

child in the present could be obtained by taking into account parents' thoughts and feelings about their own childhood history. Bowlby argued that individual differences in parents' histories may

lead [their] children growing up to be individually either more anxious and difficult and likely to increase tension and friction at their work and in their homes, or else friendly and cooperative, and thus able to adopt friendly give-and-take relations in their working and domestic lives. Such repercussions of early experience are obvious and one day have to be taken into account quantitatively when we assess the value of our therapeutic techniques. (p. 128)

This “one day” that Bowlby imagined in the late 1940s has been most fully realized through developments in research and theory linked to the emergence of the AAI, and the demonstrated associations across generations between parental responses to the AAI and infant responses to the Ainsworth Strange Situation procedure. These intergenerational patterns receive attention throughout this book because they point to avenues for intervention aimed at helping adults resolve emotional, cognitive, and social difficulties stemming from their attachment history. These cross-generational patterns also highlight avenues for preventive work with parents so that their children will be better able to assume, as Bowlby suggested in 1949, “friendly give-and-take relations in their working and domestic lives.”

Organization of This Book

This book is organized so that its 18 chapters fall into five sections: (1) the AAI in clinical context; (2) intervention research with mothers, infants, and toddlers; (3) parent–infant relationships, adolescents, and adults in psychotherapy; (4) the AAI and trauma; and (5) the AAI, foster care, and adoptive placements.

Part I, *The AAI in Clinical Context*, begins with a chapter by the editors, Howard Steele and Miriam Steele. This chapter draws attention to 10 distinct but related clinical applications of the AAI, highlighting the remarkable overlap between concerns that occupy therapists in the consulting room and the material arising in response to AAI questions and follow-up probes. In particular, we alert readers to how the AAI coding system can inform and support decisions to be made with respect to diagnoses, therapeutic processes, and measurement of therapeutic outcomes. We comment as well on the historical circumstances in which the AAI was developed, noting that it was a time when the interpersonal nature of human development was being empirically identified and celebrated, but also a time when—following a most influential monograph paper concerning the “move to the level of representation,” which comprehensively introduced the AAI and related narrative task for children (Main,

Cassidy, & Kaplan, 1985)—developmental attachment researchers turned their attention to the clinically relevant topics of how children and adults form mental representations of their attachment experiences, as reflected in speech, concerning emotional upset, physical hurt and illness, separation, loss, and trauma.

Chapter 2, by Mary Main, Erik Hesse, and Ruth Goldwyn, is a unique compilation outlining the main tenets of the AAI rating scales and classification system. It is the first time that the system has been presented in this much detail in the public domain. Verbatim illustrations of the AAI rating scales and classifications are provided, as well as an account of how the trained judge approaches the task of rating and classification, relying on both bottom-up reasoning (starting with individual experience and state-of-mind scales), as well as top-down reasoning (studying the fit of the narrative with features of each of the classification groups). This chapter is not meant in any way to substitute for the intensive 2-week training and access to the entire manual, necessary to coding the AAI, but it does educate the reader as to the rudiments of the system and therefore serves as an important segue to all the chapters that follow.

Chapter 3 provides an empirical summary of more than 60 AAI research studies with clinical samples and is based on interviews collected from over 4,000 participants. The authors, Marinus H. van IJzendoorn and Marian J. Bakermans-Kranenburg, well known for their original attachment work and meta-analytic publications, provide the most up-to-date synthesis concerning the use of the AAI in clinical samples, serving to examine the strength of associations between AAI classifications and a full range of clinical diagnostic categories. The organizing feature of this chapter is provided by the theoretical framework of minimizing or maximizing emotion-regulation tendencies that may underlie specific forms of psychopathology as first suggested by Mary Dozier (e.g., Dozier, Stovall, & Albus, 1999). Overall, van IJzendoorn and Bakermans-Kranenburg find insecure-dismissing (minimizing) AAI strategies to be linked to aggressive behavior problems, and insecure-preoccupied (maximizing) AAI strategies to be linked to depressive and emotional behavioral problems. Additionally, unresolved mental states regarding past loss or trauma is shown to be significantly elevated in clinical samples. This chapter helps enormously to set the scene for all chapters to follow, in which AAI insecurity and unresolved mental states tend to predominate.

Part II, Intervention Research with Mothers, Infants, and Toddlers, begins with a chapter by Christoph M. Heinicke and Mónica Susana Levine, based on their work with the UCLA Family Development Project in California. This long-running project has aimed to help mothers (and fathers) and their young children achieve positive changes against the background of deprivation, loss, and trauma. In this work, involving a home-visit intervention, they found prebirth AAIs to be uniquely valuable among a wide range of methods used to assess and support parent-child adaptation and functioning.

This is demonstrated via the presentation of empirical results in the early part of the chapter, followed by a compelling case study. The overwhelming finding from this chapter is the way that security as assessed by rating of an individual's AAI, even when present alongside unresolved mental states concerning past loss or trauma, consistently anticipated a parent's investment in, and responsiveness to, the therapeutic process. Follow-up positive effects for the children are striking, and the influence of the AAI status is evident more than 2 years after the AAI was administered.

This theme of enhanced effectiveness of therapy being linked to a secure (as opposed to dismissing) response to the AAI is amplified in Chapter 5, by Douglas M. Teti, Lauren A. Killeen, Margo Candelaria, Wendy Miller, Christine Reiner Hess, and Melissa O'Connell. Teti and colleagues report on their study of premature babies born to a mainly urban-dwelling, impoverished sample of African American mothers receiving a 20-week intervention from early in the first year, when the AAI was collected. The intervention included systematic instruction in how to "talk" (relate in a sensitive and responsive way) to one's premature baby, and training in infant massage. Investment in the intervention and 24-month infant-mother attachment was significantly linked to maternal AAIs. Those mothers whose AAIs were secure invested more fully in the intervention, and were more likely to have securely attached infants at 24 months. This finding of an empirically driven marker for likelihood of therapeutic engagement and action is of obvious clinical relevance. Interestingly, mothers with unresolved loss or trauma were *not* any less invested in the intervention program than "resolved" mothers. This speaks to the universality of the adult wish to be, and willingness to work at becoming, a good-enough parent.

Chapter 6 concerns the use of the AAI in the context of a randomized control trial of toddler-parent psychotherapy provided to children and their depressed mothers in Rochester, New York. Sheree L. Toth, Fred A. Rogosch, and Dante Cicchetti provide this impressive account of a pre-posttreatment design enabling them to examine changes in children's attachment status and changes in maternal AAI status as a function of treatment, in a depressed intervention group, a depressed control group, and a never-depressed control group. Significant positive change is reported in this chapter with respect to both the therapy improving children's attachment security and mothers' AAI status in terms of a scoring dimension highly relevant to the clinical context: reflective functioning, or RF (Fonagy, Target, Steele, & Steele, 1998; Steele & Steele, 2008). Curiously, while RF improved in the treatment group, and their children became more secure, RF did not appear to mediate this improvement in the children's profiles. This leads to an interesting discussion of the benefits that adults obtain from therapy, and the extent to which these transmit to the next generation.

Part III, Parent-Infant Relationships, Adolescents, and Adults in Psychotherapy, presents five chapters with an intense clinical focus, including detailed case studies revealing how the AAI informed and helped advance

clinical work. In Chapter 7, Amanda Jones reports on psychoanalytically informed parent–infant psychotherapy as she practices it in a National Health Service project devoted to improving the lives of vulnerable children and their parents in North London. The case she presents concerns a father at risk of losing all contact with his partner and children because of a history of violence and a criminal record. Jones, with the help of the AAI she administered, identifies and recaptures (to the benefit of the father and his current family) long-neglected emotional resources. This chapter includes verbatim examples of how this father responded to his AAI, including many harsh and highly defensive/dismissing remarks, stemming from his history of being neglected and abused. Yet, also, the father’s AAI reveals the brief but positive influence his paternal grandmother had upon him as a child, his understanding of the harm he has perpetrated, and an ultimate valuing of attachment. The theme of alternate caregiving from someone such as a grandparent provides an important feature of the therapeutic action as administered by Jones, which was strengthened through her innovative form of parent–infant psychotherapy, utilizing video-based feedback to good effect.

Chapter 8, by Tessa Baradon and Miriam Steele, takes the reader inside the process of parent–infant work as it is conducted at the Anna Freud Centre in London. The chapter provides a detailed account of the clinician’s observations of the mother (with a traumatic history) and infant in therapy alongside the meaning inferred by the clinician. At the same time, Baradon and Steele provide verbatim excerpts of the mother’s AAI-based speech, while also indicating the meaning reliably inferred by the AAI coder. The therapist (Baradon) administered the AAI, while the AAI coder (Steele) provided the rating and classification of the interview. Together, a reliable portrait is assembled of the disturbances in the mother’s background, her troubled representational world, and the disorganizing influence this has on her baby. The account of the clinical work provided in Chapter 8 may stand as a model of how the AAI research perspective can inform and support clinical work to the benefit of vulnerable parents and their young children.

In Chapter 9, Tord Ivarsson moves the focus of attention to the school-age years and adolescence, exploring the extent to which obsessive–compulsive disorder (OCD) and depression can be understood from an attachment perspective. Ivarsson provides an account of his unique clinical research study based in Sweden, involving 100 adolescents comprising four subgroups: one group with OCD, another with depression, another with OCD and depression, and a “normal” control group. While the latter group is found to have AAIs that are 60% secure, insecure–dismissing (Ds) interviews are observed to be highly characteristic of the groups with OCD, whereas depression is specifically linked to high rates of unresolved mental states. Ivarsson also reports on a type of AAI response commonly found in highly disturbed clinical groups (discussed in many chapters), the “cannot classify” interview found in the responses of some young people with OCD or depression.

Chapter 10, by Massimo Ammaniti, Nino Dazzi, and Sergio Muscetta, includes three vivid case studies where repeat administrations of the AAI revealed measurable progress achieved in therapy. It provides a compelling picture of how the AAI may complement and extend therapeutic work. In one case, coherence is shown to increase as a result of progress in therapy, while in two other cases, shifts in AAI classifications are observed to link up with changes that are achieved and maintained in the therapeutic process. In particular, initially unresolved/disorganized and cannot classify AAIs are shown to become organized. The inherent similarities between psychodynamic formulations and ways of listening on the one hand, with the AAI questions and AAI rating and classification scheme on the other, come into clear view in this chapter.

Chapter 11, by Diana Diamond, Frank E. Yeomans, John F. Clarkin, Kenneth N. Levy, and Otto F. Kernberg, concerns the mutual influences of Kernberg's transference-focused psychotherapy (TFP) and attachment among adults with borderline personality disorder (BPD). Before presenting a moving case study, Diamond and colleagues summarize the positive results they have observed in a series of three empirical investigations into the effectiveness of TFP, including their most compelling randomized clinical trial of 100 patients with BPD who received treatment informed by TFP, dialectical behavior therapy, or a generic form of supportive therapy. The work of this team illuminates both transference and countertransference processes, highlighting the benefits that follow for therapists and their most troubled clients, from integrating clinical with empirical work based on the AAI. The chapter also highlights the added value that may be obtained from relying on derivatives of the AAI, such as an interview aimed at tapping into the patient's thoughts and feelings about the therapist, and the application of dimensional scoring criteria aimed at assessing the extent of reflective functioning (see Steele & Steele, in press, for an elaboration) evident in narrative material where the self and relations to others are the focus of discussion. The work of the team behind Chapter 11 has shown that for adults with BPD, AAI coherence and reflective functioning is likely to increase, and the proportion of individuals with secure AAIs is likely to triple, through TFP (Levy et al., 2006).

Part IV concerns how the AAI may specifically inform and support clinical work with traumatized populations. Chapter 12, by Sonia Gojman de Millán and Salvador Millán, takes us into the world inhabited by tens of millions of homeless children worldwide, and an estimated 30,000 in Mexico City, whose earliest experiences are of neglect, rejection, and overwhelming fear. We learn about a voluntary day program reaching out to these teenagers and their babies. Via presentation of case studies, we hear how the AAI revealed both their deeply troubling experiences and fearful states of mind while also uncovering elements of coherence and a yearning for secure attachments. A vital humanistic social service is shown to have enhanced effective-

ness on account of integrating the attachment perspectives available from use of the AAI and Strange Situation procedure. In this chapter, an amazing avenue becomes visible via which traumatic pasts are being transmuted into organized and hopeful beginnings.

Chapter 13, by K. Chase Stovall-McClough, Marylene Cloitre, and Joel F. McClough, includes verbatim examples of each AAI pattern, with detailed portraits of “unresolved speech.” These authors present and discuss their original work showing that a history of child sexual abuse, with accompanying unresolved mental states as identified via the AAI, may make one especially vulnerable to posttraumatic stress disorder (PTSD)–avoidant (as opposed to intrusive or arousal) symptoms. They also report on their randomized control study comparing prolonged exposure techniques with emotion regulation skills training for women with PTSD. Results confirm the differential effectiveness of prolonged exposure techniques, which involve exposure to traumatic memories through repeated narrative storytelling, which significantly ameliorated *both* PTSD symptoms and unresolved mourning in AAI terms. We are left with the useful suggestion that exposure techniques carried out in a supportive treatment environment may be a promising intervention for those with unresolved trauma.

In Chapter 14, Judith A. Crowell and Stuart T. Hauser take us into the details of a 25-year longitudinal study, including multiple administrations of the AAI, that tracks the fate of a group who were initially recruited during midadolescence when all were psychiatric inpatients. Stability and change in AAI status was followed up at three points, at ages 26, 34, and 39. Alongside the AAI, this team also collected a wide range of other measures, tapping ego development, symptoms, drug and alcohol use, and relationship satisfaction. Attachment insecurity predominates and is shown to be remarkably stable for this overall highly troubled group, but a resilient subgroup is also identified. Crowell and Hauser not only report on the AAI five-way classifications (dismissing, secure, preoccupied, unresolved, and cannot classify) but also provide details on the full range of dimensional AAI scales. Here the authors show much higher stability for the probable past experience scales than the state-of-mind scales, revealing fluctuations over time in how one thinks and feels with respect to the unchangeable past. At the same time, Crowell and Hauser show that some mental states tend not to change over time (e.g., those linked to the two main insecure AAI classifications), including anger (characteristic of insecure–preoccupation) and derogation (characteristic of insecure–dismissal).

Chapter 15, by Greg Moran, Heidi Neufeld Bailey, Karin Gleason, Carey Anne DeOliveira, and David R. Pederson, describes an intervention study with adolescent mothers from traumatic backgrounds and their babies, where a sizable minority of the mothers provided AAIs that were judged unresolved with respect to past loss, abuse, or trauma—some of whom (according to prediction) had babies who showed disorganized attachments. A brief behavioral

intervention aimed at enhancing maternal sensitivity was shown to be effective, but not for the mothers with unresolved AAIs. This leads the authors into an informative search for correlates of unresolved mourning in the mothers that includes specific deficits in reading emotion accurately in their children, elevated trauma symptoms in PTSD terms, and (when their babies were disorganized) significantly elevated levels of identity disturbance on a scale indexing symptoms typical of BPD. The discussion addresses interventions to help this most troubled group of young mothers.

Chapter 16, by Sharon Melnick, Brent Finger, Sydney Hans, Matthew Patrick, and Karlen Lyons-Ruth, provides a thorough overview of the problems commonly encountered by trained judges when reading AAIs from troubled clinical samples, regardless of whether a history of loss or trauma is identified in the narrative. The criteria for rating unresolved mourning, and deciding if an interview is in the cannot classify group, are reviewed and then an additional set of rating considerations are suggested. These are applied to the full AAI narrative in order to establish whether the speaker's state of mind meets criteria for being called hostile–helpless (HH). The chapter provides a summary of three independent empirical studies where the HH coding criteria were applied, with the suggestion that when HH states of mind are evident in an AAI, this may indicate BPD in the speaker and the probability of a disorganized attachment in the speaker's child.

The final part of the book includes two chapters in which the AAI was applied in the context of studying and supporting children who were adopted or placed in foster care. In some ways, these final chapters provide some of the strongest evidence available that the AAI is a powerful tool for assessing competence in the parenting role. This is because most reports of overlap between parents' AAIs and their children's social–emotional outcomes come from families where biological/genetic ties could be considered to account for a considerable amount of the overlap between generations. But should similar levels of overlap be observed in children linked to their parents by adoption or foster care, as Chapters 17 and 18 reveal, we have added unique confirmation of the social transmission of attachment across generations. As well, we have—with the AAI—a tool to enhance interventions aimed at supporting adoptive and foster parents in the formidable challenges they take on.

Chapter 17, by Miriam Steele, Jill Hodges, Jeanne Kaniuk, Howard Steele, Saul Hillman, and Kay Asquith, reports on an ongoing longitudinal study that began with the goal of following (initially with the AAI) a group of adults (men and women) who had been approved to adopt school-age children with a history of maltreatment. This permitted the investigation of the contribution each parent's AAI status made to the adaptation of the adopted child. Children's outcomes are considered in terms of their responses to an attachment story-completion task in the first 3 months of placement and then again 2 years later. Results reveal that secure themes increased over time for all children. The AAI responses of the parents provided added value in terms of forecasting children's outcomes, with most favorable adaptation (a decline

in insecure and disorganized emotional themes) being linked to having one or both parents with a secure–autonomous AAI profile.

Chapter 18, by Johanna Bick and Mary Dozier, is an account of their ongoing work testing the efficacy of a clinical effort underway with foster parents, the Attachment and Biobehavioral Catch-up intervention. The control or comparison group received a modified version of a previously tested program, the Developmental Education for Families intervention. Prior to participation in one of these interventions, all foster parents (more than 200 to date) are interviewed with the AAI. Preliminary results support the efficacy of the Attachment and Biobehavioral Catch-up intervention. Children whose foster parents received this attachment-based intervention showed fewer behavior problems, and lower cortisol levels across the day, compared with children whose foster parents were in the control group. The chapter details how the positive effects of an intervention can be maximized by taking into account the specific needs of both the children and the foster parents (as indicated by their AAI responses).

Finally, the Afterword, by Deborah Jacobvitz, provides an integrated summary of the book chapters, and includes original work from Jacobvitz's own program of longitudinal research across generations, directly informed by the AAI. The wide-ranging clinical applications of the interview are revisited, and important directions for further work are indicated.

As editors and contributors, it only remains for us to acknowledge the debts we owe to others who helped assemble this volume. First, we are grateful to our main contacts at The Guilford Press, Rochelle Serwator and Seymour Weingarten, who responded positively to the idea for this book and provided vigorous support, including the dedicated efforts of Laura Specht Patchkofsky, to help ensure its timely appearance. Second, we are thankful to our colleagues who contributed excellent chapters reflecting theoretical, empirical, and clinical advances. At The New School, where chapter manuscripts were initially received and edited, Allison Keisler provided valuable editorial assistance. Ultimately, we owe the greatest debt of gratitude to John Bowlby who, back in the summer of 1987, made sure there were places at the table for each of us at one of the first Adult Attachment Interview Institutes, led by Mary Main, and convened at The Tavistock Clinic, London.

The contributions of the AAI to research and clinical work are immense. They not only take us back to some of John Bowlby's initial formulations of the clinical relevance of attachment theory, as we indicated at the outset of this Preface, but also pave the way for new and sophisticated ways of thinking about and assessing the nature of attachment representations. We hope that the chapters in this volume serve to inspire many further contributions that will help consolidate the bridge linking empirical research and clinical practice.

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