

Adult Attachment Interview

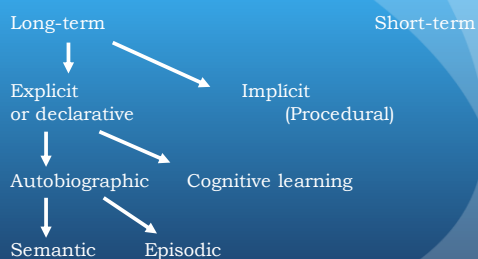
Clinical applications

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Memory systems

Bowlby drew attention to the ways in which information is stored in distinct systems of memory.

Memory



Episodic memory

Episodic memory consists of information that is stored in the form of temporally dated autobiographical details. Each remembered event or episode has its own distinctive place in the person's life history.

Episodic and semantic memories

Episodic memory may be at great variance with information stored in the semantic memory systems. This gives rise to the possibility of cognitive and emotional conflict and to gross inconsistencies between the generalisations a person makes about his or her parents and what is explicitly implied or actually recalled in terms of specific episodes.

Semantic memory

Semantic memory consists of generalised information about the world and the person's sense of self in relation to significant others.

Degree of correspondence between semantic and episodic memories.

Degree to which a subject can illustrate with clarity and coherence his/her semantic memories with descriptions of childhood interpersonal episodes.

Indicators

- Narrative content: childhood attachment experiences.
- Emotional regulation.
- Degree of correspondence between semantic and episodic memories.
- Defence mechanisms used to avoid psychic pain: idealization, denial, projection and dissociation.
- The form of the narrative.
- Emotional effects on the interviewer.

Content of the narrative: childhood attachment experiences.

- Parents: affectional or non affectional.
- Rejection and/or neglect.
- Degree of empathy.
- Role reversal.
- Childhood bereavement.
- Parental communications: threats, continuous criticisms, demeaning comments, etc.
- Trauma (gross neglect or abuse).

Emotions

- Anger: degree to which the subject openly manifests anger in relation to mother or father.
- Managements of feelings stemming out of childhood bereavement.
- Other feelings associated with childhood attachment experiences: shame, guilt, etc.

Defense mechanism used to avoid psychic pain

- Idealization.
- Denial.
- Projection.
- Dissociation.

Form of the narrative.

Grice's maxims

1. **Quality**: say the truth and substantiate what you say.
2. **Quantity**: be brief but complete the message.
3. **Pertinence**: be focused on the central topic.
4. **Manner**: be clear and organised.

Metacognition

To be aware of one's own cognitive processes. Involves the capacity to link cognition with emotion. Also the capacity to evaluate the link between causes and outcomes.

Capacity for self-critical and productive thinking in resolving interpersonal conflict.

Metacognitive monitoring

Individual capacity to «take a step back» and explore one's own cognitive processes as object of thinking and reflexion.

Reflexive function

Peter Fonagy and colleagues (Fonagy et al, 1991, 1995; Fonagy & Target, 1998) suggested that beyond the person's capacity to think about his own thoughts, cognitive monitoring is an indicator of the adult's ability to reflect about his own mental states as well as the others' mental states.

Reflective dialogue

Marrone: reflective function emerges out of reflective dialogue in primary groups.

Reflective function and reflective dialogue

Reflective function and reflective dialogue emerge in the context of a secure relationship.

In insecure relationships, reflective dialogue and reflective function are poorly developed and are subjected to defensive distortions.

Reflective dialogue and emotional regulation

There is a mutual correspondence between reflective dialogue and emotional regulation.

Intergeneracional transmission

- Main discovered that the quality of a mother's narrative of her own early attachment experiences predicts security or insecurity of attachment in her child (Main et al, 1985).
- This principle was later confirmed by other researchers (Fonagy, Steele & Steele, 1991; Zeanah et al, 1993; Benoit & Parker, 1994; Ward & Carlson, 1995).

Lack of coherence

- Contradictions.
- Irrelevant comments.
- Oscillations of viewpoints.
- Marked fluctuations of tone of voice.
- Senseless comments.
- Incomprehensible or idiosyncratic jargon.
- Endless sentences.
- Irrelevant metaphors.
- Frequent lapses in language.

- Memories of emphatic, warm and caring parents.
- Memories of rejecting parents.
- Memories of role reversal interactions.
- Memories of trauma.

Attachment styles

Main (1985) discovered three types of attachment styles in adults:

- Secure autonomous.
- Dismissive.
- Preoccupied.

Later (Main & Hesse, 1990):

- Unresolved in relation to loss and trauma.

Secure-autonomous

- Adults termed secure-autonomous provide discourse that is open, free, coherent and collaborative, presenting even difficult early attachment experiences in clear and vivid ways.
- Discourse includes: no contradictions between semantic and episodic memories of childhood attachments, a focus on the goal of the discourse and a rich use of language and expression.

Secure-autonomous

- The subject demonstrates an ability to discuss and reflect upon personal attachment experiences in collaboration with the interviewer without disorganization, lack of memory or passivity of thought.
- These interviews are characterized by recognition, acceptance and forgiveness of imperfections and injustices in parents and in self, reflecting an integration of positive and negative feelings.
- Even adults with extreme and abusive attachment histories, who have come to understand coherently their early difficulties, may provide a coherent and autonomous narrative.

Dismissive

Transcripts coded as dismissive tend to be excessively brief and are characterized by notable contradictions in the subject's discourse about early attachments, with generalised representations of history being unsupported or actively contradicted by episodic memories.

Dismissive

Strong idealization of caretakers is common, along with contradictory and impoverished memories of actual events. The interviews are notable for restriction in coherence and content, indicating a deactivating strategy with respect to potentially painful memories

Dismissive

Some adults in this group minimize the importance of close relationships and derogate or dismiss the influence of attachment experiences, emphasizing, instead, extraordinary self-reliance.

Preoccupied

The transcripts of adults termed preoccupied may be excessively long and embellished, including information that is irrelevant to the discourse task. Interviewees are not able to describe their attachment biography coherently and show an inability to move beyond an excessive preoccupation with attachment relationships.

Preoccupied

There are frequent examples of passive speech, sentences begun and left unfinished and specific ideas that disappear in vague expressions. The boundaries between present and past and self and other may be confused. There is a diffuse self-concept and a notable inability to reflect upon experience.

Preoccupied

In some transcripts, coded as preoccupied, there is notable anger, passivity or fear, which is displaced from past childhood events to the present discourse, indicating a continuing intense involvement and preoccupation with attachment experiences.

Unresolved

Transcripts of adults are termed unresolved/disorganized when there is evidence of substantial lapses in the monitoring of reasoning and discourse, specifically surrounding the discussion of traumatic events involving loss and/or physical or sexual abuse.

Unresolved

The subject may briefly indicate a belief that a dead person is still alive in the physical sense, or that this person was killed by a childhood thought. The individual may lapse into prolonged silence, engage in eulogistic speech or enter a trance-like dissociated state.

Unresolved

It should be noted that the unresolved classification is made solely on the discussion of trauma, abuse or loss experiences and can be superimposed on one or other of the three main attachment classifications.

Unresolved

Findings from research utilizing the AAI show that psychopathology is associated with non-autonomous patterns of attachment and that people classified as preoccupied and unresolved/disorganized are strongly over-represented in clinical samples.

Clinical applications

- Diagnosis and therapeutic indication.
- Psychotherapeutic technique.

Contribution to psychotherapeutic technique.

- Explore internal working models.
- Promote integration of episodic and semantic memories.
- Develop reflective function through reflective dialogue.
- Promote bereavement resolution.
- Promote emotional regulation.
- Promote resolution of early trauma.



What is missing in the AAI

- The primary triangle.
- The family group as a whole system.
- Sexuality.