and support systems interconnect formally and informally. We felt this would help foster collaborative discussions about how to gradually develop multi-system collaborative models of care that bridge health services, mental health services, social services and other community based services.

Training: Lectures and Small Group Case-Consultation Workshops. The first day of training was open advertised, including in the newspapers, to all interested health and mental health professionals. About 70 attended. The second and third days of training were designed as intensives for the core group of 36

(twelve three person teams). A notable addition this time was the inclusion of eight psychiatric nurses and 4-5 mental health professionals from other regions of Kosova. A 123 page syllabus was prepared and translated into Albanian. This included an overview of the project, outlines of all lectures by American and Kosovar colleagues and several chapters from Froma's book. Their efforts to make this happen were nothing short of awe-inspiring. Evaluation forms designed collaboratively were filled out by participants. They will be summarized and used to guide future training visits.

Summary of Training Group Meetings/Planning. Our Kosovar colleagues had divided into twelve teams of three members each. We refined their weekly meeting structure to include more discussion of the "experience" of doing family work as part of the case presentation/discussion. Also, we agreed that more access to us as experienced family therapists concerning cases and basic questions was crucial. We agreed that Jack, Kathy, John, and Corky would each take responsibility for communication with three teams through a designated English-speaking Kosovar colleague on a bi-weekly basis. Further, they would keep record of the supervisory questions and responses, which could be centrally located and consulted by all the teams, and so that they might be incorporated later into the overall training manual. We agreed on the desirability of doing more family consultations & initial interviews to incorporate the current visit's training. Monthly, there will be a large group meeting to discuss a family case. We were all struck with their natural incorporation of a systemic approach as well as their talent and the sophistication of the questions and dialogue. We agreed that a syllabus would be prepared for each visit with outlines and readings made available for translation in advance.

Summary of Writing Group Meetings/Planning. The writing Group met four times during the September visit to Kosova. We had more than enough material to discuss. In addition we worked on an exercise aimed at increasing everyone's comfort and confidence with writing. In this exercise they described their observations of a discrete event during a family meeting, followed by their thoughts and feelings about it, with reflections about what these observations might teach. Three people wrote something interesting which we asked them to write up. For purposes of efficient organization, the people in the writing group will also be in a training group together; they will meet once a month to discuss writing, twice a month to discuss cases, and once a month in the large group with the other training groups. Mimosa is the official English speaking liaison of the training/writing group. As the numbers of written pieces increases, the challenge is to design the time with our Kosovar colleagues in a way that responds to completed pieces, and provides time in the group to work on writing confidence and competence.

Future International Conference. There was further discussion of the University of Prishtina, the Academy of Arts and Sciences, and KFPEC sponsoring a multi-disciplinary conference on the Kosovar family in Kosova hopefully in September 2001. In addition to health and mental health professionals, this would include: anthropologists, ethnographers, historians, and sociologists. There is very strong interest in this conference. More definitive planning for this conference will occur during the next visit at the end of November.

Future Directions for KFPEC

By all accounts this visit went extremely well. We and our Kosovar colleagues are excited by all the work that has already been accomplished. Most important, their morale as professionals has been very positively affected by our presence and commitment to this collaborative project. We are treated so warmly and with deep appreciation for our efforts.

The third team went to Kosova at the end of November. Steve Weine (team leader) and Jack Saul from the original team will be joined by Judith Landau and Melissa Griffith. Training will focus on: Brief Treatment Models and Techniques.

The fourth will go tentatively in January. John Sargent (team leader) and Corky Becker from the original team will be joined by two AFTA members with expertise in children and adolescents.

Additional funding will be sought to support an international conference on the Kosovar family.

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AFTA, Inc. 1608 20th Street, NW, 4th Floor Washington, DC 20009
Phone: 202-483-8001 **Fax:** 202-483-8002 **Email:** afta@afta.org **Website:** www.afta.org

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