

# A THEORY OF CAREGIVING IN ADULT LIFE

## Developing and Measuring the Concept of Goal-Corrected Empathic Attunement

In Two Volumes

VOLUME TWO

Una A. M. McCluskey

Submitted for the degree of D. Phil.

University of York

Department of Social Policy and Social Work

2001

## VOLUME TWO

Appendix 1	CARKHUFF'S AND BERENSON'S CORE DIMENSIONS	3
Appendix 2	ADVERTISEMENT	8
Appendix 3	TO ALL FIRST YEAR STUDENTS ON THE MSW COURSE	9
Appendix 4	CONSENT FORM	11
Appendix 5	RATING FORM: EXPERIMENTAL GROUP	12
Appendix 6	RATING FORM: CONTROL GROUP	13
Appendix 7	DISCUSSION OF METHODOLOGY: SECOND EXPERIMENT	14
Appendix 8	ROLE PLAY SCENARIOS DAY ONE	18
Appendix 9	MEASURE OF STUDENT ATTUNEMENT: STUDENT	20
Appendix 10	MEASURE OF STUDENT ATTUNEMENT: ACTOR	22
Appendix 11	INSTRUCTIONS FOR STUDENT ROLE PLAYERS	24
Appendix 12	FORM FOR SELF TO ASSESS STUDENTS' PERFORMANCE	26
Appendix 13	FORM FOR STUDENTS TO ASSESS THEIR PERFORMANCE	28
Appendix 14	HANDOUT FOR STUDENTS TO VIEW THEIR WORK	30
Appendix 15	GUIDE FOR STUDENTS TO RATE THEIR PERFORMANCE	31
Appendix 16	EVALUATION OF TRAINING : EXPERIMENTAL GROUP	33
Appendix 17	ROLE PLAY SCENARIOS FOR DAY TWO	36
Appendix 18	MEASURES OF ADULT ATTACHMENT	39
Appendix 19	CONSENT FORM FOR THERAPISTS AND CLIENTS	49
Appendix 20	RATING EMPATHIC ATTUNEMENT: INSTRUMENT ONE	50
Appendix 21	RATING EMPATHIC ATTUNEMENT: INSTRUMENT TWO	54
Appendix 22	PROCEDURE FOR UNDOING DISTRACTIONS	59
Appendix 23	RATING INTERACTION BETWEEN STUDENT AND ACTOR	62
Appendix 24	ATTACHMENT QUESTIONNAIRES	62
Appendix 25	ATTACHMENT QUESTIONNAIRES	71
Appendix 26	ATTACHMENT QUESTIONNAIRES	76
REFERENCES		84
POST SCRIPT		96

## **CARKHUFF'S AND BERENSON'S CORE DIMENSIONS**

Carkhuff and Berenson carried out very detailed analyses of the interpersonal functioning of the therapist (helper) and client (helpee) and the interaction between them which constituted the facilitative process. They drew attention to different levels of empathy in the therapist, and the levels of skill available to the client in terms exploring, understanding and acting on their concerns. They draw attention to the way information is communicated at verbal and non-verbal levels and to way information is communicated, with vitality or without vitality. They notice different levels of skill in clients and therapists in conducting interpersonal processes. The following 2 charts give a flavour of their work.

### **THE CORE DIMENSIONS OF THE INTERPERSONAL FACILITATIVE PROCESS ASSOCIATED WITH THE HELPER**

(Carkhuff and Berenson, 1977)

	LEVEL 1 AND 2	LEVEL 3, 4	LEVEL 5
	<p>LOWEST LEVEL OF INTERPERSONAL FUNCTIONING</p> <p>(THE RESPONSE OF THE HELPER DETRACTS FROM THOSE OF THE HELPEE)</p>	<p>MODERATE LEVEL OF INTERPERSONAL FUNCTIONING</p> <p>(ABOVE LEVEL 3 THE HELPERS RESPONSES ARE ADDITIVE IN NATURE</p>	<p>HIGHEST LEVEL OF INTERPERSONAL FUNCTIONING</p> <p>( HELPER RESPONSES ADD SIGNIFICANTLY TO THE FEELINGS AND MEANINGS OF THE HELPEE)</p>

Empathy	The helper's responses either do not attend to or detract significantly from the expressions of the helpee in that they communicate significantly less of the helpee's experience than the helpee has communicated. (Level 1)	The verbal responses or behavioural expressions of the helper in response to the verbal or behavioural expressions of helpee are essentially interchangeable in that they express essentially the same affect and meaning. (Level 3)	The helper responses add significantly to the feelings and meanings of the helpee in such a way as to express accurately feelings some levels beyond what the person himself was able to express or, in the event of ongoing deep self exploration on the helpee's part, to be fully with him in his deepest moments.
Empathy	The helper does respond to the expressed feelings but does so in such a way as to subtract noticeably from the affective communications of the helpee (level 2)	The responses of the helper adds noticeably to the expressions of the helpee in such a way as to express feelings at a level deeper than the helpee was able to express.	

I suggest that levels 1 and 2 correspond to the behaviour noticed by the Grossmanns in insecure careseeking- caregiving dyads presented in chapter 4, p 83. Levels 3 and 4 describe inadequate caregiving in terms of the concept of goal-corrected empathic attunement presented in chapter 5, in that the exploratory component of the caregiving system is not activated and working. The behaviours in Level 5, in my view, describe responsive interactive caregiving where the exploratory component of the caregiving system is active and functioning well (see chapter 5, p 93).

**THE CORE DIMENSIONS OF THE INTERPERSONAL  
FACILITATIVE PROCESS  
ASSOCIATED WITH THE HELPEE**

(Carkhuff and Berenson , 1977)

	Level 1 and 2	Level 3, 4	Level 5
Exploration	<p>The helpee does not discuss personally relevant problems or material, either because he has had no opportunity to do so, or because he actively evades the discussion when it is introduced by the helper. (L.1)</p> <p>The helpee responds with discussion to the introduction of personally relevant problems or material but does so in a mechanical manner without the demonstration of emotions. (L. 2)</p>	<p>The voluntary introduction by the helpee of personally relevant material concerning where he or she is in relation to his or her world and the people in it., although he or she might do this in a mechanical manner without the demonstration of emotional involvement. (L. 3)</p> <p>There is a voluntary introduction of personally relevant problems or material by the helpee with increasing emotional involvement and spontaneity. (L.4)</p>	<p>The helpee actively and spontaneously engages in an inward probing to discover feelings or experiences about himself and his world. (L.5)</p>
Understanding	<p>The helpee does not respond to the personally relevant problems or material he has explored either because he has had no opportunity to do so, or</p>	<p>There is a voluntary attempt to develop goals that would resolve the problems by the by simply flipping the problem over to develop the goal (i.e. 'where I am deficient in</p>	<p>The helpee chooses the preferred course of action for achieving the goals for where he or she wants to be (L.5)</p>

	<p>because he actively evades the further discussion of problems even when the helper introduces it.</p> <p>(L.1)</p> <p>The helpee responds with discussion to the introduction of personally relevant problems or material but does so in a mechanical manner without searching for solutions or goals.</p> <p>(L2)</p>	<p>this area I want to develop assets.’)</p> <p>(L. 3)</p> <p>The helpee of her own initiative adds to her understanding by developing alternative courses of action for achieving the goals for where she wants to be.</p> <p>(L.4)</p>	
Action	<p>The helpee does not respond to goals for where he or she wants or needs to be.</p> <p>(L.1)</p> <p>He responds with discussion to the introduction by the helper of steps to achieve the goals but does so in a mechanical manner without searching for new steps.</p> <p>(L.2)</p>	<p>There is a voluntary attempt by the helpee to develop steps to achieve goals that would enable him to resolve his problems by simply defining the goal in terms of the steps needed to achieve it.</p> <p>(L. 3)</p> <p>The helpee of his own initiative adds to his direction by developing all of the steps necessary to get him to his goals.</p> <p>(L.4)</p>	<p>The helpee initiates the action steps by implementing them in order to get from where he is to where he wants to be.</p> <p>(L. 5)</p>

The above chart has been devised in relation to material on pages 15-18 of Beyond Counselling and Therapy. Carkhuff and Berenson 1977.

Essentially, I would say that these patterns of careseeking behaviours describe different levels of competence in careseeker-caregiver interactions. In the light of the theory being presented in the thesis, one can see them as responses to early careseeking-caregiving interactions where there is a deficiency in affect regulation and

empathic response, see levels 1,2,3 and 4 above. From the perspective of an attachment framework I would see the above behaviour of the careseeker as defensive and basically avoidant (see chapters, 4 and 5). In level 5 there is a sense of vitality in the careseeker. I associate such affects with exploration. Murray and Trevarthen (1985) noted them in their perturbation studies, the mood of the infant went flat when involuntarily out of contact with their caregiver with whom they were having an animated 'conversation'. At six months the baby was unable to carry on exploring without the help of the caregiver.

The behaviours in level 5 describe to me a careseeker whose exploratory system is activated and working well. Carkhuff and Berenson describe the behaviours of therapist and client outwith an interactive frame. In chapter 5 I suggest that counselling and psychotherapy can be conceptualised as an affect regulating activity designed to stimulate and support the exploratory system through the process of affect attunement and empathy. In this chapter I describe the process that facilitates exploration which I call goal-corrected empathic attunement.

## **ADVERTISEMENT**

### **Year 1 MSW students**

#### **Attunement research**

Please, would all those students who are interested in being involved in the above research project come to an introductory meeting in G112 at 1.30 on May 14. The meeting will last no longer than 30 minutes. Unfortunately, I cannot be available at 11.30 that morning and realise that this means you will have to wait around. I apologise for this. If there are any of you who are interested in the research but can't make the meeting at 1.30 - please ring me on 01904 - 433492 or try me in my office.

I need as many students as possible to take part at this stage. The time commitment I am looking for from each individual student will be in the order of an

- hour and a half on Tuesday May 21
- one hour on Wednesday 12 June
- two hours on Wednesday 26 June
- two to three hours on Tuesday 2 July.

The work will involve making various rating of therapists and clients.

All material gained during the research will be confidential and used in the research only, it will have no bearing on the award of MSW/Dip SS or Dip SW CCETSW. The research is entirely separate from the social work training being offered in the department.



## **TO ALL FIRST YEAR STUDENTS ON THE MSW COURSE**

I am writing to you in relation to the research that I am undertaking on attunement in psychotherapy. I need as many people as possible to get involved at this stage so that I can refine what I am doing for the next phase of the project. I would be very grateful indeed if you would participate.

The time commitment is roughly 6 to 7 hours and we will pay each of you the sum of £40 in cash.

This project is entirely separate from the course and is designed to contribute eventually to a training programme in what we call 'clinical skill' for social workers, psychologists and others.

Liza Miller (a former member of the social work staff) and myself are the staff involved in the research at this stage. We have booked the studio in Wentworth for 11.30 on Tuesday May 21. We would be very grateful indeed if you can participate. Liza and I will meet you in Goodricke snack bar from about 11.15 the morning of the 21st. to take you over to Wentworth. We expect to work from 11.30 - 1.00.

We will need you again on the 12 and 26th June.

On the 12 June we need you for **one hour only**. We will sort out the exact time details with you when we meet on May 21.

On 26 June, we will need you for two or three hours starting at 9.30.

We will sort out an individual time sheet with you once we know who is taking part. Please note that I have cancelled the introductory meeting on May 14. As you know I was going to be unable to meet with you immediately after Law and so it seems better to start the following week.

Please put the tear off slip in my box in the photocopying room a.s.a.p..

Many many thanks,

Una McCluskey

.....

I am willing to take part in the project on 'attunement'. I understand no prior knowledge is required.

Name:..... Phone no.....Year 1

## CONSENT FORM

I am willing to take part in the research project being undertaken currently in the department of social policy and social work. I understand that I may withdraw from the research at any time, that I may ask for any data that is collected on me to be destroyed and not used in the research , and that any data that is collected will be held in the strictest confidence and only used anonymously.

Signed:.....

Date:.....

## RATING FORM: EXPERIMENTAL GROUP

Name.....Year.....Date.....

Rating of video taped excerpts as 'attuned' or 'non-attuned'

The definitions of attunement being used for the purpose of rating the excerpts are as follows:

- 1 Attunement is a way of communicating to the other that one has recognised the affect that they are experiencing
- 2 Attunement conveys to the other that one has a feeling sense inside of what it feels like to be them right now.

In making your decision, it may be useful to keep in mind the following indicators:

- The therapist conveys a regard for the importance of what the client is saying along with a willingness to interact and respond to it.
- The therapist appears to be engrossed in what the other is saying, they modulate their response in relation to it, they provide input and they facilitate exploration.

	excerpt 1	excerpt 2	excerpt 3
attuned			
not-attuned			

## RATING FORM: CONTROL GROUP

Name.....Year.....Date.....

Rating of video taped excerpts as 'attuned' or 'non-attuned'

The definitions of attunement being used for the purpose of rating the excerpts are as follows:

- 1 Attunement is a way of communicating to the other that one has recognised the affect that they are experiencing
- 2 Attunement conveys to the other that one has a feeling sense inside of what it feels like to be them right now.

Given the above definitions, can you tell me whether the therapist is attuned or not

	excerpt 1	excerpt 2	excerpt 3
attuned			
not-attuned			

## **DISCUSSION OF THE METHODOLOGY RELATING TO THE SECOND EXPERIMENT**

There were at least three main problems with the design of the experiment:

- i) the selection of the excerpts;
- ii) the technology used for creating the excerpts;
- iii) the preparation and briefing of the students
- iv) the de-briefing process

I will discuss these in order.

### **The selection of the excerpts.**

It would have been better if I had taken attuned and non attuned extracts from both therapists so that therapist style did not feature so much in the student responses to the material. This seemed to lead the students away from taking full account of the interaction and the client's responses to the therapist. Having attuned and non attuned extracts from both therapists would have created a more balanced view of the process of attunement and led to a more robust experiment. Even better would be to have a greater variety of therapeutic style. Unfortunately at the time I conducted this experiment I found it very hard to get any therapist to let me video their work, I have since had more success but at the time of this experiment I was limited to the these particular two therapists.

### **The technology used for creating the excerpts.**

I used a video camera which had both people in view in three quarter profile. It would have been better for the purposes of the research if I had used the system devised used by Beebe and Lachman (1988) to film mothers and babies. This gave access to the actual image that was available to the participants. It would have allowed a view of the eye contact between the two parties which was not available on the system I used.

### **The preparation and briefing of the students**

For this experiment I spent no time briefing the students about what I wanted them to pay attention to on the excerpts. All they had was the definitions or the definitions and indicators given on the day. In addition the definitions were different from each other.

My reason for setting up the experiment in this way were that I wished to replicate the first experiment with the single addition of instructions to pay attention to interaction. I wanted to test the hypothesis generated by the first experiment that what the students were missing was the interactive element between the therapist and client and if they were given guidance to pay attention to this there ratings would improve. In order to test for this effect I had to leave all the other conditions of the experiment in place.

### **Issues to do with the instructions to the raters**

The instructions given to the students were to see whether:

- (a) the therapist conveys a regard for the importance of what the client is saying along with a willingness to interact and respond to it; and
- (b) the therapist appears to be engrossed in what the other is saying, they modulate their response in relation to it, they provide input and they facilitate exploration

The reader will note that the emphasis is primarily on the therapist's response to the client and not the client's response to the therapist, though clearly the students are being asked to pay attention to the therapist's sensitivity to the client's behaviour. All we can say at this point is that such instructions yielded significant improvement in the reliability of the rating of the attuned and non attuned excerpts. We therefore seem to be identifying an attuned therapist rather than attuned interaction. Given that I am exploring the feasibility of transferring understanding from the early infant - parent (careseeker caregiving partnership) to the adult situation of careseeking in a psychotherapy context) it is worth remembering what Mary Ainsworth measured when she conducted her Strange Situation Test. This was designed to assess security of attachment of a careseeker to a caregiver at one year of age. Ainsworth noted the toddlers response to the mother at reunion and it was this which she used as the basis of her classification of security and insecurity - not the mother's response to the toddler. It would make more sense therefore to think in terms of tracking the response of the careseeker to the caregiver in order to judge whether the responses of the careseeker were defensive or exploratory. If the former that we could deduce the presence of ineffective caregiving and if the latter, we could deduce the presence of effective caregiving.

### **Issues to do with the debriefing method**

In terms of the process I had set up for the debriefing sessions it was frustrating not to have built in the possibility of asking additional questions of the students which might have clarified their remarks.

All nine students made reference to the ways in which the therapist responded to and interacted with the client. They all clearly noted the client's response to the therapist, but were much less explicit about what they saw the client doing, saying or showing non verbally. They were much more explicit about what they saw the therapist doing.



As I mentioned earlier I found very little explicit reference to the client's response but one can see from the quotations that I have already presented that the students were in fact tracking how the client was responding to what the therapist was doing. I think this was a failure in the design. The subsidiary question that myself and my colleague asked at the debriefing session was "What did you see the therapist do that made you think they were attuned or not attuned?" . It would have made sense to have also asked "what did you see the client do that made you think the therapist was attuned or unattuned?"

## **ROLE PLAY SCENARIOS DAY ONE**

### **Anger**

You and your partner are in your early forties. You have a daughter aged 6. Three years ago you lost a baby through having amniocentesis. You are pregnant again and have decided not to have another amniocentesis. This is partly because you could not bear to go through the feelings of loss again. More significantly, in the meantime you have read that when miscarriage follows amniocentesis, it is because the doctor concerned has not undertaken the procedure properly. You are wondering whether to sue. You are worried that, because of your age, there is something the matter with the baby you are carrying. You are furious that you have this dilemma.

### **Despair**

You and Josie have been married for twelve years. You have no children. You have a very intense and stormy relationship. You have separated on at least six occasions, but you have both shared a powerful belief that you are made for each other and that you would always get back together again. The separations usually last about 10 days. Josie goes and stays with her sister. The last time she stayed with a friend in Cornwall and didn't come back for three weeks. This time, you don't know where she is and she has been gone a month. You have given up hope that she is coming back.

You have returned to see a Relate counsellor who has seen you and Josie in the past.

## **Fear**

You are a 37 year old homosexual male who has been HIV positive for the past 10 years. During this time you have remained in good health, have built up a successful Interior Design business and have been in a stable relationship. Two months ago your health began to break down and you have had a series of colds, 'flu and recently an attack of pneumonia. You don't seem to be able to shake these things off. At present you are in hospital for investigation and have been seeing the hospital social worker for counselling sessions. This morning, while taking a shower you discovered on your shoulder what you think is Karposi's Sarcoma.

You are extremely frightened.....

## **Sadness**

You are 36, living in the north of England where you have a job that is very important to you. Your family are in Kent where you were brought up. You don't have a partner and despite the geographical distance had a very close relationship with your parents. You thought for years that you would move back down south at some stage, but kept putting it off. Your father died five years ago, leaving your mother alone. She encouraged you to pursue your career rather than to move down to live with her.

You know your mother has been having some memory problems, but you have put this down to recent stresses she has had with her house. However, her GP has contacted you to say that he thinks your mother has Alzheimer's disease.

You are very upset and have contacted social services.

## MEASURE OF STUDENT ATTUNEMENT TO BE COMPLETED BY THE STUDENT AFTER COMPLETING THE FOUR INTERVIEWS

Name of student.....Name of actor.....Role play no.:.....

1 Do you look and sound present?

Very Much Not at all

1 2 3 4 5 6

2 Do you help the client discuss and develop the thoughts they have about their problem

Very Much Not at all

1 2 3 4 5 6

3 Do you help the client discuss and develop the feelings they have about their problem

Very Much Not at all

1 2 3 4 5 6

4 Do you come in after the client has spoken with something that is slightly out of tune with their feelings?

Very Much Not at all

1 2 3 4 5 6

5 Do you ask a question referring to another time and place when the client has said something very painful?

Very  
Much

Not  
at all



6 Do you talk too much

Very  
Much

Not  
at all



7 Do you say too little?

Very  
Much

Not  
at all



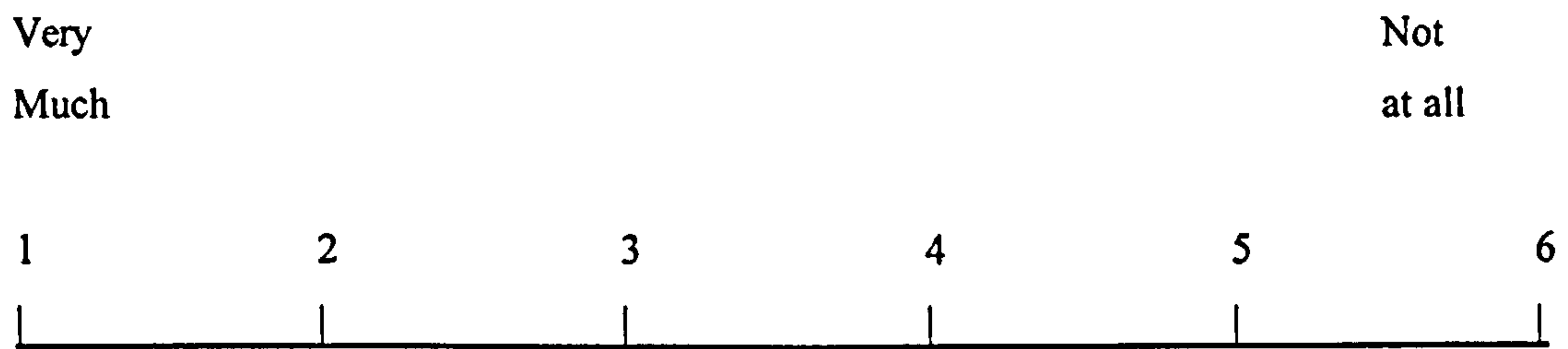
Appendix 10

**MEASURE OF STUDENT ATTUNEMENT TO BE COMPLETED BY  
THE ACTOR AFTER EACH INTERVIEWS**

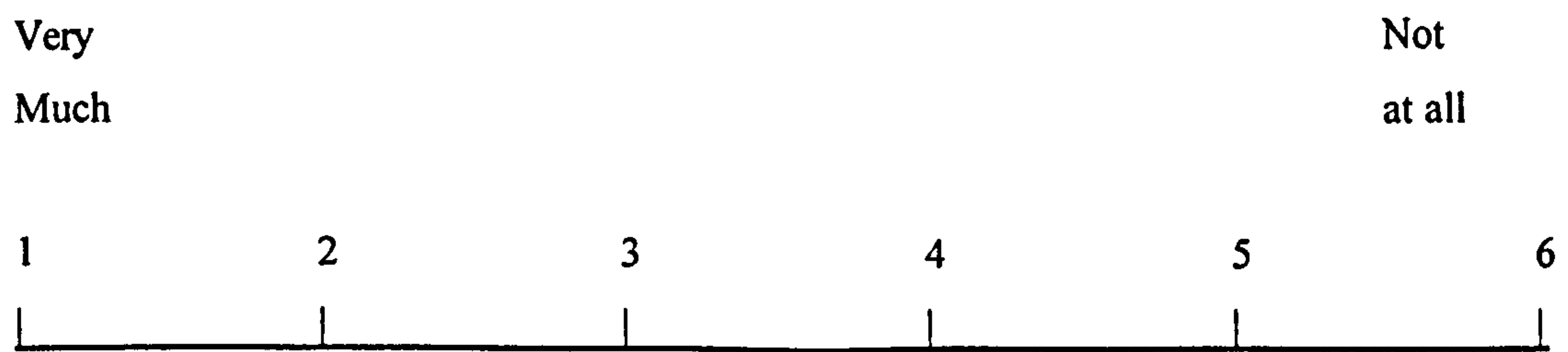
Name of student.....Name of actor.....

Role play no.: 1      2      3      4      date:..... Time:.....

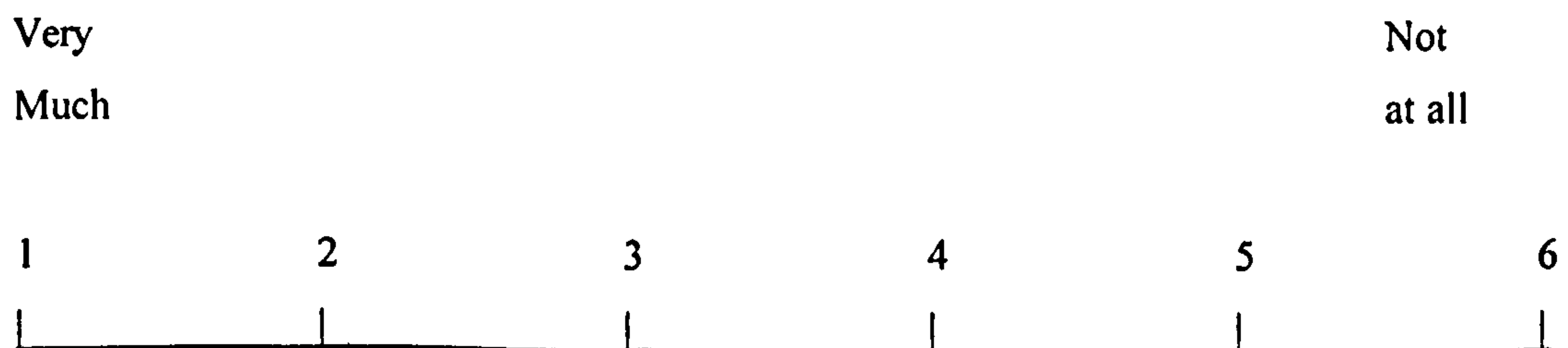
1      Does the student look and sound present?



2      Does the student bring their imagination to the problem?



3      Does the student respond in an appropriate and relevant way



4 Is there a creative exchange of ideas or feelings going on between student and client?

Very  
Much

Not  
at all



5 Does the student enable the client to explore?

Very  
Much

Not  
at all



6 Is the atmosphere strained or sticky?

Very  
Much

Not  
at all



## **INSTRUCTIONS FOR STUDENT ROLE PLAYERS**

We have commissioned four actors to role play four different situations which all of you will encounter during the course of the day. You will see from your time sheet the times that you are interviewing and the room you will be using. We will give you a background brief of the situation before each interview.

Your brief is to set the interview for 10 minutes; find out what the client is feeling about things at the moment, responding as appropriate in ways that might be helpful.

- 1 There will be 5 minutes 'travel time' between role plays. During this time we will give you the brief the actors are working to. Read it to orient yourself to the context, i.e.. Relate Counselling Service, Social Services, whatever.
- 2 The role plays will take place in the offices along the staff corridor and in Mike's room.
- 3 After each role play, Liza or I will give you the actor's notes for the next one - please find us, we will be on the corridor.
- 4 At the **end** of the sequence of four role plays, please pick up 4 forms from Liza or self. These forms relate to your own appraisal of the role play sessions. We want you to fill in these for each role play you have done and return them to us before leaving the building



Again please do not discuss with each other or with other students whether understand anything, seek out Liza or self.



## FORM FOR SELF TO ASSESS STUDENTS' PERFORMANCE AS PART OF DEVISING A TRAINING PROGRAMME

Name of student.....Name of actor.....

Role play no.: 1      2      3      4      date:.....Time:.....

1      Does the student look and sound present?

Very Much						Not at all
1	2	3	4	5	6	

2      Does the student bring their imagination to the problem?

Very Much						Not at all
1	2	3	4	5	6	

3      Does the student respond in an appropriate and relevant way

Very Much						Not at all
1	2	3	4	5	6	

4 Is there a creative exchange of ideas or feelings going on between student and client?

Very  
Much

Not  
at all



5 Does the student enable the client to explore?

Very  
Much

Not  
at all



6 Is the atmosphere strained or sticky?

Very  
Much

Not  
at all



## FORM FOR STUDENTS TO ASSESS THEIR OWN PERFORMANCE AS PART OF TRAINING PROGRAMME

Name of student.....Name of actor.....Role play no.:

1 Do you look and sound present?

Very  
Much

Not  
at all



2 Do you help the client discuss and develop the thoughts they have about their problem

Very  
Much

Not  
at all



3 Do you help the client discuss and develop the feelings they have about their problem

Very  
Much

Not  
at all



4 Do you come in after the client has spoken with something that is slightly out of tune with their feelings?

Very  
Much


Not  
at all



5 Do you ask a question referring to another time and place when the client has said something very painful?

Very Much Not at all


1 2 3 4 5 6



6 Do you talk too much

Very Much Not at all

1 2 3 4 5 6



7 Do you say too little?

Very Much Not at all

1 2 3 4 5 6



## **HANDOUT FOR STUDENTS TO HELP PREPARE THEM FOR LOOKING AT THEIR OWN WORK**

Do remember to place what you are seeing in context. This will help you manage your feelings and not be too critical of yourself.

Remember that what you are looking at is happening in the context of a role play where you are in role as social worker/therapist. That the context in all the roles plays was one of great personal distress, where the emotions of the other person were so high that often they could not take in any new information from outside - this was the context. In this context your role was to respond as best you could in a helpful way. Given your role, the purpose of you being there and the context that you were in, how do you think you managed in relation to the questions I have put on the form.

1 Go through your own tapes and put down how you think you managed. Write notes on the form as you go along if you wish, but make sure to ring a number for each question.

2 Identify two things you want to improve:

In relation to these two things: what do you do that hinders yourself? and what could you do to get over it?

Write this down

Come back to main group in G119 with forms - ready to practise making a difference to own style

**GUIDE FOR STUDENTS TO HELP THEM RATE THEIR  
PERFORMANCE AND LOCATE DRIVING AND RESTRAINING  
FORCES TOWARDS CHANGE**

Name of student.....Date.....

Goal (1).....

Force Field

Driving forces	Restraining forces
+  (what gets you closer to the goal?)	-  (what prevents you getting to the goal?)

Name of student.....

...Date.....

Goal (2).....

Force Field

---

Driving forces

+

(what gets you closer to the goal?)

---

Restraining forces

-

(what prevents you getting to the goal?)



## EVALUATION OF TRAINING COMPLETED BY THE EXPERIMENTAL GROUP

### Rating the training

Name.....Date.....

A goal for today was to improve your ability to identify the following interactions in therapeutic sessions

Whether the therapist is

- 1 attending to what is being said;
- 2 thinking about it imaginatively;
- 3 responding in a way that adds something

Has the training you have received for this been useful

Very much Not at all

1                      2                      3                      4                      5                      6

---

Another objective of today was to enable you to improve your own performance in future sessions.

1 Was looking at your own tapes useful?

Very  
much

Not  
at all

1                    2                    3                    4                    5                    6

2 Was having a form to do this useful?

Very  
much

Not  
at all

1                    2                    3                    4                    5                    6

3 Was the group discussion useful?

Very  
much

Not  
at all

1                    2                    3                    4                    5                    6

4 was getting feedback form me useful?

Very  
much

Not  
at all

1                    2                    3                    4                    5                    6

5 was rehearsing with the other students useful?

Very  
much

Not  
at all

1 2 3 4 5 6

---

6 Any other comments

## **ROLE PLAY SCENARIOS FOR DAY TWO**

### **Anger**

You are 36, living in the north of England where you have a job that is very important to you. Your family are in Kent where you were brought up. You don't have a partner and despite the geographical distance had a very close relationship with your parents. You thought for years that you would move back down south at some stage, but kept putting it off. Your father died five years ago, leaving your mother alone. She encouraged you to pursue your career rather than to move down to live with her. You know your mother has been having some memory problems, but you have put this down to recent stresses she has had with her house. However, her GP has recently contacted you to say that he thinks your mother has Alzheimer's disease.

Since getting this news, you have spent half term with your mother. You are very distressed by the change in her. You are furious about what is being offered to your mother in the way of 'community care'. Not only is it inadequate but she is having to make a substantial contribution towards the costs of the home help, transport to the day centre and the night sitting service.

## **Despair**

You are a 37 year old homosexual male who has been HIV positive for the past 10 years. During this time you have remained in good health, have built up a successful Interior Design business and have been in a stable relationship. Two months ago your health began to break down and you had a series of colds, 'flu and then an attack of pneumonia. You didn't seem to be able to shake these things off and you went into hospital for investigation. You started seeing a hospital social worker for counselling sessions. You find these sessions extremely helpful as the social worker is someone outside your immediate circle.

While in hospital you began to develop Kaposi's sarcoma. You were extremely frightened at this development of your illness. At the moment you are at home. You have begun to sort out your affairs but are losing heart for the whole thing. Friends keep you informed of the latest developments in the treatment of AIDS but you no longer believe anything is going to help.

The social worker has been seeing you at home since your discharge. You get on well together. You are relieved to see them today because you are feeling in the pits.

## **Fear**

You and your partner are in your early forties. You have a daughter aged 6. Three years ago you lost a baby through having amniocentesis. You are pregnant again and decided not to have another amniocentesis. This is partly because you could not bear to go through the feelings of loss again. More significantly, in the meantime you have

read that when miscarriage follows amniocentesis, it is because the doctor concerned has not undertaken the procedure properly.

You have been seeing a hospital social worker weekly since your decision not to have an amniocentesis. You have found it helpful to talk over your feelings about losing your baby and your feelings of anger towards the medical profession.

You are now in your seventh month of pregnancy and are overcome with anxiety that the baby you are carrying has got Down's syndrome. If this is true you really don't know whether you and your husband are going to be able to cope. You fear for your marriage.

### Sadness

You and Josie were married for twelve years . You have no children. You had a very intense and stormy relationship. You separated on at least six occasions, but you both shared a powerful belief that you were made for each other and that you would always get back together again. The separations usually lasted about 10 days. Josie went and stayed with her sister. Last year she stayed with a friend in Cornwall and didn't come back for three weeks. Recently she disappeared for over a month and you were convinced that she had left you for good. You wondered if she had gone off with someone else, but this didn't quite make sense to you. You saw a Relate counsellor about it at the time.

Last week, the police arrived on your doorstep to tell you that Josie had been killed in a terrible accident on her way back home. You are devastated. You still don't believe it.

## **MEASURES OF ADULT ATTACHMENT:**

### **THE REASONS BEHIND MY CHOICE OF QUESTIONNAIRES**

In the mid nineteen eighties, George, Kaplan and Main (1985) developed the Adult Attachment Interview to test the hypothesis that internal working models of careseeking caregiving patterns influenced subsequent parenting. What they found were four different types of response in terms of discussing questions about early attachment relationships. These were a) *free and autonomous*, b) *dismissive*; c) *anxious/preoccupied*, and d) *unresolved*. Infants who were classified as 'secure' had primary caregivers who were classified as 'free and autonomous with respect to describing their experiences of attachment relationships; infants who were classified as 'avoidant' in the Strange Situation had caregivers who themselves were dismissive of the significance of early attachment relationships; infants classified as 'anxious' had caregivers who were anxious/preoccupied and infants who were classified as *disorganised* had a primary caregiver who was classified as 'unresolved'.

Around the same time as the Adult Attachment Interview (AAI) was being developed, Hazan and Shaver, who had been working on the link between chronic loneliness and insecure attachment developed the idea that romantic attachments may be a direct follow on from early attachment relationships in terms of how they are experienced and negotiated. Using Ainsworth's descriptions of the three main types of attachment style: secure, avoidant and anxious/ambivalent they constructed a 'forced-choice' measure where they asked subjects to allocate themselves to the type they thought most closely described their experience of their romantic attachments.

## Hazan and Shaver's (Hazan and Shaver, 1987, Hazan and Shaver, 1990) Three Prototypes

---

Style	Description
Secure	I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me
Avoidant	I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.
Anxious/ambivalent	I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.

---

Hazan and Shaver's work generated a lot of interest in seeking out measures of adult attachment that did not have to rely on the intensive interview training required to conduct the Adult Attachment Interview (AAI). Their work was part of a proliferation of self report type measures which rely on either a) forced choice classification as described above, b) measures composed of the individual statements



involved in the forced-choice measure which allows an assessment of the dimensions underlying attachment items, and c) an integration of the styles of attachment identified by the AAI which address parent child attachment strategies and the work by Hazan and Shaver and others which is directed at peer relationships in the here and now and which relies on conscious awareness of experience and a capacity to allocate oneself to a particular pre-defined category.

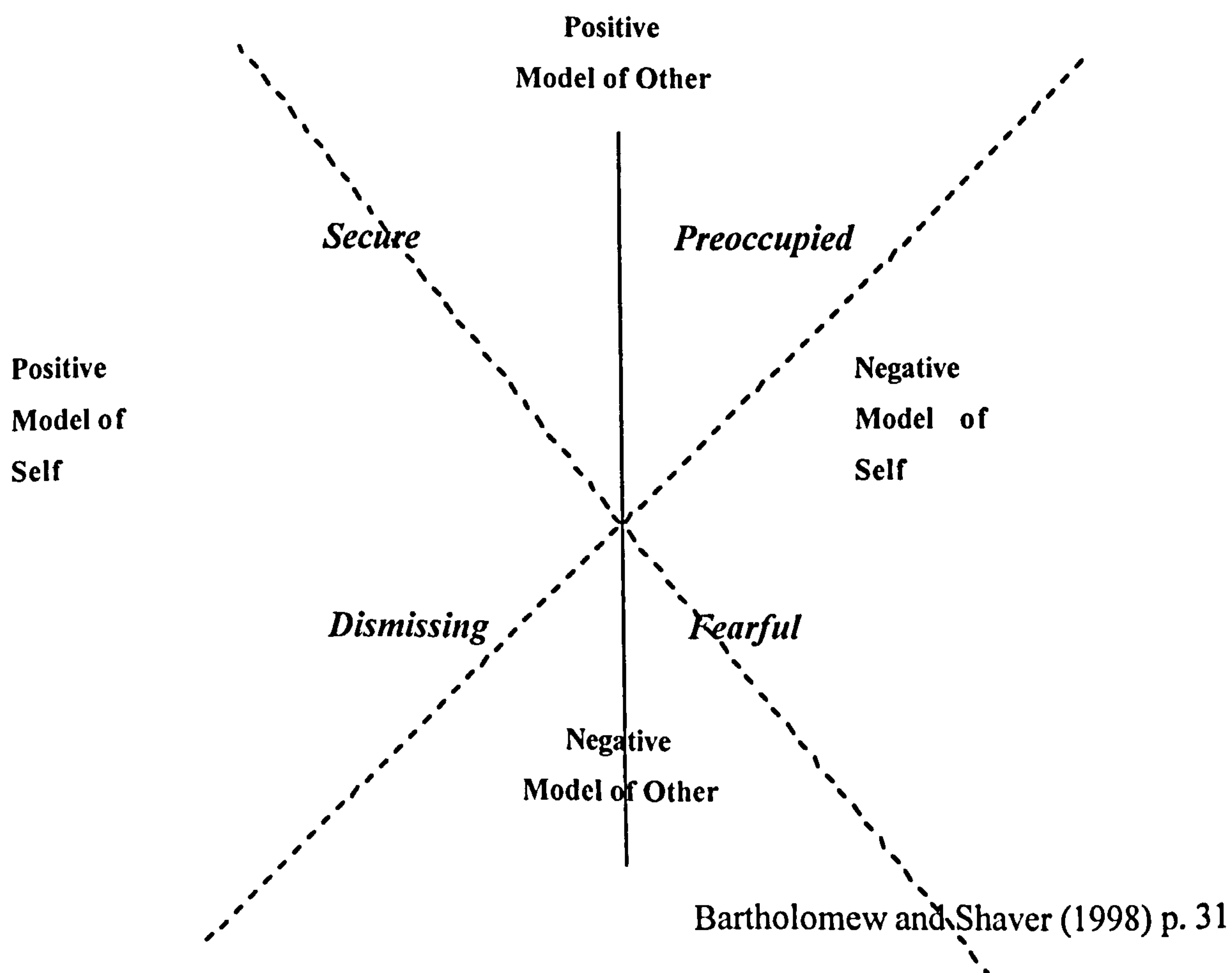
Bartholomew, (1990), Bartholomew and Horowitz (1991) and Bartholomew and Shaver (1998) has led the field in addressing whether or not these two different types of measurement (the adult attachment interview and the attachment style questionnaires) are tapping into the same underlying phenomena. She argued that there was a considerable conceptual difference between the way the terms 'avoidant' was being used by both measures. Sroufe and Waters (1977) had already pointed out that avoidant infants act unconcerned, when their mothers come and go from a laboratory "Strange Situation", leaving the infant alone in the company of strangers, but that when the infant's heart rate is checked there are distinct signs of arousal and distress. Sroufe and Waters work indicates that avoidance is a defensive strategy against experiencing the pain of separation.

Bartholomew noticed that in the Hazan and Shaver measurement system that when adults classify themselves as avoidant they are doing so on the basis of consciously felt experiences and are actually acknowledging discomfort and distress. This is a fundamental difference between what the two systems are measuring. One (the AAI) is tapping into defensive processes about which the individual themselves is unaware (unconscious) the other (self report) is classifying felt experience of distress in relation to intimacy and commitment.

Noticing the distinct differences between what the two measures were tapping Bartholomew (1990) suggested that two distinct forms of avoidance existed: the one that Hazan and Shaver were tapping into, i.e. fear of rejection/ fear of closeness and

the one that the AAI picked up on which is a defensive form of self sufficiency which the AAI terms 'dismissive' or which would be classified as 'avoidant' in the 'Strange Situation'. Using Bowlby's concept of internal working models of relationship, Bartholomew worked out a two dimensional axis on which individuals could be placed with regard to internal models of self and other. On the one hand one had individuals with a good sense of self worth (presumably based on good experience with an attachment figure) and an expectation that other people were responsive and available (presumably also based on experience). On the other hand one could get an individual with negative views of the self and negative views of the other. The model allows for combinations of experience of self and other as depicted in the diagram below:

**BARTHOLOMEW' TWO-DIMENSIONAL FOUR CATEGORY SCHEME**



As one can see *secure* adult attachment is characterised by the combination of a positive self model and a positive model of others; *preoccupied* attachment is characterised by a negative self model and a positive model of others. *Fearful* attachment is characterised by negative self and other models; *dismissing* attachment is characterised by a positive self model and a negative model of others.

What distinguishes fearful individuals from dismissive individuals as I understand Bartholomew is that the former experience fear in relation to getting involved with other people (though the reasons for this may be unconscious), whereas the latter do not experience fear of getting involved with others, they simply avoid involvements that require commitments and dependency and the reasons for this are also likely to be unconscious. In this model the three patterns, secure, preoccupied and dismissing are conceptually similar to the corresponding categories in the AAI and the three patterns of secure, preoccupied and fearful are similar to Hazan and Shaver's secure, anxious/ambivalent and avoidant categories.

How Bartholomew's two dimensional four-category scheme corresponds to self report measures based on Hazan and Shaver and the interview measures based on the AAI

---

Bartholomew	Secure	Preoccupied	Fearful	Dismissive
George, Caplan, Main 1985	Free and Autonomous	Anxiously Preoccupied	_____	Dismissive
Hazan And Shaver 1997	Secure	Anxious	Avoidant	_____

---

I needed a measurement of the attachment style<sup>1</sup> of the students and the only means open to me (as I am not trained to administer the AAI and also it takes a long time to administer) was one of the self report type measures already in the public domain. I choose

1. Brennan and Shaver, (1995), Dimensions of Adult Attachment., Affect Regulation, and Relationship Functioning (see Appendix 24).
- 2 West and Sheldon-Keller, (1992), The Assessment of Dimensions Relevant to Adult Reciprocal Attachment (see Appendix 26)
- 3 Fenney et al., (1994), Assessing Adult Attachment: Attachment Style Questionnaire. (Appendix 25)

I choose these three measurements from what was available at the time on the basis that they were all essentially drawing on the Bowlby Ainsworth concept of attachment behaviour. West and Sheldon-Keller was based on Bowlby's theoretical constructs in relation to attachment; Feeney, Noller and Hanrahan was based on Ainsworth's observations and Brennan and Shaver, while modelling on Ainsworth's classifications was also adapting it to the adult arena.

As well as obtaining a measure of security/insecurity for each of the students I was interested to find out how each of these measures would correspond. i.e. whether they were each assessing similar patterns of attachment behaviour i.e. secure, anxious avoidant.

Brennan et al., (1998) set out to assess a number of different self report scales to examine the convergence between them. After a thorough search of the literature they identified 482 items based on every multi item scale of which they were aware, including unpublished conference papers. These 482 items were designed to assess 60

---

<sup>1</sup> apparently the term 'attachment style' tends to be used by social psychologists and 'attachment pattern' by clinicians, see (Brennan, Clarke and Shaver 1998).

named attachment related constructs. After eliminating duplicate or very similar items this figure of 482 was later reduced by the three researchers to 323. These items were then turned into a questionnaire and administered to 1086 subjects (psychology undergraduates). They were rated on a 7-point scale ranging from “not at all like” me to “very much like me”.

Using a principle component analysis of the 60 subscales they produced two major factors which accounted for 62% of the variance in the 60 subscales, The two factors were conceptually equivalent to the horizontal and vertical axis of Bartholomew’s four category typology.

The three measures chosen by me for use with the students were included in the measures examined in the above analysis by Brennan Clark and Shaver. They found that *Discomfort with Closeness* a category used by Feeney et al 1994 and *Self Reliance* (West and Sheldon-Keller) along with *Avoidance of Intimacy* a scale used by Rothbard et al 1993 (which I had not used) emerged at the top of the three scales representative of the first factor, Avoidance. *Preoccupation* (Feeney et al., 1994), *Jealously/Fear of Abandonment* (Brennan and Shaver 1995) emerged as the scales (with Rothbard et al., 1993) as most representative of the second factor Anxiety.

They used the two higher order factors to cluster participants and got a pattern of four distinct groups whose pattern of scores on the Avoidance and Anxiety factors clearly resembled Bartholomew’s descriptions of the secure, fearful, preoccupied and dismissing categories (see page 59). Participants in the “secure” cluster scored low on both Avoidance and Anxiety. Those in the “fearful” cluster scored high on both Avoidance and Anxiety. Those in the “preoccupied” cluster scored low on Avoidance and high on Anxiety, while those in the “dismissing” cluster scored high on Avoidance and low on Anxiety.

High and Low Scores in relation to the two Dimensions of Anxiety and Avoidance following Cluster Analysis revealed four categories of attachment similar to Bartholomew's 1990

---

	Avoidance	Anxiety
Bartholomew's Categories		
Secure	Low	Low
Fearful	High	High
Preoccupied	Low	High
Dismissing	High	Low

---

The work of Brennan Clark and Shaver seemed to suggest that one could isolate two dimensions of insecure attachment that corresponded to Ainsworth's original observations and which had convergence with Bartholomew's four categories. It also seems to vindicate my choice of measure in that they seemed compatible with each other and that they would be able to discriminate in a meaningful way in terms of attachment theory as conceptualised by Ainsworth and Bowlby between two insecure patterns of attachment.

Fraley and Waller, (1998) however in the same volume which published the work by Brennan et al provide a well argued view based on mathematical theory that the preoccupation with measuring attachment patterns (types) is based on a misconception of what is required to establish a categorical variable. Their understanding is that there is a quantitative distribution of individual differences in the organisation of the attachment system and suggest that "dimensional models of adult attachment styles should be adopted by attachment researchers to maximise

measurement precision and validity” p 104. They caution against a proliferation of research aimed at classifying individuals into attachment types and urge a vectoring of energy and interest in the factors that contribute to security and insecurity as experienced in real life. In a very powerful concluding paragraph they suggest:

“Another reason why we favour the dimensional approach is because it makes it easier, we believe to think about underlying mechanisms. Most factor analytic studies indicate that the two latent dimensions of Avoidance and Anxiety are important in explaining variation in peoples’ thoughts, behaviours, and feelings in close relationships. Thus, the next major theoretical step is to investigate the nature of these dimensions, to find out exactly what they represent and how they operate. Unfortunately the prototype approach does not promote this kind of investigation because it focuses on manifest, and according to our analysis , arbitrary types. An explicit focus on the latent dimensions, however, may facilitate inquiry into the underlying operation of the *attachment system* (my italics). Avoidance and Anxiety may influence emotion and behaviour at different temporal stages of information processing and behavioural regulation. It is also possible that the dimension of Anxiety captures variation in physiological and emotional parameters rather than cognitive knowledge structures, whereas Avoidance captures variation in the organisation of knowledge structures rather than emotional thresholds. Such hypotheses, of course, are best conceived within a theoretical model that explicitly focuses on latent dimensions rather than conceptual prototypes.” p. 107.

I agree that work on establishing attachment measures need to remain focused on the underlying attachment dynamic that they have the potential to capture and understand. Attachment behaviour is context specific and influenced by both past and present experience of relationship. Given that the measurements I choose capture the dimensions of Avoidance and Anxiety as described above, I expect them to be as much tapping into indications of the students experience in there and now when acting as caregivers in a situation arousing the dynamics of attachment as measuring secure or

caregivers in a situation arousing the dynamics of attachment as measuring secure or insecure attachment derived from early experiences with caregivers. I am satisfied that the measurements are sound, well connected with the field of research into attachment patterns and will give me a measure of security and insecurity for the students. It remains for further work to identify more precisely what these measurements are actually measuring.



## **CONSENT FORM FOR THERAPISTS AND CLIENTS**

**CONDITIONS UNDER WHICH VIDEOS OF CLINICAL MATERIAL ARE BEING MADE AVAILABLE TO THE DEPARTMENT OF SOCIAL POLICY AND SOCIAL WORK, UNIVERSITY OF YORK, TO CARRY OUT RESEARCH INTO ATTUNEMENT IN PSYCHOTHERAPY**

- 1. The taped material generated for this project is intended solely for the precise purposes outlined in the research.**
- 2. The material will not be released to the principal researcher (Una McCluskey) without prior written consent of the clinicians and clients involved in creating the material.**
- 3. Once released the material shall be kept under lock and key at all times when it is not being used for the research in order to safeguard confidentiality.**
- 4. Under no circumstances shall persons who are not directly involved with the research (including technical and support staff) have access to the taped material or transcripts of the same.**
- 6. After the material has been used for the research all the taped material generated for the project will be destroyed.**
- 7. If the clinicians are invited to comment on excerpts from the video material they will do so from their own perspectives as clinicians and will limit their comments to the precise interactions observed.**

## FORM FOR RATING EMPATHIC ATTUNEMENT


### INSTRUMENT ONE

Name of Student.....number of tape.....Date.....room no

FA 1 Does the student look and sound present?

Very Much Not at all


1                    2                    3                    4                    5                    6



FA 2 Does the student look frightened, nervous, anxious defended, stiff or distracted?

Very Much Not at all


1                    2                    3                    4                    5                    6



FA 3 Does the student intrude into or use the space around the client in a way that makes the client look uncomfortable?

Very Much Not at all

1                    2                    3                    4                    5                    6



A 4 Does the student help the client develop their ability to think about their problem

Very  
Much

Not  
at all



A 5 Does the student help the client recognise the feelings they have about their problem?

Very  
Much

Not  
at all



M 6 Does the student misunderstand what has just been said or fail to respond in a way that takes it forward?

Very  
Much

Not  
at all



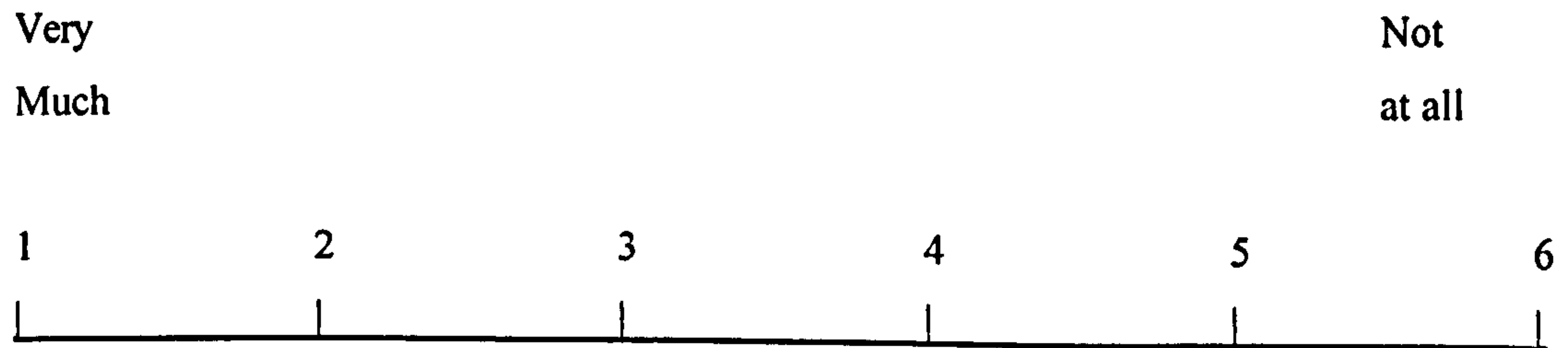
M 7 Does the student ask a question focusing on an irrelevant detail or give a response or change direction, when the client has said something painful?

Very  
Much

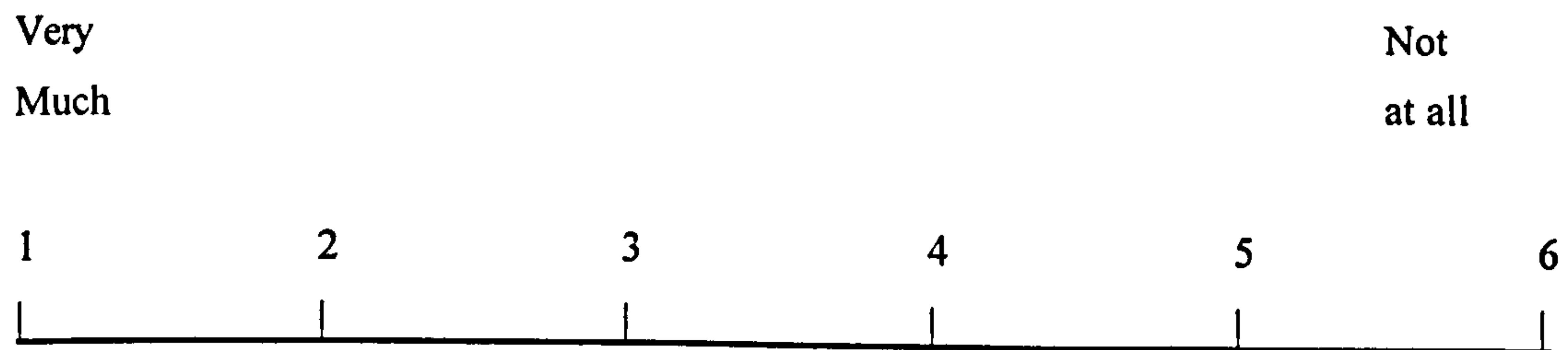
Not  
at all



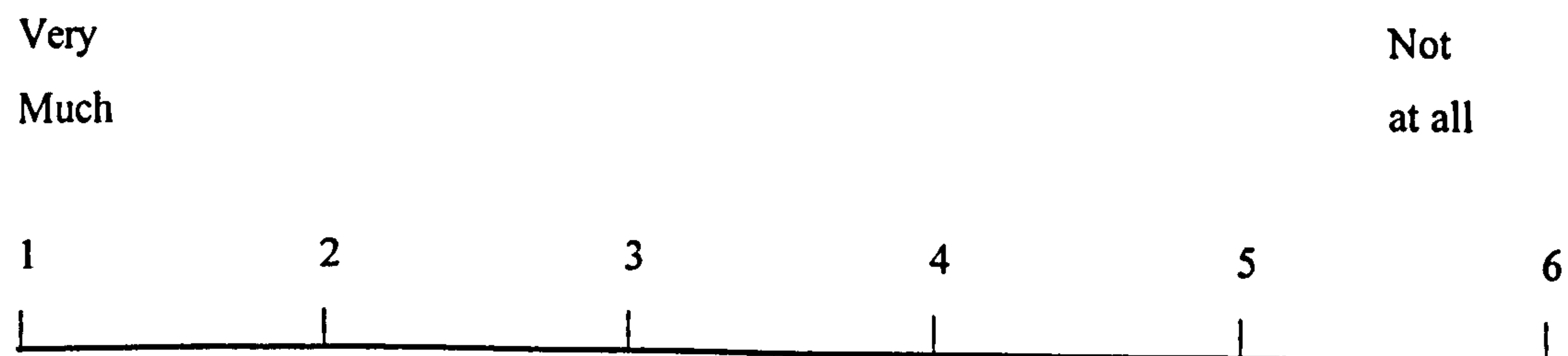
**Ex 8** Does the student inhibit further exploration by either timing, tone or content? (jumps in too quickly; talks too much; body language..moves away/back into their seat...develops a fixed posture, etc.).



**I 9** Is the student's input either insufficient or redundant?



**Ex10** Does the student help the client explore?



**M 11** Is the flow of input from the student inappropriately paced for the client either by too much or too little intensity?



Ex12 Does the student offer more of his or her interpretation than the client is ready for?

Very  
Much

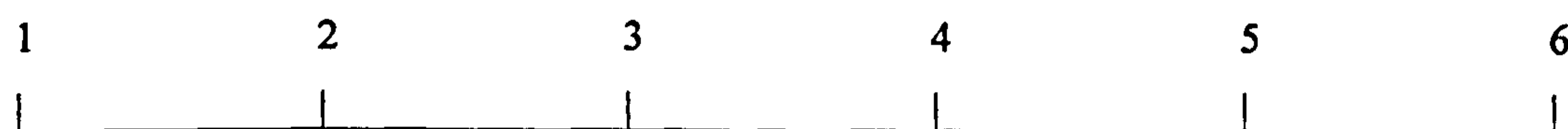
Not  
at all



A 13 Is there a creative exchange between student and client

Very  
Much

Not  
at all



I 14 Is what the student says helpful?

Very  
Much

Not  
at all



I 15 Does the student's input relate to the full range of material presented by the client.

Very  
Much

Not  
at all



**FORM FOR RATING EMPATHIC ATTUNEMENT**  
**INSTRUMENT TWO**

Name of Student.....number of tape.....Date..... room no

**Focused attention**

Refers to whether one thinks the student's body language conveys that they are fully focused on the client.



Indicators for:

Indicators against:

Name of Student.....number of tape.....Date..... room no

**Modulates response:**

Responding to the affect and factual content of the client in such a way that is likely to convey to the client that the student is on their wavelength.



Indicators for:

Indicators against:

Name of Student.....number of tape.....Date..... room no

**Input**

Providing something that is relevant to what the client is saying and which might be expected to help them develop their thoughts or explore their feelings.



Indicators for:

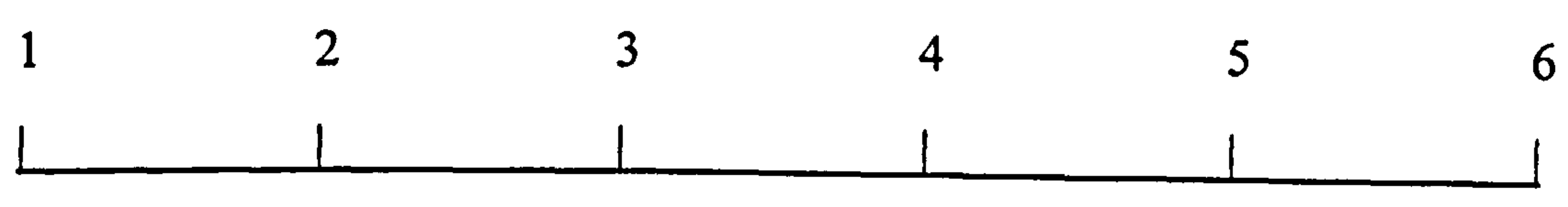
Indicators against:



Name of Student.....number of tape.....Date..... room no

**Facilitates exploration:**

Responds to the client in such a way that they carry on exploring and developing what is of concern to them.



Indicators for:

Indicators against

Name of Student.....number of tape.....Date..... room no

**Attunement**

Refers to harmony and rhythm between student and client so that each is responding to the other in such a way that the experience for the client intellectually or emotionally is deepened.



Indicators for:

Indicators against:

## PROCEDURE FOR UNDOING DISTRACTIONS

The goal of the Distraction Exercise is to cross from person system to member system so that one has one's full energy available for the task (Agazarian, 1997, Agazarian & Gantt, 2000). I will now describe the process of undoing a distraction so that the reader understands the method used. I will use imaginary dialogue to illustrate the process and use the letter 'L' to signify the person undoing the distraction (in the case of this research project, I took on this role as described in chapter 9) and the letter 'M' for the person with the distraction (in this case the independent rater).

- L "have you any distractions taking your energy away from the task of rating these tapes?"
- M "yes".
- L "What are the facts of your distraction?"
- M "On my way to work this morning I saw an accident, someone was knocked off their bike and I didn't stop because I was late already. Also, I had an argument with my son before he left for school and I ended up getting really mad at him. Then when I got in, I met Jackie in the photocopying room who asked if I had those essays ready and then I picked up my post and .."
- L So let's see. Let's go slow, we will take the facts one at a time and try to separate the feelings from the facts. The first fact is that on your way in to work this morning you saw an accident, how did you feel about that fact?
- M "Anxious"
- L Are you anxious now?
- M Yes

- L In SCT (Systems Centred Therapy) we think that there are three sources for anxiety: (i) you are thinking something that is making you anxious; (ii) you are experiencing something that is making you anxious or (iii) you are at the edge of the unknown. Do you know which of these three is the source of your anxiety?
- M Yes. I am thinking something that is making me anxious
- L What is the thought?
- M The thought is that the person has suffered brain damage
- L Do you see that your anxiety is being generated by a thought, which is a mind read of what you saw?
- M Yes, I can see that
- L Is there any way that you can check your mind read?
- M No, not at the moment, no possibly not at all.
- L How is it for you to have seen an accident, to have had the mind read that the person was brain damaged and as a result, experience anxiety; to know that your anxiety is generated by your mind read and that at the moment, and possibly for ever you are not in a position to check out your mind read. How do you feel about all those facts?
- M Calm
- L So you feel calm about those facts. Now the next fact of your distraction is that you saw the accident and did not stop. How do you feel about that fact?
- M I feel guilty

UNFINISHED

At the end of the distraction exercise the leader would ask, are you more here, less here or the same? If the person answered 'less here or about the same, the leader would then ask are there any other distractions keeping your energy away from the task and the process of separating out facts from feelings would proceed all over again

until the person was fully present with their energy available for the task. That is the goal of the distraction exercise, and it carries on until the person is present.

## FORM FOR RATING INTERACTION BETWEEN STUDENT AND ACTOR

Date: 12/6/96 - 26/6/96.....Student.....Room.....

1-8

9-17

18-25

	Attuned	Tuning In	Not Attuned	Score
CAnn				
Una				
Liza				

	Attuned	Tuning In	Not Attuned	Score
CAnn				
Una				
Liza				

	Attuned	Tuning In	Not Attuned	Score
CAnn				
Una				
Liza				

	Attuned	Tuning In	Not Attuned	Score
CAnn				
Una				
Liza				

	Attuned	Tuning In	Not Attuned	Score
CAnn				
Una				
Liza				

up to eight segments - not all included here

## ATTACHMENT QUESTIONNAIRES

Brennan and Shaver (1995)

Dimensions of Adult Attachment., Affect Regulation, and Relationship Functioning

---

1 = totally disagree

2 = strongly disagree

3 = slightly disagree

4 = slightly agree;

5 = strongly agree:

6 = totally agree

---

1. I haven't received enough appreciation from romantic partners

1 2 3 4 5 6

2. After even a brief separation, I eagerly look forward to seeing my  
partner

1 2 3 4 5 6

3. I don't hesitate to ask for help when I need it

1 2 3 4 5 6

4. I'm often not sure how I feel about my partner

1 2 3 4 5 6

5. I find it easy to trust others

1 2 3 4 5 6

6. When my partner is out of sight, I worry that he or she might become interested in someone else 1 2 3 4 5 6
7. My romantic partners have not been as consistently available as I would like 1 2 3 4 5 6
8. My romantic partner doesn't take my concerns seriously 1 2 3 4 5 6
9. When something good happens, I can hardly wait to tell my partner 1 2 3 4 5 6
10. I don't mind asking others for comfort, advice or help 1 2 3 4 5 6
11. I often have trouble figuring out whether I'm truly in love with my partner or not 1 2 3 4 5 6
12. I think most people are trustworthy 1 2 3 4 5 6
13. I often worry that my partner might leave me for someone else 1 2 3 4 5 6
14. My romantic partners have rarely given me enough of their time 1 2 3 4 5 6
15. My romantic partners have often let me down 1 2 3 4 5 6
16. I like to tell my romantic partner all about my day 1 2 3 4 5 6



17. I rarely ask others for any kind of help  
1 2 3 4 5 6
18. Sometimes I love my partner passionately, but at other times  
I feel myself pulling back 1 2 3 4 5 6
19. It's easy for me to trust romantic partners  
1 2 3 4 5 6
20. I often worry that my partner doesn't really love me  
1 2 3 4 5 6
21. I have to keep track of my partner if I want him or her  
to be around when needed 1 2 3 4 5 6
22. I sometimes get frustrated and angry because no one loves  
me the way I'd like to be loved 1 2 3 4 5 6
23. I like to share new ideas with my romantic partner  
1 2 3 4 5 6
24. I'm not the kind of person who readily turns to others in times  
of need 1 2 3 4 5 6
25. I sometimes feel that getting too close will cause trouble  
for me 1 2 3 4 5 6
26. You can't trust most people 1 2 3 4 5 6

27. When my partner pays attention to other people, I can't help  
feeling jealous 1 2 3 4 5 6
28. Sometimes people change their feelings about me for no apparent  
reason 1 2 3 4 5 6
29. My romantic partners have often been inconsiderate  
1 2 3 4 5 6
30. When I am away from my romantic partner, I miss him or  
her a great deal 1 2 3 4 5 6
31. I seek comfort from others when I'm troubled or ill  
1 2 3 4 5 6
32. Sometimes when I get what I want in a relationship,  
I'm not sure I want it anymore 1 2 3 4 5 6
33. Most people are well-intentioned and good-hearted  
1 2 3 4 5 6
34. I rarely worry about my partner leaving me  
1 2 3 4 5 6
35. Frequently, I wish I could get closer to my romantic partner  
1 2 3 4 5 6

36. My romantic partners haven't usually understood what I needed  
1 2 3 4 5 6
37. I enjoy talking to my romantic partner about almost anything  
1 2 3 4 5 6
38. It is easy for me to ask others for help  
1 2 3 4 5 6
39. I miss my partner intensely when we're apart, but sometimes  
when we're together I feel like escaping  
1 2 3 4 5 6
40. It's best to be cautious in dealing with most people  
1 2 3 4 5 6
41. I'm not the jealous type  
1 2 3 4 5 6
42. I wish my partner would open up more to me  
1 2 3 4 5 6
43. I often get frustrated because my romantic partners don't  
understand my needs  
1 2 3 4 5 6
44. It helps to turn to my romantic partner in times of need  
1 2 3 4 5 6
45. I feel comfortable depending on other people  
1 2 3 4 5 6
46. Sometimes I feel certain I can trust my partner, but at  
other times I am not so sure  
1 2 3 4 5 6

47. I find it difficult to depend on others  
1 2 3 4 5 6
48. I don't often worry about being abandoned by a lover  
1 2 3 4 5 6
49. When I'm not involved in a relationship, I feel somewhat  
anxious and insecure  
1 2 3 4 5 6
50. I've generally been able to count on romantic partners for  
comfort and understanding  
1 2 3 4 5 6
51. I don't need much affection from a romantic partner  
1 2 3 4 5 6
52. I find it relatively easy to get close to others  
1 2 3 4 5 6
53. I sometimes feel angry or annoyed with my partner  
without knowing why  
1 2 3 4 5 6
54. Often, just when you think you can depend on someone,  
the person doesn't come through  
1 2 3 4 5 6
55. I don't often feel I have to keep track on my partner's  
whereabouts  
1 2 3 4 5 6
56. My romantic partners usually do what they want regardless  
of my wishes  
1 2 3 4 5 6

57. My romantic partner makes me doubt myself  
1 2 3 4 5 6
58. I don't seek out my romantic partner when I am feeling bad  
1 2 3 4 5 6
59. When I'm troubled or ill I prefer to be alone  
1 2 3 4 5 6
60. I want attention and affection but sometimes feel  
uncomfortable when I get it  
1 2 3 4 5 6
61. It's risky to open up to another person  
1 2 3 4 5 6
62. I get frustrated when my partner isn't around as much  
as I would like  
1 2 3 4 5 6
63. I've often gotten angry at romantic partners for ignoring  
me  
1 2 3 4 5 6
64. My romantic partners have usually been there when  
I needed them  
1 2 3 4 5 6
65. I like to be as emotionally close as possible with my  
romantic partners  
1 2 3 4 5 6

66. I usually prefer to be alone rather than with others  
1 2 3 4 5 6
67. I'm in no hurry to get involved in a long-term, committed relationship  
1 2 3 4 5 6
68. My romantic partners have generally been trustworthy  
1 2 3 4 5 6
69. I'm not very comfortable being away from my partner  
1 2 3 4 5 6
70. My romantic partners have often been unavailable when I needed them  
1 2 3 4 5 6

The above consists of 7 subscales:

- |   |                                 |    |  |
|---|---------------------------------|----|--|
| 1 | Frustration with partners       | Q. | 1, 8, 15, 22, 29, 36, 43, 50 (r), 57, 62(r)                |
| 2 | Proximity Seeking               | Q. | 2, 9, 16, 23, 30, 37, 44, 51(r), 58(r), 63                 |
| 3 | Self Reliance                   | Q. | 3(r), 10(r), 17, 24, 31(r), 38(r),<br>45(r), 52(r), 60, 64 |
| 4 | Ambivalence                     | Q. | 4, 11, 18, 25, 32, 39, 46, 53, 59, 65                      |
| 5 | Trust                           | Q. | 5, 12, 19, 26(r), 33, 40(r), 47(r), 54 (r),<br>66(r), 70   |
| 6 | Jealousy                        | Q. | 6, 13, 20, 27, 34 (r), 41(r),48(r), 55(r),<br>60, 67       |
| 7 | Anxious clinging<br>to partners | Q. | 7, 14, 21, 28, 35, 42, 49, 56, 61, 68                      |

## ATTACHMENT QUESTIONNAIRE

Feeney, J., Noller, P. and Hanrahan, M. (1994) Assessing Adult Attachment:  
Attachment Style Questionnaire.

Name:.....Date.....

Show how much you agree with each of the following items by rating them on the  
above scale:

---

1 = totally disagree

2 = strongly disagree

3 = slightly disagree

4 = slightly agree;

5 = strongly agree:

6 = totally agree

---

1. Overall, I am a worthwhile person 1 2 3 4 5 6
2. I am easier to get to know than most people 1 2 3 4 5 6
3. I feel confident that people will be there for me when I need them  
1 2 3 4 5 6
4. I prefer to depend on myself rather than on other  
people 1 2 3 4 5 6
5. I prefer to keep to myself 1 2 3 4 5 6

6. To ask for help is to admit that you're a failure. 1 2 3 4 5 6
7. People's worth should be judged by what they achieve. 1 2 3 4 5 6
8. Achieving things is more important than building relationships. 1 2 3 4 5 6
9. Doing your best is more important than getting on with others.... 1 2 3 4 5 6
10. If you've got a job to do, you should do it no matter who gets hurt 1 2 3 4 5 6
11. It's important to me that others like me 1 2 3 4 5 6
12. It's important to me to avoid doing things that others won't like 1 2 3 4 5 6
13. I find it hard to make a decision unless I know what other people think. 1 2 3 4 5 6
14. My relationships with others are generally superficial 1 2 3 4 5 6
15. Sometimes I think I am no good at all 1 2 3 4 5 6
16. I find it hard to trust other people 1 2 3 4 5 6
17. I find it difficult to trust other people 1 2 3 4 5 6



18. I find that others are reluctant to get as close  
as I would like 1 2 3 4 5 6
19. I find it relatively easy to get close to other people 1 2 3 4 5 6
20. I find it easy to trust others. 1 2 3 4 5 6
21. I feel comfortable depending on other people 1 2 3 4 5 6
22. I worry that others won't care about me as much as I  
care about them 1 2 3 4 5 6
23. I worry about people getting too close 1 2 3 4 5 6
24. I worry that I won't measure up to other people 1 2 3 4 5 6
25. I have mixed feelings about being close to others 1 2 3 4 5 6
26. While I want to get close to others, I feel uneasy  
about it 1 2 3 4 5 6
27. I wonder why people would want to be involved  
with me 1 2 3 4 5 6
28. It's very important to me to have a close relationship 1 2 3 4 5 6
29. I worry a lot about my relationships 1 2 3 4 5 6

30. I wonder how I would cope without someone  
to love me 1 2 3 4 5 6
31. I feel confident about relating to others 1 2 3 4 5 6
32. I often feel left out or alone 1 2 3 4 5 6
33. I often worry that I do not really fit in with other people 1 2 3 4 5 6
34. Other people have their own problems so I don't bother  
them with mine 1 2 3 4 5 6
35. When I talk over my problems with others, I generally feel  
ashamed or foolish 1 2 3 4 5 6
36. I am too busy with other activities to put much time into  
relationships 1 2 3 4 5 6
37. If something is bothering me, others are generally  
aware and concerned 1 2 3 4 5 6
38. I am confident that other people will like and  
respect me 1 2 3 4 5 6
39. I get frustrated when others are not available when I  
need them 1 2 3 4 5 6
40. Other people often disappoint me 1 2 3 4 5 6

The above consists of 5 subscales

1	Confidence	Q.	1, 2, 3, 19, 33(r), 37, 38
2	Discomfort with closeness	Q.	4, 5, 16, 17, 20(r), 21(r), 23, 25, 26, 34
3	Relationships as secondary	Q.	6, 7, 8, 9, 10, 14, 36
4	Need for approval	Q.	11, 12, 13, 15, 24, 27, 35
5	Preoccupation	Q.	18, 22, 28, 29, 30, 32, 39, 40

## ATTACHMENT QUESTIONNAIRE

West, M., Sheldon-Keller, A. (1992)

The Assessment of Dimensions Relevant to Adult Reciprocal Attachment

Name:.....Date.....

### INSTRUCTIONS

On the following pages you will find a series of statements.

In each instance, you are asked to rate how strongly you agree that the statement is typical of you.

=====

In this questionnaire, you will find questions about your relationship to one special person in your life. We call this special person your 'attachment figure'. By attachment figure, we mean:

- Most likely, the person you are living with or romantically involved with
- The person you'd most likely expect to turn to for comfort, help, advice, love or understanding
- The person you'd be most likely to depend on, and who may depend on you for some things

To answer the following questions, think of the person you feel closest to right now. This person is your attachment figure, even if the descriptions don't all seem to quite fit.

Is there someone in your life right now whom you would describe as your attachment figure?

Yes

No

Relationship to your attachment figure: \_\_\_\_\_

My attachment figure is my \_\_\_\_\_

The questions about your relationship with your attachment figure begin on the next page. Please think about each question and answer carefully, but do not worry if some questions are hard to answer exactly. Do the best you can and trust your own judgements.

Remember, this questionnaire is not a test; there are no right or wrong answers. The questions simply describe different relationships. Thank you for your help.

**PLEASE GO ON TO THE NEXT PAGE**

---

1 = totally disagree

2 = strongly disagree

3 = slightly disagree

4 = slightly agree;

5 = strongly agree:

6 = totally agree

---

1. I turn to my attachment figure for many things,  
including comfort and reassurance 1 2 3 4 5 6
  
2. I wish there was less anger in my relationship  
with my attachment figure 1 2 3 4 5 6
  
3. I put my attachment figure's needs before my own 1 2 3 4 5 6
  
4. I get frustrated when my attachment figure is not around as  
much as I would like 1 2 3 4 5 6
  
5. I feel it is best not to depend on my attachment figure 1 2 3 4 5 6
  
6. I want to get close to my attachment figure but I keep  
pulling back 1 2 3 4 5 6
  
7. I often feel too dependent on my attachment figure 1 2 3 4 5 6

8. I can't get on with my work if my attachment figure has a problem  
1 2 3 4 5 6
9. I enjoy taking care of my attachment figure  
1 2 3 4 5 6
10. I don't object when my attachment figure goes away for  
a few days  
1 2 3 4 5 6
11. I'm confident that my attachment figure will try to understand  
my feelings  
1 2 3 4 5 6
12. I wish that I could be a child again and be taken care of  
by my attachment figure  
1 2 3 4 5 6
13. I worry that my attachment figure will let me down  
1 2 3 4 5 6
14. I wouldn't want my attachment figure relying on me  
1 2 3 4 5 6
15. I resent it when my attachment figure spends time away from me  
1 2 3 4 5 6
16. I have to have my attachment figure with me when I am upset  
1 2 3 4 5 6

17. I rely on myself and not my attachment figure to solve my problems 1 2 3 4 5 6
18. When I'm upset, I am confident that my attachment figure will be there to listen to me 1 2 3 4 5 6
19. I usually discuss my problems and concerns with my attachment figure 1 2 3 4 5 6
20. I feel abandoned when my attachment figure is away for a few days 1 2 3 4 5 6
21. I have a terrible fear that my relationship will end with my attachment figure 1 2 3 4 5 6
22. I do not need my attachment figure to take care of me 1 2 3 4 5 6
23. My attachment figure only seems to notice me when I am angry 1 2 3 4 5 6
24. I talk things over with my attachment figure 1 2 3 4 5 6



25. It's easy for me to be affectionate with my attachment figure  
1 2 3 4 5 6
26. I expect my attachment figure to take care of his/her own  
problems  
1 2 3 4 5 6
27. I'm afraid that I will lose my attachment figure's love  
1 2 3 4 5 6
28. I feel lost if I'm upset and my attachment figure is not  
around  
1 2 3 4 5 6
29. I'm furious that I don't get any comfort from my attachment  
figure  
1 2 3 4 5 6
30. I'm so used to doing things on my own that I don't ask my  
attachment figure for help  
1 2 3 4 5 6
31. I'm confident that my attachment figure will always love me  
1 2 3 4 5 6
32. I'm never certain what I should do until I talk to my  
attachment figure  
1 2 3 4 5 6

33. I would be helpless without my attachment figure  
1 2 3 4 5 6
34. Things have to be really bad for me to ask my attachment  
figure for help  
1 2 3 4 5 6
35. I get really angry at my attachment figure because I think  
he/she could make time for me  
1 2 3 4 5 6
36. I often feel angry with my attachment figure without knowing  
why  
1 2 3 4 5 6
37. I feel that the hardest thing to do is to stand on my own  
1 2 3 4 5 6
38. I feel that there is something wrong with me because  
I'm remote from my attachment figure  
1 2 3 4 5 6
39. I don't make a fuss over my attachment figure  
1 2 3 4 5 6
40. I don't sacrifice my own needs for the benefit of my  
attachment figure  
1 2 3 4 5 6

41. My attachment figure is always disappointing me  
1 2 3 4 5 6
42. When I am anxious I desperately need to be close to my  
attachment figure  
1 2 3 4 5 6
43. It makes me feel important to be able to do things for my  
attachment figure  
1 2 3 4 5 6

The above consists of 9 subscales

1	Proximity Seeking	Q.	16, 28, 42
2	Separation Protest	Q.	10(r), 15, 20
3	Feared Loss	Q.	21, 27, 31(r)
4	Angry Withdrawal	Q.	2, 4, 23, 29, 35, 36, 41
5	Compulsive Care-Giving	Q.	3, 8, 9, 26(r), 39(r), 40(r), 43
6	Compulsive Self Reliance	Q.	5, 6, 14, 19(r), 25(r), 30, 38
7	Compulsive Care-Seeking	Q.	7, 12, 17(r), 22(r), 32, 33, 37
8	Availability	Q.	11(r), 13, 18(r)
9	Use	Q.	1(r), 24(r), 34

## REFERENCES

- Agass, D. (2000). Containment, supervision and abuse. In U. McCluskey & C.-A. Hooper (Eds.), Psychodynamic Perspectives on Abuse: The Cost of Fear (pp. 209-222). London, Philadelphia: Jessica Kingsley.
- Agazarian, Y. M. (1997). Systems-Centered Therapy for Groups. New York: Guilford.
- Agazarian, Y. M., & Gantt, S. P. (2000). An Autobiography of a Theory. London and Philadelphia: Jessica Kingsley.
- Ainsworth, M. D. S. (1991). Attachments and other affectional bonds across the life cycle. In C. M. Parkes & J. Stevenson-Hinde & P. Marris (Eds.) Attachment Across the Life Cycle (pp. 33-51). London and New York: Routledge.
- Ainsworth, M. D. S., Bell, S. M., & Stayton, D. (1974). Infant-mother attachment and social development. In M. P. Richards (Ed.), The introduction of the child into a social world (pp. 99-135). London: Cambridge University Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, N.J.: Erlbaum Associates.
- Ainsworth, M. D. S., & Wittig, B. A. (1969). Attachment and the exploratory behaviour of one-year-olds in a strange situation. In B. M. Foss (Ed.), Determinants of Infant Behaviour (Volume 4 ed., pp. 113-136). London: Methuen.
- Allison, G. H. (1994). On the homogenization of psychoanalysis and psychoanalytic psychotherapy: a review of some of the issues. J. Amer. Psychoanal. Assn., 42, 341-362.
- Anstadt, T., Merten, J., Ullrich, B., & Krause, R. (1997). Affective dyadic behaviour, core conflictual relationship themes, and success of treatment. Psychotherapy Research, 7, 397-417.

- Balint, M., & Balint, E. (1961). Psychotherapeutic Techniques in Medicine. London: Tavistock Publications.
- Bartholomew, K. (1990) Avoidance of intimacy: an attachment perspective. Journal of Social and Personal Relationships, 7, 147-178.
- Bartholomew, K. & Shaver, P.R. (1998) Methods of assessing adult attachment. Do they converge? In J. A. Simpson and S.W. Rholes (Eds.), Attachment Theory and Close Relationships (pp. 25-45). The Guilford Press, New York /London.
- Beebe, B., & Lachman, F. M. (1988). The contribution of mother-infant mutual influence to the origins of self and object relationships. Psychoanalytic Psychology, 5, 305-337.
- Bohart, A., C., & Greenberg, L., S. (1997). Empathy Reconsidered: New Directions in Psychotherapy. Washington: American Psychologist.
- Bowlby, J. (1969). Attachment and Loss (Vol. I Attachment). London: Hogarth Press.
- Bowlby, J. (1973). Attachment and Loss (Vol. II, Separation, Anxiety and Anger). London, Hogarth Press; New York, Basic Books.
- Bowlby, J. (1979). The Making and Breaking of Affectional Bonds. London: Tavistock Publications.
- Bowlby, J. (1980). Attachment and Loss (Vol. III, Loss: Sadness and Depression): London, Hogarth Press; New York, Basic Books.
- Bowlby, J. (1982). Attachment and Loss (2nd ed. Vol. I, Attachment). Harmondsworth: Penguin Books.
- Bowlby, J. (1988). On knowing what you are not supposed to know and feeling what you are not supposed to feel, A Secure Base (pp. 99-119). London: Routledge.
- Bowlby, J. (1991). Postscript. In C. M. Parkes & J. Stevenson-Hinde & P. Marris (Eds.), Attachment Across the Life Cycle (pp. 293-297). London and New York: Routledge.
- Brazelton, T. B., & Cramer, B. G. (1990). The Earliest Relationship. Reading: Addison-Wesley.

- Brazelton, T. B. K., B. & Main, M. (1974). The origins of reciprocity: the early mother-infant interaction. In M. Lewis & L. A. Rosenblum (Eds.), The Effect of the Infant on its Caregiver (pp. 49-76). New York: Wiley.
- Brearley, J. (2000). Working as an organisational consultant with abuse encountered in the workplace. In U. McCluskey & C.-A. Hooper (Eds.), Psychodynamic Perspectives on Abuse: The Cost of Fear (pp. 223-239). London, Philadelphia.
- Brennan, K. A., & Shaver, P. R. (1995). Dimensions of adult attachment, affect regulation, and romantic relationship functioning. Journal of Personality and Social Psychology, 21, 267-283.
- Brennan, K. A., Clark, C. L., Shaver, P. R. (1998) Self report measurement of adult attachment; an integrative overview, In J. A. Simpson and S.W. Rholes (Eds.), Attachment Theory and Close Relationships (pp. 46-76). The Guilford Press, New York /London, .
- Bretherton, I. (1990). Communication patterns, internal working models, and the intergenerational transmission of attachment relationships. Infant Mental Health Journal, 11, 237-252.
- Bretherton, I. (1991). The roots and growing points of attachment theory. In C. M. Parkes & J. Stevenson-Hinde & P. Marris (Eds.), Attachment Across the Life Cycle (pp. 9-32). London and New York: Routledge.
- Campos, J. J., Barrett, K. C., Lamb, M. E., Goldsmith, H. H., & Stenberg, C. (1983). Socioemotional development. In M. M. Haith & J. J. Campos (Eds.), Handbook of Child Psychology (Vol. 2. Infancy and psychobiology, pp. 783-915). New York: Wiley.
- Carkhuff, R., R., & Berenson, B., G. (1977). Beyond Counselling and Therapy. (Second edition ed.). New York.: Holt, Reinhart and Winston.
- Cassidy, J., & Shaver, P. R. (Eds.). (1999). Handbook of Attachment. New York: Guilford Press.
- Cohn, J. T., E. Z. (1987) Mother-infant face-to-face interaction: The sequence of dyadic states at 3, 6, and 9 months. Developmental Psychology, 23: 68-77.

- (1987). Mother-infant face-to-face interaction: The sequence of dyadic states at 3, 6, and 9 months. Developmental Psychology, 23, 68-77.
- Crittenden McKinsey, P. (1995). Attachment and psychopathology. In S. Goldberg & R. Muir & J. Kerr (Eds.), Attachment Theory; Social, Developmental and Clinical Perspectives (pp. 367-406). London: The Analytic Press.
- Dunn, J. (1999). Mindreading, emotion and relationships. In P. D. Zelazo & J. W. Astington & D. R. Olson (Eds.), Developing Theories of Intention: social understanding and self control. (pp. 229-242.). Mahwah, New Jersey: London: Lawrence Erlbaum Associates.
- Ekman, P. (1993) Expression and the nature of emotion. American Psychologist, 48, 384-392.
- Ekman, P., & Friesen, W. V. (1975) Unmasking the face. Englewood Cliffs, NJ: Prentice-Hall.
- Ekman, P., & Friesen, W. V. (1986) A new pan-cultural facial expression of emotion. Motivation and Emotion, 10, 150-168.
- Eliot, T. S. (1963). Collected Poems: 1909-1962. London: Faber & Faber.
- Emde, R. N. (1983). The Prerepresentational self and its affective core. Psychoanalytic Study of the Child, 38, 165-192.
- Emde, R. N. (1985). An adaptive view of infants emotions: functions for self and knowing. Social Sciences Information, 24, 237-341.
- Emde, R. N. (1990a). Mobilising fundamental modes of development: empathic availability and therapeutic action. Int. J. Psycho-Anal, 69, 881-913.
- Emde, R. N. (1990b). The third phase of attachment research. In M. T. Greenberg, D. Cicchetti and E.M. Cummings (pp. ix-xxx). (Eds.). Attachment in the Pre-school Years. Chicago: University of Chicago Press
- Emde, R. N., Biringen, Z., Clyman, R., B, & Oppenheim, D. (1991). The moral self of infancy: affective core and procedural knowledge. Developmental Review, 11, 251-270.
- Fairbairn, R. (1952). Psychoanalytic Studies of the Personality. London: Tavistock.

- Feeney, J. A., Noller, P., & Hanrahan, M. (1994). Assessing adult attachment: developments in the conceptualization of security and insecurity. In M. B. Sperling & W. H. Berman (Eds.), Attachment in Adults: Theory, Assessment and Treatment (pp. 128-152). New York: Guilford.
- Fiedler, F. E. (1953). Quantitative studies on the role of therapists' feelings towards their patients. In O. H. Mowrer (Ed.), Psychotherapy Theory and Research (pp. 296-315). New York: The Ronald Press Company.
- Field, T. (1981). Infant arousal, attention and affect during early interactions. In L. P. Lipsitt (Ed.), Advances in Infancy Research (Vol. 1): Ablex Publishing Corporation.
- Field, T. N., Woodson, R., Greenberg, R., & Cohen, D. (1982). Discrimination and imitation of facial expressions by neonates. Science, 218, 179-181.
- Fonagy, P., Moran, G. S., Steele, M., & Steele, H. (1992). The integration of psychoanalytic theory and work on attachment: the issue of intergenerational psychic processes. In D. Stern & M. Ammaniti (Eds.), Attacamento E Psiconalis (pp. 19-30). Bari, Italy: Laterza.
- Fonagy, P., Steele, M., & Steele, H. (1991). Maternal representations of attachment during pregnancy predict the organisation of infant-mother attachment at one year of age. Child Development, 62, 880-893.
- Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995a). Attachment in adults: clinical and developmental perspectives. In S. Goldberg & M. Roy & K. John (Eds.), Attachment Theory; Social, Developmental and Clinical Perspectives (pp. 233-279). London: The Analytic Press.
- Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995b). Attachment, the Reflective Self, and Borderline States: The predictive specificity of the Adult Attachment Interview and Pathological Emotional Development. In S. Goldberg & R. Muir & J. Kerr (Eds.), Attachment Theory; Social, Developmental and Clinical Perspectives (pp. 233-279). London: The Analytic Press.



- Fraley, R. C., and Waller, N. G. (1998) Adult attachment patterns: a test of the typological model. In J. A. Simpson and S.W. Rholes (Eds.), Attachment Theory and Close Relationships. The Guilford Press, New York /London, pp. 77-114
- Friesen, W. V., & Ekman, P. (1984). EMFACS-7 Emotional facial action coding system. Unpublished manuscript
- Gergely, G. (1992). Developmental reconstructions: infancy from the point of view of psychoanalysis and developmental psychology. Psychoanalysis and Contemporary Thought, 15, 3-55.
- Gergely, G. (1996). Social biofeedback theory of parental affect-mirroring. Int. J. Psycho-Anal, 77, 1181-1207.
- Gergely, G., & Fonagy, P. (1998). States of mind. Paper presented at the International Attachment Network series of seminars on Intersubjectivity, London.
- Gopnik, A., Meltzoff, A. N., & Kuhl, P. (1999). The Scientist in the Crib: minds, brains and how children learn. New York: W. Morrow.
- Graff, H., & Luborsky, L. (1977). Long-term trends in transference and resistance: a report on a quantitative-analytic method applied to four psychoanalyses. J. Amer. Psychoanal. Assn., (APA), 25, 471-490.
- Grossmann, K., Fremmer-Bombik, E., Rudolph, J., & Grossmann, K. E. (1988). Maternal attachment representations as related to child-mother attachment patterns and maternal sensitivity and acceptance of her infant. In R. A. Hinde & J. Stevenson-Hinde (Eds.), Relations within Families (pp. 93-114). Oxford: Oxford University Press.
- Grossmann, K., & Grossmann, K. E. (1991a). Newborn behaviour, early parenting quality and later toddler-parent relationships in a group of German infants. In J. Nugent, K. & B. M. Lester & T. B. Brazleton (Eds.), The Cultural Context of Infancy. (Vol. 2). Norwood, N.J.: Ablex.
- Grossmann, K., Grossmann, K. E., Spangler, G., Suess, G., & Unzner, L. (1985). Maternal sensitivity and newborns' orientation responses as related to quality of attachment in northern Germany. In I. Bretherton & E. Waters (Eds.), Growing

Points in Attachment Theory and Research. Monographs of the Society for Research in Child Development (Vol. 50, pp. 233-278).

- Grossmann, K. E., & Grossmann, K. (1991b). Attachment quality as an organiser of emotional and behavioural responses in a longitudinal perspective. In C. M. Parkes & J. Stevenson-Hinde & P. Marris (Eds.), Attachment Across the Life Cycle (pp. 93-114). London and New York: Routledge.
- Haft, W. L., & Slade, A. (1989). Affect attunement and maternal attachment: a pilot study. Infant Mental Health Journal, 10, 157-171.
- Hay, D. F. (1997). Postpartum depression and cognitive development. In L. M. a. P. J. Cooper (Ed.), Postpartum depression and child development (pp. 85-110). New York: Guilford.
- Hardy, G. E., Stiles, W. B., Barkham, M., Startup, M. (1998) Therapist responsiveness to client interpersonal styles during time-limited treatments for depression. Journal of Consulting and Clinical Psychology, 66, 304-312
- Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualised as an attachment process. Journal of Personality and Social Psychology, 52, 511-524.
- Hazan, C., & Shaver, P. R. (1990). Love and work. Journal of Personality and Social Psychology, 59, 270-280.
- Heard, D., & Lake, B. (1986). The attachment dynamic in adult life. British Journal of Psychiatry, 149, 430-439.
- Heard, D., & Lake, B. (1997). The Challenge of Attachment for Caregiving. London: Routledge.
- Heard, D., & Lake, B. (2000, June 21st.). The dynamics of attachment. Paper presented at the International Attachment Seminar, London.
- Hofer, M. A. (1983). On the relationship between attachment and separation processes in infancy. In R. Plutchik & H. Kellerman (Eds.), Emotion: Theory, Research and Experience (Vol. 2, pp. 199-219). New York: London: Academic Press.

- Kiersky, S., & Beebe, B. (1994). The reconstruction of early nonverbal relatedness in the treatment of difficult patients: a special form of empathy. Psychoanalytic Dialogues 4, 4, 389-408.
- Klennert, M. D., Campos, J. J., Sorce, J. F., Emde, R. N., & Svejda, M. (1983). Emotions as behaviour regulators: social referencing in infancy. In R. Plutchik & H. Kellerman (Eds.), Emotion: Theory, Research and Experience. (Vol. 2, pp. 57-82). New York: Academic Press.
- Lieberman, A., Weston, D. and Paul, J. (1991). Preventive intervention and outcome with anxiously attached dyads Child Development, 62, 199-209
- Luborsky, L., & Crits-Christoph, P. (1988). Measures of psychoanalytic concepts—the last decade of research from 'The Penn Studies'. Int. J. Psycho-Anal., 69, 75-86.
- Main, M. (1991). Metacognitive knowledge, metacognitive monitoring, and singular (coherent) vs. multiple (incoherent) model of attachment: findings and directions for future research. In C. M. Parkes & J. Stevenson-Hinde & P. Marris (Eds.), Attachment Across the Life Cycle (pp. 127-159). London: Routledge.
- Main, M. (1995). Recent studies in attachment: overview, with selected implications for clinical work. In S. Goldberg & R. Muir & J. Kerr (Eds.), Attachment Theory; Social, Developmental and Clinical Perspectives (pp. 407-474.). London: The Analytic Press.
- Main, M. (1999). Epilogue. Attachment theory: eighteen points with suggestions for future studies. In J. Cassidy & P. R. Shaver (Eds.), Handbook of Attachment: Theory Research and Clinical Applications (pp. 845-889). N. Y.: Guilford.
- Mattinson, J. (1975). The Reflection Process in Casework Supervision. London: Tavistock Marital Studies Institute.
- Mattinson, J., & Sinclair, I. (1979). Mate and Stalemate. Oxford: Blackwell.
- McCluskey, U., & Duerden, S. (1993). Pre-verbal communication: the role of play in establishing rhythms of communication between self and other. Journal of Social Work Practice, 7, 17-27.

- McCluskey, U., Hooper, C., & Bingley Miller, L. (1999). Goal-corrected empathic attunement, developing and rating the concept. Psychotherapy, Theory, Research, Training and Practice, 80-90.
- McCluskey, U., Roger, D., & Nash, P. (1997). A preliminary study of the role of attunement in adult psychotherapy. Human Relations, 50, 1261-1273.
- McLeod, J. (1994). Doing Counselling Research. London: Sage.
- McLeod, J. (1998). An Introduction to Counselling. Buckingham & Philadelphia: Open University Press.
- Medawer, P. D. (1962). Hypothesis and Imagination: The Art of the Soluble. London: Methuen and Co. Ltd.
- Meltzoff, A. (1983). Newborn infants imitate adult facial gestures. Child Development, 54, 702-709.
- Meltzoff, A. (1992). Early imitation within a functional framework: the importance of person, identity, movement, and development. Infant Behaviour and Development, 15, 479-505.
- Meltzoff, A. N. (1999a). Persons and representations: why infant imitation is important for theories of human development. In J. Nadel & G. Butterworth (Eds.), Imitation in Infancy (pp. 9-35). Cambridge, UK: Cambridge University Press.
- Meltzoff, A. N., Gopnik, A., & Rapacholi, B. M. (1999b). Toddlers' understanding of emotions: explorations of the dark ages. In P. D. Zelazo & J. W. Astington & D. R. Olson (Eds.), Developing theories of intention: social understanding and self control, (pp. 17-41). Mahwah, New Jersey: London: Lawrence Erlbaum Associates.
- Meltzoff, A. N., & Moore, M. K. (1977). Imitation of facial and manual gestures by human neonates. Science, 198, 75-78.
- Meltzoff, A. N., & Moore, M. K. (1995). Infants' understanding of people and things: From body imitation to folk psychology. In J. Bermudez & A. J. Marcel & N. Eilan (Eds.), Body and the Self (pp. 43-69.). Cambridge: MIT Press.

- Murray, L. (1998). Contributions of experimental and clinical perturbations of mother-infant communications to the understanding of infant intersubjectivity. In S. Braten (Ed.), Intersubjective Communication and Emotion in Early Ontogeny (pp. 127-144.). Cambridge: Cambridge University Press.
- Murray, L., & Trevarthen, C. (1985). Emotional regulation of interactions between two-month-olds and their mothers. In T. M. Field & N. A. Fox (Eds.), Social Perception in Infants. New Jersey: Norwood.
- Murray, L., & Trevarthen, C. (1986). The infants role in mother-infant communications. Journal of Child Language, 13, 15-29.
- Oster, H., Hegley, D., & Nagel, L. (1992). Adult judgements and fine-grained analysis of infant facial expressions: testing the validity of a priori coding formulas. Developmental Psychology, 28, 1115 - 1131.
- Papousek, H., & Papousek, M. (1979). Early ontogeny of human social interaction: its biological roots and social dimensions. In M. V. Cranach (Ed.), Human Ethology. Cambridge, UK: Cambridge University Press.
- Papousek, M. (1994). Melodies in caregivers' speech: a species specific guidance towards language. Early Development and Parenting, 3, 5-17.
- Rogers, C. R. (1942). Counseling and Psychotherapy. Cambridge, Massachusetts.: Houghton Mifflin Company, The Riverside Press.
- Rogers, C. R. (1953) Some directions and end points in therapy. In O. Hobart Mowrer (Ed.) Psychotherapy Theory and Research (pp. 44-68). The Ronald Press Company. New York.
- Rogers, C. R., & Dymond, R. F. (Eds.). (1954). Psychotherapy and Personality Change. Chicago and London: The University of Chicago Press.
- Roth, A., & Fonagy, P. (1996). What works for whom? A critical review of psychotherapy research. New York and London: Guilford.
- Rovee-Collier, C. K., & Fagen, J. W. (1981). The retrieval of memory in early infancy. In L. P. Lipsitt (Ed.), Advances in Infancy Research (Vol. 1): Ablex.
- Rutter, M. (1995). Clinical Implications of Attachment Concepts: Retrospect and Prospect. Journal of Child Psychology and Psychiatry, 36, 549-571.

- Schore, A. N. (1994). Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development. Hillsdale, New Jersey: Hove UK.: Lawrence Erlbaum Associates.
- Schore, A. N. (2000). Attachment and the regulation of the right brain. Attachment and Human Development, 2, 23-47.
- Seeman, J., & Raskin, N. J. (1953). Research perspectives in client-centered therapy. In O. H. Mowrer (Ed.), Psychotherapy Theory and Research (pp. 205-234). New York.: The Ronald Press Company.
- Segal, L. B., Oster, H., Cohen, M., Caspi, B., Myers, M., & Brown, D. (1995). Smiling and fussing in seven-month-old preterm and full-term black infants in the still-face situation. Child Development, 66, 1829-1843.
- Siegel, D. J. (1999). The Developing Mind: Towards a Neurobiology of Interpersonal Experience. New York: Guilford.
- Stern, D. N. (1985). The Interpersonal World of the Infant. New York: Basic Books.
- Sutherland, J. D. (1993). The autonomous self. Journal of the Menninger Clinic, 3-30
- Suttie, I. (1935). The Origins of Love and Hate. London: Kegan Paul, Trench, Trubner and Co.
- Suttie, I. (1988). The Origins of Love and Hate. London: Free Association books.
- Trevarthen, C. (1979a). Communication and cooperation in early infancy: a description of primary intersubjectivity. In M. Bullowa (Ed.), Before Speech (pp. 321-347). New York: Cambridge University Press.
- Trevarthen, C., Aitken, K., Papoudi, D., & Roberts, J. (1998). Children with Autism: diagnosis and interventions to meet their needs. London and Philadelphia: Jessica Kingsley.
- Trevarthen, C., & Hubley, P. (1978). Secondary intersubjectivity: confidence, confiders and acts of meaning in the first year. In A. Lock (Ed.), Action, Gesture and Symbol. New York: Academic Press New York: Academic Press.
- Tronick, E., Als, H., & Brazelton, T. B. (1977). The infant's capacity to regulate mutuality in face to face communicative interactions. Journal of Communication, 27, 74-80.

- Tronick, E., Z. (1989). Emotions and emotional communication in infants. American Psychologist, 44, 112-119.
- Truckle, S. (2000). Treatment or torture: working with issues of abuse and torture in the transference. In U. McCluskey & C.-A. Hooper (Eds.), Psychodynamic Perspectives on Abuse: The Cost of Fear (pp. 172-185). London and Philadelphia: Jessica Kingsley.
- Vas Dias, S. (2000). Inner silence: one of the impacts of emotional abuse upon the developing self. . In U. McCluskey & C.-A. Hooper (Eds.), Psychodynamic Perspectives on Abuse: The Cost of Fear (pp. 159-171). London and Philadelphia: Jessica Kingsley.
- Weinfield, Sroufe, Egeland, & Carlson. (1999).
- Weil, J. L. (1992) Early Deprivation of Empathic Care. Maddison, Connecticut: International Universities Press.
- West, M., & Sheldon-Keller, A. (1992). The assessment of dimensions relevant to adult reciprocal attachment. Canadian Journal of Psychiatry, , 37, 600-606.
- Winnicott, D. W. (1958a). The Maturation Processes and the Facilitating Environment. London: Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D. W. (1958b). Collected Papers: Through Paediatrics to Psycho-Analysis. London: Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D. W. (1967). Mirror-role of mother and family in child development. In P. Lomas (Ed.), The Predicament of the Family: A Psycho-analytical Symposium (pp. 26-33). London: Hogarth Press and the Institute of Psycho-Analysis.
- Winnicott, D. W. (1971a). Playing and Reality. London: Tavistock Publications.
- Winnicott, D. W. (1971b). Therapeutic Consultations in Child Psychiatry. London: Hogarth Press and the Institute of Psycho-Analysis.
- Woodhouse, D., & Pengelly, P. (1986). Anxiety and the Dynamics of Collaboration. Aberdeen: AUP.

## POST SCRIPT

And sometime take the time to drive out west  
Into County Clare, along the Flaggy Shore,  
In September or October, when the wind  
And the light are working off each other  
So that the ocean on one side is wild  
With foam and glitter, and inland among stones  
the surface of a slate-grey lake is lit  
By the earthed lightning of a flock of swans,  
Their feathers roughed and ruffling, white on white,  
Their fully grown headstrong-looking heads  
Tucked or cresting or busy underwater.  
Useless to think you'll park and capture it  
More thoroughly. You are neither here nor there,  
A hurry through which known and strange things pass  
As big soft buffetings come at the car sideways  
And catch the heart off guard and blow it open.

Seamus Heaney 1996

The Spirit Level