

**Better Safe Than Dead:
Attachment, Fear, and Psychoanalysis**

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Introduction –

Twenty seven years ago, I learned to administer and code the Strange Situation Paradigm. Twenty three years ago, I learned to administer and code the Adult Attachment Interview. Both of these were crucial turning points in my professional development, but learning the AAI, in particular, profoundly changed my work with patients, and profoundly changed the way I understood myself.

I have spent many years trying to put into words how this experience had changed the way I work with patients, and how I hear and make sense of what they bring into the consulting room. Finally, I realized that what had changed was that – instead of privileging aggression, as had been the focus of my training as a psychoanalytic psychologist, and of my first experience in psychoanalysis – I had begun instead to privilege fear and its regulation.

So many people use the term attachment, and *resonate* with this literature. But what does it really mean to have an attachment perspective in clinical work, and to integrate attachment neuroscience in clinical practice? Centrally, it means recognizing, feeling, and eventually putting into words the *driving, organizing force of fear and the search for safety*. And it means recognizing the role of fear and the search for safety in the therapeutic relationship.

So that is my topic for today: How can we talk about attachment theory in a way that its truly transformative power for clinical work is evident?

In the hierarchy of human motivations, Bowlby privileged attachment (love) because it is essential to our physical and psychological survival. And he privileged fear of loss and danger because these elemental reactions drive and organize the attachment system, regulate physical and psychological proximity seeking and contact maintenance, and shape the organization of mental life.

In 1969, Bowlby noted that attending to the dynamics of these core human experiences would fundamentally change psychoanalysis. Main and Hesse have likewise emphasized the primacy of fear; indeed, attention to the dynamics of fear and arousal regulation is at the heart of AAI classification. Nevertheless, this crucial paradigm shift has yet to substantially affect clinical practice, except, perhaps in the treatment of traumatized patients. This despite the fact that speaking to the dynamics of fear and the search for safety provide us with direct, *experience near* ways of engaging many of our patients and understanding the particular nature of their internal worlds. And it provides them *and us* with a way of understanding not only *how* we come to be who we are, but *why*.

Before I get started, I want to thank a few people for helping me in my early efforts to articulate these ideas – on the psychoanalytic side Morris Eagle, Karen Gilmore, Jeremy Holmes and Fred Pine , and on the attachment side, Alan and June

Stroufe, Jude Cassidy, and Karlen Lyons-Ruth, whose offhand comment about fear in a small working group got me thinking a number of years ago. I also want to thank Lou Breger, whose brilliant book on Freud's own relationship to fear has been an inspiration to me (*Freud: Darkness in the Midst of Vision, Wiley, 2000*). Finally, I want to thank a dear friend and very smart colleague, who – after hearing what I'd be talking about today – said “Oh, I get it...better safe than dead!”

I'd also like to thank the 2000 year old man, Mel Brooks, who when asked by an interviewer (Carl Reiner) what the preferred mode of transportation was in prehistoric times, replied “Fear!”

Bowlby and the Paradigm Shift for Psychoanalysis

Beginning in the 1950s, John Bowlby described the human animal in a way that was fundamentally different from prevailing, notably Freudian, views of human nature. Bowlby's thinking was rooted in biology and profoundly Darwinian; thus, the core of his theory revolved around the notion that we – like all species -- are **biologically** programmed to enhance our chances of **survival**, and thus preserve the species, at all costs. His theory privileged our biological heritage, and in this our essential tie to other animal species.

Bowlby shared Freud's view that as human beings we share a number of essential features with each other. Also like Freud, he understood that the feature that is most

essential to man as opposed to other higher mammals is the development of an elaborated mental life. But what distinguished Bowlby's work most dramatically from that of his psychoanalytic forebears and even contemporaries, was his "commitment to applying the scientific method to a field steeped in dogma" (Richard Bowlby). And for Bowlby, the science of evolution and Darwin's emphasis on survival most directly contradicted what he viewed as the dogma of classical psychoanalysis. For Bowlby, the drive to survive – not just physically, but psychologically – was key to understanding the **organization of mental life**. To couch this in more contemporary terms – our biology, core elements of our neural make-up, our arousal systems, our cognitive apparatus, our representations of self and other are organized, at least in part, but our instinct to survive. We survive by **forming relationships**, and adapting to the minds of others. Relationships are the remedy for fear – of loss, of annihilation, of psychic emptiness, and offer us the deepest expression of our humanity.

The fear system is evolutionarily selected because it is crucial to our safety, and to the activation and deactivation of the attachment system. Fear for his survival is what sends the child back to the safety of his caregiver, and regulates their physical and psychological proximity. It also modifies his natural exploration of the world around him. Autonomous exploration is as crucial to our survival as is attachment, and indeed a healthy attachment relationship grounds exploration in a feeling of safety, authenticity, and freedom. Fear, however, distorts exploration, and with it the development of a mental life.

I want to make clear that I am not just talking about extreme fear or trauma. The fear system is always primed, for crucial evolutionary reasons, and so some part of our brains is always keeping an eye out. Fear and anxiety are part — hopefully a small part -- of everyday life. When we feel threatened, our attachment system is activated, and when we achieve safety (via proximity), the attachment system is deactivated. This morning, for instance, I awoke anxious about my talk.... I called my husband (secure base phen), meditated (quiet arousal systems), and took deep cleansing breaths. Another example, 9/11.

However, it is uncontained or unregulated fear that leads to psychopathology and maladaptation. The secure child experiences fear within the context of knowing that his caregiver will provide comfort and safety. He knows that she will lessen his anxiety, quiet his little fear system back down, and help him feel safe and ready for his next adventure. But when the awareness of danger, most perniciously from the caregiver herself, persists even at low levels, the fear system is chronically elevated and dysregulated and begins to infiltrate the child's experience, his sense of the other, his sense of his own body, and his sense of his autonomy. Higher levels of fear more directly inhibit exploration. However, regardless of the level of fear, the child is tied to the caregiver, because she is essential to his survival, even if she is threatening his very being.

To reiterate, I want to emphasize is that for fear to serve its signal function (and I don't mean signal in the classical sense), it must be kept at manageable levels, and

regulated by the attachment figure. When fear is *regulated* within the context of the attachment relationship, exploration is satisfying and rich, and a full appreciation of the other is possible. When chronic fear, even at relatively low levels, is unmodulated, exploration and self-discovery are distorted, and the child feels helpless, angry, and more frightened. At the extreme, as described by Fonagy, he feels unreal and alien, even to himself. It is these distortions that are reflected in the typologies of insecure attachment.

Bowlby's ideas about attachment classification were elegant and parsimonious – we are left with a few basic ways (Chaos/Rigidity, detachment/enmeshment, activating/deactivating) of adapting to our fear of losing the other, and thus our self; thus, the patterns of thinking and feeling that he sketched out in his writings, that were elaborated by Mary Ainsworth and later and much more fully, Mary Main, were conceived as “rational” adaptations to the competing demands of survival and self-expression. The term *insecure* is no accident; the insecure child or adult is frightened for his safety – and psychological survival. Insecure or *anxious* attachment refers to the way the individual regulates fear within the context of primary relationships. The avoidant individual chooses thin autonomy over intimacy, the preoccupied individual prefers fraught intimacy over autonomy, and the disorganized or unresolved individual finds safety in neither. These adaptations are finally, ultimately *rational* within the context of an individual's history – this is what he or she has had to do to survive.

Mary Main's extraordinary work on the Adult Attachment Interview spoke to clinicians in a way no other element of attachment ever had. Nevertheless, something

important got lost in the translation from research to practice, and I think many clinicians missed the forest for the trees. The description of categories, and the documentation of stability have been crucial to attachment research, but in our work with patients, it's not about the categories, it's about what the categories tell us about the organization of internal experience. Attachment classifications reflect dynamic efforts to regulate fear and anxiety, *and that it is these dynamics rather than the categories themselves that deserve our clinical attention.* In point of fact, the categories can quite often be fluid in the clinical context (apples, oranges, and bananas – apple/orange juice, kiwi fruit). But what is particularly radical about Main's work is the implication that chronic experiences of fear ---be they the result of trauma or more subtle distortions of the attachment system ---are internalized and transformed in ways that profoundly alter the very organization of mental life. *Recognizing and regulating these fears and their sequelae are the focus of our clinical work.* Understanding, containing, and hopefully transforming the dynamic functioning of the fear system – a system, by the way, that has become a major focus of modern day neuroscience – is at the heart of what we do.

As I mentioned earlier, neuroscientists have in recent years focused a great deal of attention on the fear system. Contemporary interpreters of neuroscience such as Allan Schore and Dan Siegel have made it abundantly clear that not only are the attachment and fear systems rooted in our biology, but their regulation affects our biology as well. The functioning of higher cortical systems – thinking, mentalization, symbolization, etc. – emerge as a function of the regulation of the sympathetic nervous system and the HPA axis. The social environment, namely the relationship, plays a prominent role in such

regulation, and in priming the part of the brain that processes emotions. Fear and its vicissitudes, whether at extreme or chronic, lower levels, preclude or distort learning and higher levels of synthetic, integrative functioning. In short, insecure attachments, particularly in their more pathological forms, reflect neural and hormonal adaptations to chronic stress and fear. And the healing power of new, more secure attachments, cannot help but lead to changes at both physiological and psychological levels.

Fear and its place in psychoanalysis

For many decades, fear had no real place in psychoanalysis. Anxiety, yes, but in a totally different sense than that emphasized by Bowlby. The failure to privilege fear had largely to do with Freud's failure to recognize that his patients could feel (and actually be!) threatened or seduced by their caregivers. At this critical juncture in the history of psychoanalysis, he turned away from fear, fear of *real* danger, fear for one's safety, for one's very existence. In doing so, he turned away from an essential human experience, the capacity for which is hard-wired in our brains, links us to all other mammalian species, and is essential to our survival. Instead he suggested that fear, or anxiety, emerged when impulses or fantasies threatened the integrity of the ego. While in his later work he linked anxiety to the loss of the mother's love, he for the most part – even after this shift in his thinking -- saw the mother or libidinal object's central role as reducing unwanted excitation. Freud's brilliant vision of *man in conflict* utterly transformed Western thought, and gave rise to crucial insights about what it means to be human. However, his *relative* failure to emphasize the dynamics of fear and the search

for safety as a *central and critical human conflict* was most unfortunate for psychoanalysis. In a number of crucial ways, Freud never fully appreciated that our primary aim, as living creatures, is to survive, and as highly evolved mammals, to seek relationships that will insure our survival, on many levels. In this crucial way, he failed to integrate Darwin's fundamental premise into his thinking. It fell to Bowlby to do this. And even today, relational psychoanalysis lacks a dynamic, motivational theory.

This is not to say that Bowlby saw the “darker” sides of our essential nature that as irrelevant to our survival as a species; rather, what he implied, instead, is that aggression, rage, distorted sexuality and the fantasies that accompany such experiences *follow* from rather than bring about threats to one's safety. Aggression and sexuality play crucial roles in healthy development – they are essential to signaling our caregivers when we are dysregulated, to our autonomy, separateness, and pleasure in exploration, and to our ability to find full satisfaction in our bodies and in our relationships. But within the context of disrupted attachment, the potential for distortion of these fundamental elements of our humanity is enormous. (Fuller discussion of aggression, sexuality and Melanie Klein not possible!)

Historical roots

Freud's failure to privilege fear had deep personal roots. In fact, one could see this failure – at least in part -- as a function of the dynamics of his own attachment organization. About a year ago I was talking to Alan and June Sroufe about fear, and

some of the ways that Freud's focus on aggression had distracted psychoanalysis from focusing on real fear and its function in development. Alan mentioned his friend Lou Breger's extraordinary book on Freud, which really helped me understand how psychoanalysis could have for so long really failed to recognize the place of fear and the search for safety in human development.

Breger's thesis, simply, is that Freud's theory (and indeed personality) grew out of his efforts to regulate the effects of his own early experience of trauma and loss. For Freud, denial was his primary mode of regulation. Because he could not metabolize or even acknowledge the force and impact of his early traumas, he focused on the *symptoms* of his early trauma, namely aggression, competitiveness, impulsiveness, destructiveness and the like.

Retrospective psychoanalysis is dangerous indeed, but if we believe that the past shapes our mental life, how can Freud's early experience not be relevant to his vision of humanity? As I hope you'll hear in what follows (try to hear fresh), Freud's early life was marked by loss and trauma. He was the first of 8 children born in 10 years to his parents, Jacob and Amalia Freud. Jacob married Amalia, twenty years his junior, after having been widowed twice; tragically, he also lost his own father just before his first son, Sigmund, was born. Some 11 months after Sigmund's birth, another boy was born, only to die of an undisclosed illness a short 6 months later. This must have been a household filled with sadness and grief, its impact on Freud profound and pervasive. Anecdotal reports by extended family members suggest that his mother was quite

depressed; in addition, the subsequent birth of 6 more siblings over the next 8 years surely made it unlikely that she could remain emotionally available to her oldest child. Add to this the fact that she periodically required rather long hospital stays for treatment of tuberculosis throughout his childhood. His beloved nanny was precipitously fired when he was 3 (not unlike Bowlby). Interestingly, there are also suggestions in the historical record that his parents, and particularly his mother, assigned him the status of the “chosen one”, which – combined with his experiences of relative neglect – must have been both confusing and infuriating.

Poverty was an ongoing fact of life for this family. Until Freud was 4, the family lived in a one-room apartment in a small town. His father (along with his mother) ran a wool business, but even in the best of times this was barely enough to keep the family solvent. When Freud was 4 his father’s business failed altogether, forcing the family to move into the Jewish ghetto in Vienna, closer to their extended family. From this point on, his father was unable to support his family with any consistency whatsoever; the result was a life of chronic poverty, living in extremely crowded conditions, without easy access to many of life’s necessities. The family was regularly rescued from financial ruin by extended family members, who helped out when times were especially dire. Well into his 20s, and even after his marriage, Freud was financially supported by mentors and benefactors.

Freud’s is a story full of trauma, loss, and fear. This is not the story *he* told of his childhood, but these are the facts of his upbringing. Breger makes the very compelling

case that, understandably scarred by his own early traumatic and relational experiences, Freud developed a theory that allowed him to all but ignore their powerful impact on his psychological experience and upon the very real emotional and relational difficulties he struggled with throughout his life. Breger further argues that it was Freud's minimization and avoidance of the intense affects that attended his own early losses that turned him away from the real toward fantasy.

Freud's story is not so different from those we hear from the high-risk families that we see in our community intervention programs. And yet Freud all but ignored what must have been the enormous disruptions he experienced in his primary attachment relationships, focusing instead on developments within the later, Oedipal period. Even Freud's view of his own Oedipal crisis seems largely fictional. His father was in many respects a broken man by the time Freud reached the Oedipal period. He had suffered huge losses, and struggled enormously with the chronic stresses of his family and financial circumstances. Freud's identifications with and feelings about his disappointing father, who likely gave him little sustained attention or support, must have been very complicated indeed, and we can see his later identifications with generals and other military heroes as attempts to create paternal heroes who would have protected him and appreciated his formidable abilities.

And who might have kept his mother in check. In the face of his mother's depression, grief, and wish to fill the void opened by the death of her infant, the two year old Freud must have experienced a complex mix of fearing abandonment, struggling for

(and sometimes achieving) a sense of control, and perhaps managing what may have been seductiveness on her part. In any event, it seems likely that fear and anxiety *about his very survival* must have been key early childhood experiences. And it seems likely that an insecure attachment organization laid the groundwork for aspects of his character that destroyed or distorted so many of his relationships, namely his narcissism, grandiosity, and at times unmodulated aggression.

For generations, psychoanalytic historians have described Freud's theory as shaped by the history and culture of the Victorian age. But what so struck me so powerfully learning of Freud's early history was how much his theory was shaped by his own personal history, personal history that has been largely ignored or glossed over in prior biographical accounts. Breger suggests that in a number of ways Freud emphasized the centrality of sexual and aggressive urges in the development of the personality *because* these aspects of his functioning were enormously compromised and distorted by his attempt to regulate his own fears. Freud certainly struggled enormously with his aggression, as well as with his sexuality. And it seems highly likely that these driving preoccupations were at least in part symptoms of the impact of fear, early loss, deprivation, and trauma on his earliest relationships. I mean neither to be reductionistic, nor to suggest that this is *the* rather than one way to understand some of the personal roots of his theory. But it seems fairly clear that his own very real difficulties with relationships, aggression and sexuality shaped the history of psychoanalysis in crucial ways, ways that have been largely unappreciated and unrecognized. Bowlby, however, got it.

Fear, Safety, and Clinical Process

When I first learned about attachment theory, it felt as if I was coming home. While I had actually administered the Strange Situation when I first met Mary Ainsworth in December of 1981, I actually knew little about Bowlby or attachment theory. When I heard Ainsworth talk about the Strange Situation, however, I immediately understood that Ainsworth's (and of course Bowlby's) definition of anxiety was very different from the one I had adopted as a young psychoanalytic psychologist. Listening to her, asking questions, etc., I slowly got it. She was talking about real fear. Insecure babies were afraid of something real; they were afraid that their attachment needs would go unacknowledged and unknown, leaving them vulnerable to psychic threat, potential disorganization and annihilation. Maladaptive strategies of maintaining felt security – including anger, aggression, and distorted sexuality -- were aimed at warding off this threat and at managing this real fear. What Ainsworth was vividly describing was very different from more psychoanalytic notions of anxiety, anxiety about *internal* experience rather than external reality, anxiety about separateness, differentiation, and – more classically – unbridled aggression or libido, rather than of actual abandonment and loss. Everything Ainsworth described also clicked with what had so fascinated me about the new views of infancy offered by Stern, Mahler, and Pine.

When I had the great fortune of attending Mary Main's first Adult Attachment Interview training program four years later, I got it even more clearly. In her

categorization of insecure patterns of language and thought, Main was describing dynamic attempts to regulate fear in the attachment relationship and to establish some, albeit compromised, feeling of safety and connection. The search for safety and the management of fear were manifest in the very structures of thinking and of affect regulation. These ideas were entirely consistent with my clinical work. It seemed natural to me to listen for fear, and to see psychological experience as organized around the fear and anxiety that follow real disruptions, defenses against hope, against longing for closeness and connection.

My understanding of fear had a great deal to do with the role fear and the search for safety had played in my own childhood. When I found my way to attachment theory, I realized that the anxiety Ainsworth and Main were talking about was the anxiety I had *known*. And when I took the AAI, I began to deeply understand how my *actual experience and my coming to grips with fear in my primary relationships* had made me who I was. The fear and anxiety with which I struggled, and that disrupted my relationships now *made sense* in terms of the repeated abandonments in my earliest months and years. My understanding of *why* was suddenly different, and I began to see these adaptations – troubling as they were -- as rational. How else would I have survived? Many of the speakers have mentioned that Mary's work changed their careers. The same was true for me. But she also dramatically changed the way I understood myself, and allowed me to experience myself with compassion. While my experience in analysis up to that point had offered me the solace of deep concern, steady consistency, and the willingness to connect, I now found a way of making sense of *what I had*

experienced in a way that had eluded my first, deeply well-meaning but classically trained analyst, largely because of the tilt of her own training and analytic experience. Ironically, she had herself escaped the Nazis as a young university student and had undoubtedly suffered staggering trauma, fear, and loss in her own life. My second analyst understood my fear in a way that made all the difference.

While my own life experience certainly sensitized me to fear and the search for safety, I want to reiterate what I said earlier, namely that the experience of fear and the search for safety and comfort in relationships are core *human* experiences. They are not simply the realm of the traumatized. The search for safety is what *drives* us, and what serves as a primary motivation for the formation of our earliest relationships. This was Bowlby's brilliant, transforming profoundly humane insight: *we ALL do what we must* to maintain our primary relationships because without them we will not survive, physically *or* psychologically. In short, "better safe than dead".

The Clinical Situation

In the little time I have remaining, I want to talk more specifically about the clinical situation. What impact can this paradigm shift have upon our patients? As I mentioned before, I think we all *understand* these phenomena, even if we have not fully developed a language for them, or if our imagination is limited by old constructs that live on in ways outside of our consciousness.

Paradigms shape our theories and *what we see and hear* in profound ways. Paradigm shifts lead us to see what has always been there in different ways, and to shed light on that which has always been there but has not been fully understood or integrated. An adjustment in our understanding of causality, reversing figure for ground, profoundly changes how we understand the organization of psychological experience.

The relative failure at a theoretical level to privilege certain types of experiences means that neither we nor our patients can privilege them, either. Privileging fear and the search for safety profoundly changes how we both notice and talk about these experiences with our patients. It also enhances our compassion for our patients and their efforts to survive, compassion that we sorely need when their ways of being in the world and in relation to us are most frustrating, paralyzing, and disorganizing. In this sense, privileging fear changes the nature of the therapeutic relationship in crucial ways.

In our work with patients, we are trying to recognize and then mentalize the dynamic ways that they regulate fear and the search for safety in their primary relationships. We are trying to imagine the moments in which these dynamic patterns began to take shape – moments of balancing the need for safety with the desire for full autonomy and unfettered connectedness – and we are experiencing these moments in the transference and countertransference, in our brains, in our bodies, and in our minds. Our experience of these dynamic patterns and our imagining their childhood roots allows us to bring them alive in the treatment so the patient can see them, feel them, and *play* with them. The more we appreciate the many ways our patients – like their mammalian

forebears – are moving toward and away from the other in their search for security and love, the more we will succeed in finding metaphors and language that capture these core human experiences. Finding dynamic and mutative metaphors are key to the transformation of internal structures, and to helping our patients imagine and then begin to create new and more fulfilling relationships.

As I mentioned earlier, this perspective is entirely consistent with current neuroscience as well as mentalization theory. Change in psychotherapy does not take place only at the cortical level. In fact, it is likely that changes take place first in the portions of the brain that regulate arousal (i.e. fear), which then pave the way toward higher order change and reorganization. Many therapists certainly recognize this at some level, and as a result pay close attention to the pre or nonverbal as well as bodily aspects of the therapeutic relationship. (Van der Kolk - -mindfulness -- Freud – Body ego) In any event, the utility of symbolic language in the clinical setting will depend upon at least some degree of basic physiological regulation and organization. And it is the therapeutic relationship that is crucial to the development of neural structures that are the bedrock upon which higher order representations emerge.

I am going to close with a brief clinical anecdote. Earlier this week, I got a call from a patient who was feeling desperate, despairing, and SO angry at herself. She had, once again, been seduced into believing that her husband, from who she was separated, would be able to protect her in a time of terrible turmoil. TURMOIL that he was singlehandedly responsible for. “What I have to deal with is so lonely, I just didn’t think I

could do it alone.” So once again she imagined that he could soothe the pain that he himself had caused, and once again, she was deeply, bitterly disappointed. She found herself angry, and shutting down fast, quintessentially dismissing, as was her wont. “Why did I do it again???” she lamented. “I am SO STUPID!!!!”

I took my cue from her using the word lonely, and said “You are so terrified of what’s ahead of you that you want to believe he can take care of you. Even though it’s as if you and your daughter are covered in blood and the knife is in his hand, you can’t believe you’ll survive on your own.” There was silence, then acknowledgment. “No, I really can’t”.

Ellie believed that letting go of her husband – whose own psychopathology was such that he had to obliterate her very emotional core – would lead to her psychic annihilation. My job at that moment was to clarify where she was safe and where she was in grave danger. And where she could actually feel safe and free, and where she would surely cease to exist.

Ellie’s father was a hateful, bitter, man. He had been terribly wounded in WWII, and lived in chronic, unrelenting pain. He worked the night shift and slept all day, and raged whenever his sleep was disturbed by his family’s normal activities. His wife and three daughters lived in terror of his outbursts, their arousal systems perpetually engaged in anticipation of danger. And they lived with his need to derogate and humiliate them at every turn. For Ellie, this was closeness, this was a relationship. The alternative was

nothingness; she could not imagine it, her mother could not imagine it, and together the failure of imagination rooted them in terror. It was this dynamic that was repeated again and again in her relationship to her husband.

Safety was horrible. But better safe than dead.

Thank you.