1

Introduction

Joseph H. Obegi
Ety Berant

Clinicians interested in learning about and applying attachment theory and research to their work with adult clients have a daunting task before them. Because the attachment literature is voluminous and spans over 40 years, the obvious question is this: Where should they begin? Until the late 1990s, becoming acquainted with attachment theory required tackling Bowlby's trilogy (1969/1982, 1973, 1980) and Ainsworth and colleagues' "green book" (Ainsworth, Blehar, Waters, & Wall, 1978) to get a sense of the theory's landscape, and then sifting through research studies, special issues of journals, and edited volumes to get an up-to-date picture. Both the theory and the research have become considerably more accessible following the publications of the *Handbook of Attachment* (Cassidy & Shaver, 1999), *Attachment in Adulthood* (Mikulincer & Shaver, 2007), and several other major volumes by prominent attachment researchers (e.g., Sroufe, Egeland, Carlson, & Collins, 2005; Grossmann, Grossmann, & Waters, 2005). Still, clinicians must scour all these sources for the occasional contributions that address attachment theory's implications for adult psychotherapy. More often than not, these contributions are either tantalizingly brief, narrowly focused on connections to a single clinical school, or lopsided in their integration of the attachment literature. Without such bridge building, however, the gap between theoretical and empirical advances in understanding adult attachment and the practice of individual psychotherapy will continue to widen.

This volume is a collective effort intended to be a comprehensive, friendly, and clinically minded starting place for therapists, clinical researchers, and graduate students new to attachment theory. We asked contributors to discuss not only the implications of attachment theory and research for

adult psychotherapy—that is, the consequences they have for how we think about clinical work—but to explore applications as well. Clinical researchers will also find this volume useful. Continuing the long empirical tradition within the attachment field (unique among psychoanalytic schools), contributors have supported their ideas with research findings and, when only theoretical speculations were possible, highlighted what areas needed more research.

Before orienting you, the reader, to the structure and content of this volume, we would like to draw attention to some common misunderstandings about attachment theory and research.

IS THERE SUCH A THING AS "ATTACHMENT THERAPY" FOR ADULTS?

There is no school of therapy for adults called "attachment therapy." Moreover, attachment theory is not itself an independent therapeutic approach. Rather, it is a comprehensive theory of development, motivation, personality, and psychopathology. In an often-quoted passage, Slade (1999) reminds us that "an understanding of the nature and dynamics of attachment *informs* rather than *defines* intervention and clinical thinking" (p. 577; emphasis in original). This quotation is at once astute and unremarkable. Clinicians new to attachment theory may be sufficiently impressed by the theory's intuitive appeal and impressive array of empirical findings that they are inclined to believe that attachment theory is itself a clinical guide to practice. However—unlike, for example, Sigmund Freud or Aaron Beck—John Bowlby did not detail, beyond a rough outline, a therapeutic approach to complement his comprehensive theory. Though he sought to create a theory that was a better fit for his clinical experience than the dominant psychoanalytic theories of his day (Hunter, 1991), a task that occupied him for 30 years, he seemed generally satisfied with the techniques of psychodynamic psychotherapy. Whatever the reason, Bowlby hoped (indeed, expected) that clinicians would take over where he left off. To his disappointment, and for various historical reasons detailed by Karen (1994) and Holmes (1996), clinical applications of attachment theory did not quickly materialize.

On the other hand, no clinically oriented theory, no matter how brilliant, alone defines intervention; each is destined merely to inform clinical work if its technical aspects are left undeveloped. For example, psychoanalytic theory does not define intervention, but psychoanalytic psychotherapy does. It is our concern that some may understand Slade to mean that attachment theory cannot generate an independent adult psychotherapy, due to some inherent limitation of the theory. Our own view of attachment theory's clinical potential is, not surprisingly, more optimistic. To us, two types of therapies derived from attachment theory already exist. The first, which we call *attachment-informed* (or *attachment-oriented*) *psychotherapy,* is the

subject of this volume. By *attachment-informed psychotherapy,* we mean a therapy that uses attachment theory and research as adjudicative sources of knowledge and that influences how presenting problems are conceptualized, assessed, and treated, but that relies on an established therapy for implementation in terms of approach and technique. Attachment-informed psychotherapy has assumed two forms. In one form, attachment concepts compose one of several theoretical pillars supporting the clinical approach, but are not necessarily evident in the approach's day-to-day practice. Exemplars include variations of interpersonal therapy, as outlined by Klerman, Weissman, Rounsaville, and Chevron (1984) and Teyber (2000); cognitive–analytic therapy (Ryle, 1990); and accelerated experiential–dynamic psychotherapy (Fosha, 2000). More informally, clinicians have used attachment concepts to shape case conceptualization, assessment, clinical listening, and interaction in a way that supplements the techniques of their preferred clinical orientation. Case examples of attachment-informed psychotherapy can be readily found in this volume and throughout the literature (e.g., Byng-Hall, 1998; Harris, 2003; Meyer & Pilkonis, 2002; Slade, 2004; Wallin, 2007).

The second type of therapy we call *attachment-based psychotherapy.* By this we mean a psychotherapy (1) that explicitly draws upon attachment theory to conceptualize development, psychopathology, personality, and intrapsychic and interpersonal dynamics; (2) that articulates attachment theory with a structure of psychotherapy; and (3) that attempts to demonstrate its effectiveness with outcome studies. Several approaches meet this definition, including the Circle of Security project for infant–parent dyads (Marvin, Cooper, Hoffman, & Powell, 2002; see Berlin, Ziv, Amaya-Jackson, & Greenberg, 2005, for more examples of attachment-based infant–parent psychotherapies), emotionally focused therapy (EFT) for couples (Johnson, 2004), and attachment-focused group therapy for relationship problems (Kilmann, Urbaniak, & Parnell, 2006). At least one family therapy is moving in this direction (attachment-based family therapy; Diamond, Siqueland, & Diamond, 2003). All of these therapies are related to attachment theory in the same way that cognitive-behavioral therapy (CBT), for example, is related to cognitive theory. As yet, there is no empirically supported attachment-based therapy for individual adult treatment, though at least four have been outlined by European clinicians: brief attachment-based therapy (Holmes, 2001), attachment-based psychoanalytic psychotherapy (White, 2004), attachment narrative therapy (Dallos, 2006), and an attachment-guided approach developed by Brisch (2002).

WHO'S ATTACHED TO WHOM?

The term *attachment,* as used in attachment theory, has a particular meaning quite different from the word *attachment* as it is casually used in the

psychoanalytic and alliance literatures. *Attachment* refers to the enduring tie that one person has with another who fulfills needs for safety and comfort. Thus an infant is attached to a parent, but, strictly speaking, a parent is not attached to an infant; in all but the most disturbed parent–child relationships, a parent does not turn to a child for reassurance and comfort during times of distress. As development moves forward from infancy, children and adolescents gradually shift their attachments from their parents to their same-age peers. Courtship, dating, and commitment all consolidate an adult's attachment to another adult. Adults more often turn to their partners and friends when stressed.

At the broadest level, then, there are two relational domains of attachment: infant–parent and adult–adult. The first wave of attachment research focused on the quality of children's attachments to their parents and on the factors that appeared to influence the quality of such attachments. The second wave of attachment research attended to how attachment manifested itself in adult relationships.

CLASSIFICATION SCHEMES

Perhaps one of the more confusing aspects of attachment research is the proliferation of classification schemes (Table 1.1). Clinicians might ask several questions: Why are the terms slightly different? Which is the definitive scheme? How do these schemes relate to one another? Because each classification scheme was developed by independent researchers, is designed to tap different domains of attachment, and relies on different assessment methods, their respective labels for attachment security and insecurity tend to differ. Remarkably, and as a testament to attachment theory's validity, each set of schemes has similar correlates (for reviews, see Cassidy, 2000; Shaver & Mikulincer, 2004). Because attachment security is measured with respect to a particular person, and because attachment security is in part a consequence of relationship quality, there can be no definitive method of assessing attachment security; all are complementary. We encourage our readers to lay claim to all the assessment tools and their respective research traditions, regardless of the readers' own methodological preferences. As the contributions in this volume make clear, all tools have similar potential to inform clinical work.

A thornier, and as yet unresolved, issue is how attachment security should be measured. That is, do the data suggest that attachment security is fundamentally a categorical construct (i.e., secure or insecure) or a dimensional one (i.e., high or low in attachment-related avoidance or anxiety)? Though the natural inclination of clinicians is to think in terms of categories of people (e.g., seeing clients as secure, histrionic, or rationalizing), research findings at the moment suggest that describing people along a continuum of security is more accurate. In this book, contributors embrace both ways

TABLE 1.1. Commonly Used Classification Schemes of Attachment

Tool	Method	Attachment domain	Categories
Strange Situation	Observation	Infant–parent	Secure, anxious-ambivalent, anxious-avoidant
Adult Attachment Interview (AAI)	Interview	Infant–parent	Secure/autonomous, preoccupied, dismissing, unresolved/disorganized
Experiences in Close Relationships (ECR) questionnaire	Self-report	Adult–adult	Secure, preoccupied, dismissing, fearful

Note. Source for the Strange Situation: Ainsworth, Blehar, Waters, and Wall (1978). Sources for the AAI: George, Kaplan, and Main (1984, 1985, 1996). Source for the ECR: Brennan, Clark, and Shaver (1998).

of describing attachment security. Readers interested in measurement issues regarding attachment should consult the work of Fraley and colleagues (Fraley & Spieker, 2003; Fraley, & Waller, 1998; Roisman, Fraley, & Belsky, 2007; Roisman, Holland et al., 2007).

From a clinical perspective, assessing attachment is an important step in clinical formulation. However, several cautions, based on research and clinical experience, are warranted. First, a clinical assessment of attachment, especially an informal one, should be considered a working hypotheses, one that is used to organize clinical information but that is open to revision as new information is obtained and therapeutic change occurs (D. Wallin, personal communication, August 6, 2008). Second, the assessment cannot be treated as comprehensive and invariable. Research strongly suggests that people can have an insecure attachment with one attachment figure and, at the same time, a more secure one with another attachment figure (Bretherton, 1985). Similarly, research also suggests that while people appear one to have one internal working model that is the most accessible and, therefore, the most used, they also have access to secure and insecure models (Baldwin, Keelan, Fehr, & Enns, 1996). Third, attachment style is not synonymous with the moment-to-moment or the session-to-session sense of felt-security. For example, a therapeutic climate that is accepting and encouraging can help even a dismissing client feel secure enough in the here and now to disclose a bit more or to explore a embarrassing issue for another minute or two (McCluskey, Hooper, & Miller, 1999). Finally, the assessment of attachment is merely a way to orient ourselves to attachment phenomena, as they are being played out in the consulting room and in the client's life, and to the functioning of the attachment system (Slade, 2004). Thus, the attachment-informed clinician considers the assessment of attachment not as an end unto itself but as a means to begin to understand the complexity of the client before them.

The answer to the question of how assessments of infant security relate

to assessments of security made in adulthood is also still emerging. Based on available evidence, a reasonable conclusion is that attachment experiences in infancy and early childhood modestly influence attachment security in adult romantic relationships. To put this another way, early experience has an enduring, rather than a strong impact on the quality of latter attachments (Crowell & Treboux, 2001; Fraley & Brimbaugh, 2004; Roisman, Collins, Sroufe, & Egeland, 2005). This conclusion should be a relief to both clients and clinicians: The quality of early experiences does not determine the quality of later relationships. We are not doomed to repeat the drama of our early childhoods, nor does attachment security completely insulate us from the effects of later experience; later experience can have rehabilitative, aggravating, or undermining effects on attachment security and insecurity. Numerous studies and reviews point to this conclusion (for a review, see Mikulincer & Shaver, 2007).

ORGANIZATION OF THIS BOOK

All chapters in this book were designed to make attachment theory and research accessible to novice and experienced therapists unacquainted with the theory, to show how attachment research bears on the clinical enterprise, and to provide clear recommendations for incorporating attachment theory and research into clinical practice. The book includes five sections; the first four correspond roughly to major areas of clinical work. Part I, "Theoretical Foundations," gives an overview of the essentials of adult attachment theory and their clinical relevance. Part II presents three ways to assess adult attachment security, and Part III delves deeper into the clinical utility of attachment theory. In Part IV, contributors share their experience in supplementing a preferred clinical approach with attachment concepts to enhance therapeutic efforts. Part V reflects on the wisdom of preceding chapters, highlighting trends of thought and research needs.

In Chapter 2, Shaver and Mikulincer provide a clinician-friendly field guide to adult attachment theory and research. Although many are familiar with Mary Ainsworth's work on individual differences in attachment, Shaver and Mikulincer remind us that these differences emerge from the functioning of the attachment behavioral system—a biologically rooted system that promotes survival in humans. Their psychodynamic explication of this system and the adaptations it makes to experience (i.e., attachment strategies) are valuable heuristic tools for the attachment-informed clinician; much of a client's in-session behavior can be understood as the operation of the attachment behavioral system. Shaver and Mikulincer also highlight the clinical value of attachment theory—namely, its implications for understanding maladjustment and change, its reliance on empirical validation, its integration of intrapersonal and interpersonal aspects of experience, and its compatibility with existing clinical approaches.

Given that the quality of the therapeutic relationship is among the most robust predictors of psychotherapy outcome (Wampold, 2001), any approach to psychotherapy must address this reality. A strength of attachment theory is that it is at once a theory of relationships and of personality differences; these two characteristics make it well suited to conceptualize the complexity of the therapeutic relationship and broaden our understanding of it. Farber and Metzger (Chapter 3) examine the implications of viewing the therapeutic relationship in attachment terms. They make use of the secure-base concept to conceptualize client–therapist interactions, and they review empirical evidence demonstrating the impact of individual differences in attachment security on the behavior of clients and therapists alike.

Across clinical approaches, a common practice is to engage clients in reflecting on the mental states that drive their own and others' behavior. The crossroads of this activity, known as *mentalizing*, and attachment theory is the subject of Jurist and Meehan's chapter (Chapter 4). These authors explain the close relationship between attachment security and mentalizing; they then draw attention to one particular form of mentalizing, called *mentalized affectivity,* that focuses on emotional states.

Like most clinical theories, attachment theory has its own "take" on variations in personality. These variations are commonly referred to as attachment styles or individual differences in attachment security. In order to customize treatment, attachment-informed clinicians need to recognize the telltale signs of attachment styles. Rounding out Part I is Lopez's chapter (Chapter 5) on the clinical correlates of attachment style. Ordinarily, the authors of clinically oriented chapters on personality differences rely on blending clinical lore and experience. In contrast, Lopez culls the findings from the empirical literature and organizes them into areas that clinicians often attend to when formulating hypotheses about personality: developmental and family histories, patterns of cognitive–affective regulation, coping strategies, and types of interpersonal problems. He then weaves these findings into "profiles" of attachment security to help aspiring attachment-informed clinicians "know it when they see it." Lopez's chapter is a wonderful illustration of how the empirical tradition within the attachment field yields clinically meaningful data and moves us beyond sole reliance on theoretical speculation.

Part II highlights another strength of an attachment perspective: empirically grounded assessment of personality differences. Authors in this section advise us on how to use attachment assessment tools, tempered by 20 years of research, in clinical practice. Levy and Kelly (Chapter 6) give a thorough introduction to Mary Main's deservedly heralded Adult Attachment Interview (AAI), suggesting ways to incorporate aspects of the AAI into the clinical interview and pointing out challenges of using the interview with clinical populations. Fraley and Phillips (Chapter 7) review the lesser-known, but extremely well-researched, self-report measures of adult attachment. In addition to making practical suggestions about their use, they introduce an innovative online monitoring system, especially designed for working

clinicians and their clients, that tracks changes in attachment security over time as well as other pertinent variables (e.g., depression and relationship satisfaction). This tool, called eSession, can be used in individual and couple therapy and has much potential for extending the study of attachment processes to the clinical arena. An important but rather new area of research in adult attachment assessment is leveraging the strengths of traditional personality measures to assess attachment security. Using empirical studies of attachment and projective measures, Berant (Chapter 8) convincingly shows that individual differences in attachment security are readily apparent on such measures as the Rorschach and the Thematic Apperception Test. In an extended clinical example, she demonstrates how projective measures can be used in tandem with a self-report measure of adult attachment to inform clinical work and monitor therapeutic change. Although the field of attachment assessment is still evolving, these chapters provide up-to-date guidance.

Leading off Part III is Cobb and Davila's review of internal working models (IWMs) and therapeutic change (Chapter 9). The IWM (attachment theory's equivalent of a schema, a mental representation, or the like) is the cognitive structure that is responsible for the attitudinal and behavioral manifestations of attachment. Cobb and Davila introduce the components of IWMs, highlight supporting research, and discuss the implications for therapeutic change. They arrive at the provocative conclusion that targeting any component of IWMs (e.g., beliefs, emotions, action tendencies) is likely to promote change. Mallinckrodt, Daly, and Wang (Chapter 10) discuss tailoring treatment to individual differences in attachment security. Drawing from the research literature and their own qualitative interviews of 12 expert therapists, they propose a model of therapeutic distance. After assessing attachment security, therapists can determine what degree of therapeutic distance or closeness the client "pulls" for and, depending on the stage of therapy, can accommodate or challenge maneuvers that maintain less optimal degrees of closeness (e.g., too much or too little).

In the next two chapters, the contributors delve into areas that are usually considered the domains of other schools of psychodynamic thought: transference and psychological defenses. Bowlby described transference as a client's tendency to rigidly apply his or her internal working model and, as a result, to misconstrue experiences. Marshaling findings from the social-cognitive literature as well as modern psychoanalytic thought, Tolmacz (Chapter 11) updates and extends Bowlby's ideas. Of particular interest is his exposition of two approaches to transference: one using traditional notions of IWMs, and another using mentalization. He presents several vignettes that clearly illustrate the role of attachment security in how transference manifests itself. In Chapter 12, Mikulincer, Shaver, Cassidy, and Berant address another neglected aspect of attachment theory: its ability to conceptualize defensive functioning. Building on recent developments in attach-

ment theory and attachment-inspired research, Mikulincer and colleagues firmly establish that an attachment perspective can explain a wide variety of defensive maneuvers and can empirically connect sets of defenses with with differences in attachment security. Clinical examples vividly illustrate their arguments.

Not only can attachment theory give a fresh perspective on psychotherapy process and psychological functioning, but its depth can support new theoretical extensions. A prime example is Nelson's (Chapter 13) work on crying. Crying, though commonplace in adult psychotherapy (no office is complete without a box of tissues), has rarely been given theoretical attention. Nelson persuasively argues that crying in adults is an attachment behavior that serves the same function as it does infancy: to rally the support of attachment figures. Using her taxonomy of crying, she encourages us to consider how crying bears on the assessment of attachment security and on therapeutic process.

An increasingly popular (and sensible) trend in psychotherapy is the integrative perspective (Holmes & Bateman, 2002)—the view that no one clinical theory monopolizes ideas about psychological health and intervention. Informed integration of clinical theories may better capture presenting problems and be better equipped to facilitate change. In this spirit, the chapters in Part IV explore how attachment theory can supplement some of the more dominant approaches to psychotherapy and help translate and back-translate parallel terms and concepts. Attachment theory and psychodynamic thinking share several assumptions (Shaver & Mikulincer, 2005)—no wonder, given that Bowlby was a psychoanalyst—so it is natural to consider how they complement each other in treatment. Eagle and Wolitzky take up this topic in Chapter 14. They highlight the importance of attachment ideas for psychoanalytic work, but also encourage us to appreciate that attachment styles "will always be idiosyncratic and embedded in a complex individual life in which conflicts, defenses, wishes, and fantasies are present" (p. 373). Eagle and Wolitzky point out that a psychoanalytic frame draws attention to clients' attitudes toward their own attachment-related desires (i.e., "wishes"); the conflict between these can cause considerable anguish, and its resolution is a valuable source of change.

Florsheim and McArthur (Chapter 15) discuss the advantages of interpersonal assessment and interventions in remediating insecurity. They propose that an interpersonal analysis of attachment style can help identify the client's particular intrapsychic and interpersonal problems, as well as prescribe the therapeutic actions necessary to foster new, security-based attachment strategies. In Chapter 16, Johnson, the originator of EFT for couples, shows how attachment theory and the principles and techniques of EFT are ideal partners. She argues that EFT can be tuned by attachment theory's attention to the caregiving qualities that foster secure attachment, its understanding of the emotional fallout of disconnection and abandonment, and

its perspective on how attachment needs are commonly communicated (or camouflaged). Moving vignettes poignantly underscore her ideas. In Chapter 17, McBride and Atkinson address the much-overlooked complementarity of CBT and attachment theory and research. They outline the numerous points of contact between cognitive theory and attachment theory, and show how an assessment of attachment security can guide the choice of psychotherapy and aid in the design of CBT interventions.

Part V consists of two chapters that stake out emerging points of consensus regarding attachment-informed work, as well as future research needs. As attachment theory gains "mindshare" with clinicians working with adults, it becomes necessary to temper enthusiasm with careful attention to how Bowlby's hypotheses play out empirically. In Chapter 18, the two of us present a qualitative review of clinically oriented attachment research conducted to date and organize findings into four areas: treatment seeking, engagement, and alliance; therapeutic intervention; transference and countertransference; and therapeutic outcome. In the final chapter, Holmes—Bowlby's biographer and a long-time proponent of attachment theory's clinical utility—surveys the volume's contributions. Using his characteristic style of integrating theory, clinical experience, and research knowledge, he captures themes that stretch across chapters, outlines the essential contributions of attachment theory and research, and highlights aspects of theory and research in need of further attention in order for attachment-informed psychotherapy to move forward.

ACKNOWLEDGMENTS

This book began in Grand Teton National Park on a piece of paper riddled with notes. It would have stayed that way, were it not for a number of generous and talented people. Foremost among them are Phillip R. Shaver and Mario Mikulincer. Phil and Mario actively mentored us throughout the project. They connected us with each other, helped shape the volume's structure, led us to The Guilford Press, and generously shared their time and experience. Their support was unfailing. Their advocacy and widely respected reputations opened doors for us that we otherwise would have found difficult to pry open by ourselves.

Every edited volume exists only because of its contributors. Despite busy schedules, the authors greeted our idea for this book with enthusiasm; all were eager to share their interest and experience in applying attachment ideas and research to clinical work. Some participated despite expected or unexpected upheavals in their personal lives, and others worked under grueling deadlines. Though we purposely sought experts in each area for this book, we completed this project with an even greater admiration for the intellect, ingenuity, and clinical expertise of each contributor.

We feel very fortunate to have had the backing of The Guilford Press, a leader in bringing attachment theory and research to a wider audience. Seymour Weingar-

ten, Editor in Chief, enthusiastically received our proposal. His warmth, unflinching support, and patience were indispensable. We also wish to thank Louise Farkas for keeping the volume's production on track in her firm but always friendly way; Marie Sprayberry, for her extraordinary copyediting; Paul Gordon, for the book's cover; and Gina Gerboth, for indexing.

Along the way, there were many folks who encouraged us and deepened our clinical understanding of attachment theory. I (Joseph H. Obegi) wish to thank Neil Ribner and Gary Lawson for making an edited volume sound doable; Donald Viglione for giving me my editing "sea legs" as a graduate student; and Jonathan Mohr for providing much-needed assistance and validation at a critical juncture. I feel lucky to have had three clinical supervisors with a strong foundation in attachment theory: Patricia Judd, Peter Wayson, and Ruth Newton. In different ways, each nourished my interest in applying attachment theory to clinical work. My deepest thanks goes to my wife, Amy. Although she at first believed that a book project was a grandiose, pie-in-the-sky idea, her love, support, and encouragement have been life-sustaining. Without her, I surely would have crumbled dozens of times under the strain of the project.

I (Ety Berant) wish to thank my two mentors, Mario Mikulincer and the late Victor Florian, both of whom encouraged me to become a researcher in addition to my existing work as a clinical psychologist. Their wisdom and "secure-base" presence accompanied me throughout this project. I also thank Rebecca Richer-Atir, Netta Horesh, and Hedva Segal for following me on this journey with interest and support, as well as Yael Yalovsky for her wise advice. I thank my coeditor, Joe, for inviting me to join him in this exciting project and for the trust he had in me throughout. Finally, I am grateful to my loving family—my parents; my husband, Michael; and my children, Roni, Orit, Jonathan, and Dafna—who, despite knowing that this project would lessen my free time with them, were constant in their love, support, patience, and pride. Their companionship made it all so much easier.

REFERENCES

Ainsworth, M. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation.* Hillsdale, NJ: Erlbaum.

Baldwin, M. W., Keelan, J. P. R., Fehr, B., & Enns, V. (1996). Social-cognitive conceptualization of attachment working models: Availability and accessibility effects. *Journal of Personality and Social Psychology*, *71*, 94–109.

Berlin, L. J., Ziv, Y., Amaya-Jackson, L., & Greenberg, M. T. (Eds.). (2005). *Enhancing early attachments: Theory, research, intervention, and policy.* New York: Guilford Press.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression.* New York: Basic Books.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books. (1st ed., 1969)

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46–76). New York: Guilford Press.

Bretherton, I. (1985). Attachment theory: Retrospect and prospect. *Monographs of the Society for Research in Child Development*, *50*, 3–35.

Brisch, K. H. (2002). *Treating attachment disorders: From theory to therapy* (K. Kronenberg, Trans.). New York: Guilford Press.

Byng-Hall, J. (1998). *Rewriting family scripts: Improvisation and systems change*. New York: Guilford Press.

Cassidy, J. (2000). Adult romantic attachments: A developmental perspective on individual differences. *Review of General Psychology, 4*, 111–131.

Cassidy, J., & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Press.

Crowell, J., & Treboux, D. (2001). Attachment security in adult partnerships. In C. Clulow (Ed.), *Adult attachment and couple psychotherapy: The 'secure base' in practice and research* (pp. 28–42). New York: Brunner-Routledge.

Dallos, R. (2006). *Attachment narrative therapy: Integrating systemic, narrative, and attachment approaches*. Maidenhead, UK: Open University Press.

Diamond, G., Siqueland, L., & Diamond, G. M. (2003). Attachment-based family therapy for depressed adolescents: Programmatic treatment development. *Clinical Child and Family Psychology Review, 6*, 107–127.

Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

Fraley, R. C., & Brumbaugh, C. C. (2004). A dynamical systems approach to conceptualizing and studying stability and change in attachment security. In W. S. Rholes & J. A. Simpson (Eds.), *Adult attachment: Theory, research, and clinical implications* (pp. 86–132). New York: Guilford Press.

Fraley, R. C. & Spieker, S. J. (2003). Are infant attachment patterns continuously or categorically distributed? A taxometric analysis of Strange Situation behavior. *Developmental Psychology, 39*, 387–404.

Fraley, R. C., & Waller, N. G. (1998). Adult attachment patterns: A test of the typological model. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 77–114). New York: Guilford Press.

George, C., Kaplan, N., & Main, M. (1984). *Adult Attachment Interview protocol*. Unpublished manuscript, University of California, Berkeley.

George, C., Kaplan, N., & Main, M. (1985). *Adult Attachment Interview protocol* (2nd ed.). Unpublished manuscript, University of California, Berkeley.

George, C., Kaplan, N., & Main, M. (1996). *Adult Attachment Interview protocol* (3rd ed.). Unpublished manuscript, University of California, Berkeley.

Grossmann, K. E., Grossmann, K., & Waters, E. (Eds.). (2005). *Attachment from infancy to adulthood: The major longitudinal studies*. New York: Guilford Press.

Harris, T. (2003). Implications of attachment theory for developing a therapeutic alliance and insight in psychoanalytic psychotherapy. In M. Cortina & M. Marrone (Eds.), *Attachment theory and the psychoanalytic process* (pp. 62–91). London: Whurr.

Holmes, J. (1996). *Attachment, intimacy, autonomy: Using attachment theory in adult psychotherapy.* Northvale, NJ: Aronson.

Holmes, J. (2001). *The search for the secure base: Attachment theory and psychotherapy.* London: Brunner-Routledge.

Holmes, J., & Bateman, A. (Eds.). (2002). *Integration in psychotherapy: Models and methods.* New York: Oxford University Press.

Hunter, V. (1991). John Bowlby: An interview. *Psychoanalytic Review, 78,* 159–175.

Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed.). New York: Brunner-Routledge.

Karen, R. (1994). *Becoming attached: First relationships and how they shape our capacity to love.* New York: Oxford University Press.

Kilmann, P. R., Urbaniak, G. C., & Parnell, M. M. (2006). Effects of attachment-focused versus relationship skills-focused group interventions for college students with insecure attachment patterns. *Attachment & Human Development, 8,* 47–62.

Klerman, G. L., Weissman, M. M., Rounsaville, B. J., & Chevron, E. S. (1984). *Interpersonal psychotherapy of depression.* New York: Basic Books.

Marvin, R., Cooper, G., Hoffman, K., & Powell, B. (2002). The Circle of Security project: Attachment-based intervention with caregiver–preschool child dyads. *Attachment & Human Development, 4,* 107–124.

McCluskey, U., Hooper, C.-A., & Miller, L. B. (1999). Goal-corrected empathic attunement: Developing and rating the concept within an attachment perspective. *Psychotherapy: Theory, Research, Practice, Training*, *36*, 80–90.

Meyer, B., & Pilkonis, P. A. (2002). Attachment style. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 367–382). London: Oxford University Press.

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change.* New York: Guilford Press.

Roisman, G. I., Collins, W. A., Sroufe, L. A., & Egeland, B. (2005). Predictors of young adults' representations of and behavior in their current romantic relationship: Prospective tests of the prototype hypothesis. *Attachment & Human Development, 7,* 105–121.

Roisman, G. I., Fraley, R. C., & Belsky, J. (2007). A taxometric study of the Adult Attachment Interview. *Developmental Psychology, 43,* 675–686.

Roisman, G. I., Holland, A., Fortuna, K., Fraley, R. C., Clausell, E., & Clarke, A. (2007). The Adult Attachment Interview and self-reports of attachment style: An empirical rapprochement. *Journal of Personality and Social Psychology, 92,* 678–697.

Ryle, A., with Poynton, A. M., & Brockman, B. J. (1990). *Cognitive–analytic therapy: Active participation in change. A new integration in brief psychotherapy.* Chichester, UK: Wiley.

Shaver, P. R., & Mikulincer, M. (2004). What do self-report attachment measures assess? In W. S. Rholes & J. A. Simpson (Eds.), *Adult attachment: Theory, research, and clinical implications* (pp. 17–54). New York: Guilford Press.

Shaver, P. R., & Mikulincer, M. (2005). Attachment theory and research: Resurrection of the psychodynamic approach to personality. *Journal of Research in Personality, 39,* 22–45.

Slade, A. (1999). Attachment theory and research: Implications for the theory and practice of individual psychotherapy with adults. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 575–594). New York: Guilford Press.

Slade, A. (2004). The move from categories to process: Attachment phenomena and clinical evaluation. *Infant Mental Health Journal*, *25*, 269–283.

Sroufe, L. A., Egeland, B., Carlson, E., & Collins, W. A. (2005). *The development of the person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood*. New York: Guilford Press.

Teyber, E. (1999). *Interpersonal process in psychotherapy: A relational approach*. Wadsworth.

Wallin, D. J. (2007). *Attachment in psychotherapy*. New York: Guilford Press.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.

White, K. (2004). Developing a secure-enough base: Teaching psychotherapists in training the relationship between attachment theory and clinical work. *Attachment & Human Development*, *6*, 117–130.

Guilford Publications
72 Spring Street
New York, NY 10012
212-431-9800
800-365-7006
www.guilford.com