

The “organized” categories of the Adult Attachment Interview

The Study of Representational
processes in Verbatim Texts of an
Hour-Long Interview

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The Adult Attachment Interview

Protocol: George, Kaplan & Main,
1984, 1985, 1996

System of Analysis
Main & Goldwyn ...
& Hesse, 1984 - 2003

THE AAI

- THIS HOUR-LONG PROTOCOL AIMS TO ‘SURPRISE THE UNCONSCIOUS’
- IT ASKS REPEATEDLY FOR DESCRIPTION AND EVALUATION OF EARLY EXPERIENCES WITH PARENTS AND THEIR EFFECTS

The AAI takes about one hour

Subjects are asked to describe their attachment histories with each parent.

Example: *Could you give me five adjectives to describe your relationship with your mother/father in childhood, starting from as far back as you can remember ...*

... And then I'm going to ask you for some incidents or memories that tell me why you chose each adjectives.

Subjects are also asked what they see as the effects of their history;

Example: ... “and how do you think your childhood relationship with your father in childhood ...

effects your relationship with your own children now?”

... and to describe any other major attachment-related experiences such as **loss or abuse**

Example:

How did you respond to ~~the~~ ^{this} death at the time?

Did your feelings about it change over time?

How do you think it might be effecting you now?

CENTRAL SPEAKER'S TASK IN THE AAI

- "(A) TO DESCRIBE AND EVALUATE ATTACHMENT-RELATED LIFE EXPERIENCES AS AND WHEN REQUESTED
- ".....*While simultaneously*
- (B) MAINTAINING COHERENT, COLLABORATIVE DISCOURSE"

SCORING & CLASSIFYING THE AAI

We assume the speaker may not remember accurately, or may be (CONSCIOUSLY OR UNCONSCIOUSLY) hiding or distorting information

And that is why...

we look principally at their overall coherence. The more "internally consistent", clear and/or relevant to the question the AAI text is, the more coherent it is judged to be.

1. In 1982, Main and Goldwyn found that the parents of infants who had been insecure with them in the SS 5 years earlier were relatively difficult to converse with regarding their life histories.
 - Some seemed to try to block the conversation (the parents of insecure-avoidant infants)
 - and some talked at too great a length and were confusing and irrelevant (the parents of insecure-resistant/ambivalent infants).
2. The parents of secure infants were easy to follow, and consistent in conversing regarding their life history with respect to attachment.

Note: Some 19% of coherent-autonomous parents seemed to have had difficult childhoods with both parents, who were both scored 3 or below on the 9-point scale for "apparently loving behavior towards the speaker in childhood". These parents were initially called "earned secure".

CENTRAL FINDINGS FROM THE AAI

A PERSON'S LIFE HISTORY CANNOT CHANGE,

BUT, IT CAN BE TOLD IN MANY DIFFERING CONVERSATIONAL FORMS

THESE FORMS PREDICT

HOW A YOUNG INFANT WILL BE TREATED BY THE SPEAKER,

AND CONSEQUENTLY HOW THE INFANT WILL RESPOND TO THE SPEAKER IN THE STRANGE SITUATION.

Perhaps then the finding of greatest import to clinicians is this:

Secure vs insecure responses to a parent in the SS at age 1 are predictable from the same parent's coherence vs. incoherence in recounting their own attachment history in the AAI...

whether that history appeared to have been favorable or unfavorable



The first AAI institute,
Mary Ainsworth (host and organizer) and Mary Main,
U. Charlottesville, Virginia, 1985 (photo by E. Hesse)

First replications:

Ainsworth & Eichberg, 1991
Fonagy, Steele & Steele, 1991

Our original findings have been replicated many times

...

Van IJzendoorn (1995) found that ...
Overall 82% of coherent/secure-autonomous parents
have babies secure in the SS, although some
incoherent/insecure parents also have insecure babies
and the overall two-way
“fit” is 75%.

...And 74% of incoherent/insecure parents have
insecure babies.

...And, secure parents were repeatedly found to be
more positively responsive to their offspring.

**A few years later, the AAI had been
found to...**

- **STRONGLY DISCRIMINATE CLINICAL FROM NON-CLINICAL POPULATIONS (8% SECURE IN CLINICAL POPULATIONS WITH DIAGNOSED DISORDERS VS. 50% SECURE IN LOWRISK SAMPLES, van IJzendoorn & Bakermans-Kranenburg, 1996)**

**The Three Central or
“Organized” AAI
Categories and Some of
Their Correlates:**

Secure (@ 55%)
Dismissing (@ 30%)
Preoccupied (@ 15%)

**Secure-autonomous:
Freely valuing, yet
autonomous
Values attachment relationships,
and regards attachment-related
experiences as influential,**

**BUT seems relatively independent
and objective (autonomous)
regarding any particular
experience or relationship ...**

**OTHER QUALITIES NOT
INFREQUENTLY SEEN IN SECURE-
AUTONOMOUS SPEAKERS**

- COMPASSION TOWARDS OTHERS AND SELF
- HUMOR
- ACCEPTANCE OR EVEN FORGIVENESS OF FAULTS IN EARLY PARENTING
- RUEFUL AWARENESS OF POWER OF PAST EXPERIENCES, e.g., aware occasionally behaves towards others or own child in untoward ways they were treated themselves
- EFFORT TO BE TRUTHFUL, BUT CALMLY AWARE MAY BE WRONG, e.g., "this is what I think this week, but another time I might say something completely different" or "that's how I think about it but my sister doesn't agree".

**Some examples of coherent-
autonomous speech**

- "Interviewer: Loving, you said your mother was loving during your childhood. Could you give me an incident or example from your childhood"

- Participant: Well, I could always talk to her about my day when I came home from school, and if I had got in trouble with the teachers or another kid she would always talk to me about it.. And she went in to see the teacher for me and stuck up for me if I needed her to. And I remember one time I had a bad nightmare and I just ran into her bedroom ... (continues).

- Interviewer: Troubled Can you give me a memory or incident for why you chose that word?

- Participant ("earned" or "discontinuous" secure): Well, like I said we never got along the way I would have wished. There was just never much time, there were so many of us, and she was a single mom. She was harsh at times, I think she was tired from being so overworked. And so I was upset a lot of the time, definitely...

- NOTE AGAIN: Secure-autonomous mothers, and also secure-autonomous fathers, including those whose childhoods appear from their interviews to have been difficult, have been found more sensitive and responsive to their offspring than dismissing or preoccupied parents.

Dismissing

- “Dismissing, devaluing or cut-off from attachment relationships or experiences and their influences”

OTHER QUALITIES NOT INFREQUENTLY SEEN IN DISMISSING SPEAKERS

- MOST OFTEN CONTRADICT OR FAIL TO SUPPORT PORTRAYAL OF POSITIVE CHILDHOOD
- OFTEN STATE “I DON’T REMEMBER”
- AVOID FOCUS ON EMOTIONAL ASPECTS OF EXPERIENCES
 - OFTEN FOCUS ON ACTIVITIES AND “FUN”
- MOST SAY, NOTHING NEGATIVE IN CHILDHOOD, HENCE NO NEGATIVE EFFECTS
- IN ONE RARE SUBCATEGORY, HOWEVER CONTEMPTUOUS RATHER THAN IDEALIZING, CASTS PARENT ASIDE AND WILL NOT DISCUSS
- NOTE: TEND TO HAVE, AND RESEMBLE, AVOIDANT BABIES (ATTENTION AWAY FROM ATTACHMENT)

- Interviewer: Loving, you said your relationship with your mother was loving, any memories or incidents that would illustrate why you chose that word?
- Participant: Loving. Because she was caring and supportive.
- Interviewer: Can you think of a specific incident?
- Participant: Well, you know, she always put a lot of care into her appearance, and I was really proud of her, the way she looked. And popular, the neighbors all admired her too.
- Interviewer: Thank you, do you have another example?
- Participant: I don't remember that much, really.

- Interviewer: Troubled, you said your relationship with your mother was troubled. Any memories or incidents...
- Participant: Troublesome. Weak. Cried at funerals, sobbed away when her sister died. Couldn't handle things. Next question?

Preoccupied

- Preoccupied with or by early attachments or attachment-related experiences: Angrily, passively, or fearfully”

OTHER QUALITIES NOT INFREQUENTLY SEEN IN PREOCCUPIED SPEAKERS

- PREOCCUPIED BY PAST EXPERIENCES, BUT NO OVERVIEW
- RESPONSES OFTEN OVERLY LONG, OFTEN SEEM LOST IN MEMORIES
- RESPONSES IRRELEVANT TO QUERIES
 - E.G., CONFUSE PAST AND PRESENT OR EVEN GO OFF TOPIC COMPLETELY
- SPEECH CAN BE UNCLEAR, USE OF “PSYCHOBABBLE” OR VAGUE PHRASES
- ...NOTE: TEND TO HAVE, AND RESEMBLE, RESISTANT/AMBIVALENT BABIES -- ATTENTION EXCLUSIVELY ON ATTACHMENT FIGURE(S)

- Interviewer: (Why you chose loving for your mother in childhood?).
- Participant: ... just like (wife) is with my kid, I drove him home today and it was just "mama mama mama" and this and that and the other. He's so special to both of us, got good grades all semester, this semester, last semester, and last night at dinner he...

- Interviewer: (Same query for troubled relationship in childhood).
- Participant: Troubled is just the beginning with her, she had so much material around so many issues, she was just carp carp carp all the time. She had so many mental problems. Anger anger anger and she took it out on me. Why are you always at me, just can't stop can you, you can't stop taking it out on me.

So, to summarize

1. During the AAI, past experiences can appear to have been either positive or negative, but so long as the text is coherent there is a strong probability that the offspring of the speaker will have a secure strange situation response to them

2. Differing types of incoherence in the text predict differing types of offspring insecurity.

Dismissal of the AAI conversation is related to infant dismissal and avoidance of the parent in the strange situation.

Preoccupation with the past rather than the interview queries in the AAI is related to infant preoccupation with the parent, as shown in continuing distress, resistance and ambivalence towards the parent, in the strange situation.

3. Thus, the organization of language within the AAI is very likely indicative of the speakers' representational state with respect to attachment.

--and appears to provide a window into critical aspects of mental organization which further are likely to guide how the speaker will behave towards offspring and romantic partners, -- and no doubt also, as has been recently illustrated (Bick & Dozier, in "AAI in Clinical Context", 2008), initially respond to their clinicians.