Psychoanalysis, Attachment, and Spirituality Part I: The Emergence of Two Relational Traditions

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Two broad relational traditions emerged in post-Freudian psychoanalysis: a broad group of relational theories, represented by Fairbairn's (1952) object relations theory, that remained within the field of psychoanalysis, and John Bowlby's attachment theory, that split off from psychoanalysis. Both of these traditions emerged simultaneously, predominantly in the 1940s, and developed in parallel in virtual isolation from each other. In this article, the first of a two-part series in this special issue, I outline the emergence of these two traditions, how each has been applied to the psychology of religion and spirituality, and their implications for "minding" our clients' spirituality (Sorenson, 2004). In the second article of the two-part series, I discuss the common relational metapsychology underlying these converging traditions—a theory of implicit relational meaning—and its implications for "minding" the spiritual stories by which our clients live.

In the history of psychoanalytic theory, we can trace two broad relational traditions that split off from Freud's "drive/structure model." One tradition can be traced through the transitions of ego psychology to the many strands of the "relational/structure model," such as object relations theory, that proliferate today (Greenberg & Mitchell, 1983). Some theorists in this line of theory, such as Margaret Mahler and Rene Spitz, struggled to graft new relational concepts onto the drive/structure model, while others, such as W.R.D. Fairbairn, developed an entirely new relational metapsychology. Fairbairn's theory of object relations, along with several other key theories, formed the foundation for the development of relational psychoanalysis by contemporary theorists. This new relational paradigm within psychoanalysis led to new ways of thinking about spirituality, and new ways of "minding" our clients' spirituality (Sorenson, 2004) in the consulting room.

At the very same time that Fairbairn was developing his theory in Scotland in the 1940s, John Bowlby began developing another relational tradition that split off from Freud's drive/structure model–what is now the field of attachment theory. Attachment theory also led to new perspectives on thinking about and approaching our clients' spirituality. For a myriad of reasons–to which we will return–attachment theory developed along an independent, although in many ways parallel, theoretical trajectory as that of the relational/structure model. For years, these relational cousins were estranged from each other. They developed in separate socio-political groups of academicians, each with their own language, training programs, journals, and conferences. In recent years, however, we have seen a rapprochement between these two lines of theory, partly spurred on by major developments in affective neuroscience and narrative psychologies in the past several decades. These turns on the psychoanalytic and attachment roads have had significant implications for our sensibilities in understanding and working with our clients' spiritual stories. A synthesis of these theoretical developments forms the foundation for a common relational metapsychology –for a theory of *implicit relational meaning*–that has far-reaching implications for our understanding of spirituality (Hall, 2004).

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In this article and the second in this two-part series (Hall, 2007, this issue), I have both a specific and a broad aim. My specific aim in the present article is to provide a brief historical context for how these two theoretical traditions developed independently, and what each has to offer us in understanding our clients' spirituality.[1] In the spirit of this special issue's focus on case studies, I offer brief case examples to illustrate several points. In the following article, I will highlight how these two traditions have converged in recent years, and some recent developments in neuroscience and narrative approaches to human experience that suggest that we are hard-wired for two fundamentally distinct forms of knowing, one of which exists in storied form. In short, our spirituality—and all our relational knowing—is "storied," and this has significant implications for how we "mind" our clients' spirituality (Sorenson, 2004), and how we learn to mind our clients' spirituality. Both of these processes have their roots in implicit relational knowing (Stern et al., 1998), or perhaps in this context, what we might think of as "implicit spiritual knowing."

The nature of this way of knowing suggests the importance of learning first-hand from our clinical experiences, and from the work of our colleagues. Thus, my broader aim for these articles is to articulate some of the theoretical underpinnings for the importance of learning through case studies, to which we have devoted the majority of this special issue. We have also intentionally focused this special issue on case studies because we felt there is a dearth of such real-life examples of minding our clients' spirituality in a way that is informed by contemporary developments in psychoanalysis. My hope is that these articles, and this special issue, will encourage us to share our work with each other—the primary playing field where we learn how to co-author our clients' unfolding spirituality in ways that bring spiritual vitality. Hats off to our contributors who have courageously opened their consulting rooms to us. We owe them a debt of gratitude.

Finally, we have dedicated this special issue to the memory of Randy Sorenson, who taught at Rose-

mead for 20 years until his untimely death in January of 2005. Randy was a giant of a scholar as you will quickly discern from reading his first, and tragically last, book *Minding Spirituality* (Sorenson, 2004). However, as Randy indicated in several of his writings, he was first and foremost a clinician at heart (e.g., Sorenson, 2004). It is in the spirit of Randy's passion for co-authoring and nurturing his clients' spiritual stories that we offer this special issue.

W. R. D. FAIRBAIRN: FROM INSTINCTUAL DRIVES TO OBJECT RELATIONS

As post-Freudian psychoanalysis unfolded, controversy abounded within the British Psychoanalytic Society as theorists attempted to claim the right to the psychoanalytic patriarch's throne. This theoretical and political battle occurred against the backdrop of the death, dislocation, and genocide of World War II. Factions developed within the British Psychoanalytic Society between three groups. Anna Freud and her followers focused on the need to strengthen the ego, which Holmes (1993) suggests was in part an effort to hold on to some semblance of reason in the face of irrational destruction. Anna Freud and her followers, of course, claimed the right to her father's theoretical throne. Melanie Klein and her followers emphasized innate phantasy, aggression stemming from the death instinct (which Klein believed was an elaboration of the theoretical direction Freud was heading), and paid little attention to environmental factors. They emphasized the power of psychoanalysis to heal people, independent of environmental factors, which can be viewed, at one level, as an attempt to hold on to some semblance of control in the face of the helplessness of the war (Holmes, 1993).

Historical Context for the Development of Object Relations Theory

The differences between these three groups were managed by a "gentlemen's agreement" between Anna Freud and Melanie Klein that established two lines of training: the "A" group consisting of Anna Freud and her followers, and the "B" group, comprised of the Kleinians and the "Independents." This group of "Independents" were not aligned with either the Anna Freud or Kleinian camps, and later split off as a third "middle group," which consisted of theorists such as Fairbairn, Bowlby, D.W. Winnicott,

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[1]It is beyond my scope here to provide a detailed account of these theoretical developments. My intent, rather, is to paint a broad portrait of the theoretical landscape. Thus, I assume some familiarity with psychoanalysis and attachment theory, yet I have attempted to write in such a way that those unfamiliar with this terrain will be able to understand the major theoretical developments.

and Michael Balint who were pioneers in developing early object relations theories.

The object relational ego psychology traditions that grew out of Anna Freud's group (e.g., Margaret Mahler and Rene Spitz) and Klein both paved the way for a full relational/structure theory, albeit in radically different ways. The object relational ego psychologists developed the profoundly new idea that the ego is dependent on early (object) relationships for its development; however, they retained the drive-ego model as the metapsychological house in which to store object relations. Klein, on the other hand, radically redefined the Freudian notion of drives as being fundamentally psychological in nature, and as having "internal objects" built into to them. Thus, Klein developed what many consider to be the first "object relations" theory. And yet, ironically, the relations in Klein's theory were predominantly with phantasies of phylogenetically inherited images stemming from the death instinct.

For Klein, the vicissitudes of mental life, including internal and external object relations, derived initially, and predominantly, not from real relationships with others, but from endogenous sexual and aggressive drives. Thus, Klein's theory does not represent a complete move to a relational-structure model. However, she did emphasize object relations, and the powerful emotional forces of love and hate, greed and envy. Thus, while the particularities of real parents clearly play a secondary role in the development of psychopathology and mental health, it is not difficult to resonate with the themes in the picture Klein painted of our internal relational world—one of a life-long struggle to integrate the good and bad aspects in ourselves and others, to protect those we love from our own destructiveness, to repair the relationships we have damaged, and to experience gratitude rather than envy for the good we have received from others.

Building on the shell of Klein's theory of "internalized objects," Fairbairn combined his clinical experience, in which he saw his patients carrying with them the residues of early relationships, with the notion that there are structures in the mind with which we relate to develop his central theoretical principle—that we internalize, not phantasied images, but *experiences of real relationships*. He was one of the first theorists to develop a theory of personality and development based on the notion that relational connection is our primary motive and need. His theory is also one of the first to develop a vision of the mind as being *structured*, not by drive forces, but by the subjective experiences of relational meanings. It is difficult to overestimate the impact of Fairbairn's theory in the theoretical developments that have ensued since the 1940s. For we now take for granted basic ideas about relationality that he first proposed, and he, like those before him, opened doors to research and theory that previously would not have appeared on the conceptual radar screen.

Object Relations and the Psychology of Religion and Spirituality

The shift from the drive/structure model to the relational/structure model, represented clearly by Fairbairn's object relations theory, opened up new psychoanalytic vistas for thinking about religion and spirituality. Moreover, it spawned a body of research addressing the nature of one's internalized representation of God, and scholarship regarding how we work with clients around spiritual issues (e.g., Jones, 1991; McDargh, 1983; Sorenson, 2004). Religion, from this new relational psychoanalytic perspective, was not understood as a universal obsessional neurosis, but rather as a relationship with God that reflects and reenacts an individual's deep structure of internalized relationships. Individuals' relationships with God may be healthy or pathological, to varying degrees, and parallel their object relations maturity, according to this perspective (Jones, 1991).

A substantial literature now exists examining the association between God representations and object relations development, much of which supports the general object relational perspective on spirituality articulated above—that individuals' experiences of God tend to parallel their experiences of emotionally significant caregivers. In a landmark qualitative study, Rizzuto (1979) proposed that an individual's representation of God is an amalgamation of the representations of his or her primary early relationships. Furthermore, the God representation, according to Rizzuto, is continually transformed and reshaped throughout development as new experiences are brought into the internal representational matrix. In another in depth qualitative study of object relations and God image, McDargh (1986) concluded:

Whether a given individual relates to a particular object representation of God with conscious belief, or unbelief, whether that representation is repressed, rejected, embraced, or celebrated has everything to do with the dynamic origins of that

representation, its subsequent life history, and hence if and how it may be available to help the person sustain some sense of being a self-in-relationship. (p. 256).

A number of quantitative studies have also investigated the association between object relations development and God image. For example, research has shown that higher levels of object relations development in current relationships are associated with perceptions of God, and/or one's relationship with God as a) more loving, stable, and emotionally close (Brokaw & Edwards, 1994; Hall & Edwards, 2002); b) less distant, controlling, and wrathful (Brokaw & Edwards, 1994; Hall, Brokaw, Edwards, & Pike, 1998; Tisdale et al., 1997); and c) less defensive (Wootton, 1991). There is evidence that representations of God tend to be more similar to idealized parental images than to non-idealized parental images, and more similar to a composite image of both parents than to either parent considered separately (Birky & Ball, 1988). In addition, research findings tentatively support the notion that higher levels of object relations development are positively associated with greater congruence between pre-conscious and conscious God representations (Spear, 1994). The above research clearly suggests that the God image forms part of an individual's internal object world, and is positively related to level of object relations development. Moreover, these findings suggest that the emotional tone and patterns of interaction that characterize important relationships form the structure of the internal filter through which relationships with God are experienced (Noffke, 2006).

However, there is some research suggesting that individuals' God representations are unrelated, or negatively related to their parental images (Noffke, 2006). For example, greater insecure attachment (a subscale in the Bell Object Relations Inventory, BORI; Bell, 1991) was found to be positively associated with experiences of God as more relevant to individuals' lives (Bauman, 1995). In another study, Earnest (1982) found positive correlations between a measure of perceived family authoritarianism and views of God as benevolent and kind. However, further analysis revealed that the authoritarianism scale measured the degree to which parents reinforced participants' dependency, suggesting that authority figures were perceived as protective and generous. Finally, several studies appear to suggest that some individuals from maladaptive home environments or those experiencing psychiatric symptoms form particularly positive God images, even more positive than the God images held by those without symptoms or those with positive attachments (see Noffke, 2006 for a review).

These results suggest the possibility that individuals' God images may be independent of, and more positive than their maladaptive relational matrices. However, in a thorough review of this literature, Noffke (2006) suggests an alternate interpretation: that these individuals' positive God images represent attempts to use God as an emotion-regulation function that they could not provide for themselves due to negative models of the self and/or others. Thus, it may well be that when emotion regulation is a central characteristic of an individual's relationship with God, it is an indicator of a more conscious, defensive layer to the God image that is created for the purpose of emotion regulation. This has been tested more thoroughly in the context of attachment to God research, which will be reviewed below.

Minding Spirituality Through an Object Relations Theory Lens

This relational shift within psychoanalysis raises several interesting issues for "minding" spirituality in the consulting room. In broad strokes, the relational tradition within psychoanalysis would suggest two considerations about our clients' spirituality, and a Christian perspective would suggest a third. First, clients' spirituality is a manifestation of their deep structure of internalized relationships with emotionally significant others. In other words, their subjective experiences of God provide a mirror of their gut level experiences of early relationships. Furthermore, when clients (particularly those with an ongoing relationship with God) talk about their experiences of God, it gives us and them a window into not only their past, but also their *current* gut level expectations of emotionally significant relationships. Second, in my clinical experience, I have found that the simple act of looking into this window with my clients can be a profound experience of "being with" them that can change their experience of themselves and God. As Mitchell (1988) notes, our representations of ourselves, others, and the space between them are not neatly separable. Our clients' experiences of God are but one entry point into a complex, interconnected relational matrix that can bring about change throughout the entire matrix.

Third, as Christians, we take seriously the "Otherness" of God–that He can and does break into our

clients' relational matrices. That is, our clients' relationships with God are not the sum total of their early human relationships, or the internalization of those relationships. While seemingly obvious from a theoretical perspective, extensive training in psychoanalytic psychotherapy, without complementary experience in the spiritual disciplines and spiritual direction, likely biases us toward reducing our client's "God" to the internalized mother or father. Without intentional training, experience, and dialogue with our colleagues, this becomes the implicit lens through which we view the clinical, spiritual world.

To consider God breaking into our clients lives can feel as if we are supposed to ratify a particular experience of, or communication from God. This can push us to the boundaries of what we perceive to be our role, and feeling uncomfortable, we may rather steer far away from the perceived boundary in one direction by not giving spiritual experiences or implications their full psychoanalytic due. Or, depending on the particular dynamics with a client, we may steer away in the other direction, and ratify our clients' experiences of God, failing to bring the psychoanalytic lens to bear on the relational meaning of our clients' experiences.

In writing to a broad secular audience in his book *Minding Spirituality*, Randy (Sorenson, 2004) invites clinical psychoanalysts to "… take an interest in our patients' spirituality that is respectful but not diffident, curious but not reductionistic, welcoming but not indoctrinating" (p. 1). As Christians, we can be unwittingly reductionistic of our clients' spirituality. The underlying dynamic reasons for this may masquerade under the notion (often times implicit) that we know the very same God our Christian clients are in relationship with and are discussing with us. We may find ourselves thinking, "God doesn't communicate that way with me, so this must be a defensive fantasy based on my client's internalized relationships." Or, "This experience doesn't fit the God I know.…" Perhaps there may be some truth to this worth exploring; however, my point here is that because of this unique situation in which we and our clients are both in relationship with a third Other, I believe Randy's invitation applies as much, if not even more, to Christians engaging in psychoanalytic psychotherapy. I think Randy was encouraging us to find ways to be with our clients' spirituality that take seriously and hold in tension the Otherness of God, and the profound impact of their closest human relationships on their experiences of God.

Around the same time Fairbairn was writing, another British psychiatrist, John Bowlby, began his own reformulation of drive theory. While Fairbairn's work has continued to be developed within the psychoanalytic tradition by others, such as Stephen Mitchell (1988, 2000), Bowlby, in borrowing from neighboring disciplines, went outside the psychoanalytic epistemology, and developed what came to be an independent tradition of relational theory–that of attachment theory.

JOHN BOWLBY: FROM INSTINCTUAL DRIVES TO ATTACHMENT BONDS

In 1944, the president of the British Psychoanalytic Society, Sylvia Payne, a member of the independent group, nominated John Bowlby as Training Secretary. Despite the fact that he was not a training analyst, and despite strong opposition from Melanie Klein, the recognition of Bowlby's administrative skills led to his being elected. Bowlby was supervised by Melanie Klein, and analyzed by Joan Riviere, a close associate of Klein's. Despite Klein's strong personality and her influence, Bowlby, a determined and independent personality himself, refused to go along with what he viewed as the fundamentally flawed metapsychology of psychoanalytic theories, particularly the drive-ego model and Klein's drive-based object relations theory. Moreover, he felt that object relations theory did not provide an adequate alternative to Freud's instinct theory (Bowlby, 1982). This notwithstanding, Bowlby resonated most with object relations theories and hoped to make a contribution to the object relations tradition, by putting it on solid scientific footing. In the opening volume of his trilogy, he states that his "frame of reference has been that of psychoanalysis" (Bowlby, 1982, p. xxxi).

Historical Context for the Development of Attachment Theory

In Bowlby's effort to contribute to the developing object relations branch of psychoanalysis, he was active in the administration of the society, and he read several of his early theoretical papers at society meetings between 1957 and 1959. The responses of his psychoanalytic colleagues ranged from indifference to hostile rejection, particularly by the Kleinians. This may have been due in part to the introduction of what amounted to a new paradigm. His views did not fit within the confines of his colleagues' metapsychology. His theoretical assumptions and

epistemological commitments were viewed as incompatible with the psychoanalytic theory of his day. He was viewed as ignoring defining psychoanalytic concepts such as unconscious processes, drives, and complex internal dynamics involving internal conflict and compromise solutions, among other things (Fonagy, 2001). Harry Guntrip, for example, quipped, "… my impression is that he succeeds in using it [ethology] to explain everything in human behavior except what is of vital importance for psychoanalysis." (cited in Holmes, 1993). What Guntrip was alluding to is that Bowlby emphasized behavior, observation, scientific research, and "the representation of the real rather than the reality of the representation," in stark contrast to the psychoanalytic ethos of his day (Fonagy, 2001, p. 4). Some have argued that a factor in Bowlby being shunned by the psychoanalytic community was that, in contrast to some of his colleagues who were also suggesting radical revisions to Freudian drive theory (e.g., Fairbairn, Loewald, Sullivan), Bowlby wrote in a clear and uncompromising manner (Mitchell, 2000).

The theory Bowlby so clearly articulated was forged in the context of his work on maternal deprivation. After completing his adult psychiatric training, Bowlby took a position in 1936 at the London Child Guidance Clinic. His experiences in the Child Guidance Clinic would prove to be influential in the development of his theory. Based on his experiences at the Child Guidance Clinic, Bowlby conducted an investigation of the history of 44 juvenile thieves, and further developed his view that separation or disruption of the mother-child relationship was a key causal factor in psychopathology (Bowlby, 1944). In 1950, the World Health Organization was looking for an expert to report on the mental health status of homeless children, and Bowlby's work and research background made him the clear choice. He traveled throughout Europe and the United States meeting with the leading experts in child development, and conducted an extensive literature review on the topic. The result was the publication of the monograph *Maternal Care and Mental Health* in 1951 (Bowlby, 1951). A popular version was later published with the title *Child Care and the Growth of Love* (Bowlby, 1965), which became an instant best seller. Bowlby concluded from this work that children who had experienced severe privation of maternal care tended to develop the same symptoms he discovered in his affectionless thieves. He stated in the first part of his report: "What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment" (cited in Bowlby, 1982).

Bowlby's observations of maternal deprivation and its consequences would serve as a launching pad for future theorizing because of the connections he saw between the responses and processes stemming from maternal deprivation among children, and those of older individuals still suffering from the effects of maternal separation in early life. He observed two distinct patterns of relational disturbances: one group of individuals who made excessive demands on others and tended to be anxious and angry when the demands were not met, as is often seen in dependent-type personalities; and a second group who seemed incapable of developing deep relationships, which is present in psychopathic and "affectionless" personalities, as Bowlby called them (Bowlby, 1944). These two patterns, which covered a wide spectrum of psychopathology, seemed to mirror the patterns he had observed in children who had been separated from their mothers. Bowlby saw continuity in the effects of maternal deprivation, an insight that would lead to his concept of "internal working models" which has been corroborated by contemporary research in multiple fields. Moreover, the effects of maternal deprivation were so clear and devastating in Bowlby's mind, that he was compelled to devote his energies to better understanding these effects in the hopes of preventing them on a wide-spread scale.

From this context, in the first volume of his classic trilogy on attachment, Bowlby laid the groundwork for an alternative theory of instinctive behavior based on the notion of a behavioral type of control system, and then used this framework to develop the concept of an attachment behavioral system in which behavioral control systems are applied to the infant-mother relationship (Bowlby, 1982). In his second volume, *Separation*, Bowlby (1973) developed an alternative theory of signal anxiety, revised Freud's motivational theories, and developed the idea of an epigenetic model of developmental pathways. In his third volume, *Loss*, Bowlby (1980) drew on information-processing theories to understand the stability of internal working models, and posited an alternative theory of defense–defensive exclusion–modeled after the notion of selective exclusion.

As I mentioned earlier, attachment theory was initially rejected by psychoanalysis. As a result, Bowlby's theory did not lead to a new school within psychoanalysis. Consequently, while there is an Attachment Theory today, currently there is no widely accepted modality of *Attachment Therapy*, although there is discussion of "attachment-based psychoanalytic therapy." The fate of Bowlby's theory within the psychoanalytic community is well-captured by Holmes' observation that "Bowlby's theory and its tremendous ramifications for clinical work were for decades virtually airbrushed out of the psychoanalytic record—rather like some dissident in Stalinist times" (cited in Goldberg, Muir, & Kerr, 2000, p. 20). Although Bowlby retained his membership in the society, he distanced himself from it, and developed his work independently of psychoanalysis. Because of his bent toward systematic observation and empirical research, attachment theory caught on in the empirically oriented academic community, and has become a major theoretical paradigm within the field of developmental psychology.

Attachment Theory and the Psychology of Religion and Spirituality

Attachment theory has become a leading theoretical lens within the psychology of religion and spirituality. A substantive research literature has developed that applies attachment theory to religion in general, and to individual's experiences of God in particular. This has in turn led to some nascent, yet growing clinical considerations for approaching spirituality from an attachment perspective. The basic idea behind applying attachment theory to religion and spiritual experience is quite straightforward: God, at least from a Christian perspective, qualifies as an attachment figure, par excellence (see Kirkpatrick, 2004). Thus, we may appropriately think about our clients' relationships with God as "attachment relationships" and apply all the insights we have garnered from attachment theory in general to our clients' "attachment to God." Or can we?

Attachment and religion research in the past 15 years has put this idea to the test. It has focused on the question of continuities and discontinuities between attachment patterns in close human relationships and patterns of attachment with respect to religious/spiritual beliefs and experiences. The conceptual question at issue, proposed by Kirkpatrick and Shaver (1990), is whether people's religious beliefs and experiences

correspond to their internal working models of human attachment figures, or, in contrast, whether religious beliefs and experiences compensate, or substitute for the lack of secure attachment relationships with primary caregivers. This question raises a myriad of fundamental issues about whether and how emotional information processing in human relationships applies to experiences in relationship with God. It also points out that the object relations tradition has been wrestling with these very same issues–although using different terminology–and, like the broader fields from which they stem, these two subfields did their work in parallel process without interacting with one another until recently.

On the surface, it appears that the empirical literature to date presents a rather inconsistent picture. On the one hand, a number of studies in the areas of attachment and religiosity suggest correspondence. For example, two recent studies found evidence directly supporting correspondence between anxious attachment in romantic relationships and anxious attachment to God (Beck & McDonald, 2004; Rowatt & Kirkpatrick, 2002). Furthermore, a longitudinal study found that an insecure attachment history with mother was positively associated with a decrease in religiosity over a year time period, contradicting Kirkpatrick's (1998) earlier finding of an increase in religiosity over time among insecure individuals (Granqvist, 2002). On the other hand, several studies have provided partial support for some form of compensation. For example, individuals with histories of avoidant attachment were found to be more likely to have experienced a sudden religious conversion during adolescence or adulthood (Granqvist, 1998; Granqvist & Hagekull, 1999; Kirkpatrick, 1997 Kirkpatrick & Shaver, 1990). In addition, longitudinal studies have found that insecurely attached individuals have a higher likelihood of finding "a new relationship with God" (Kirkpatrick, 1997), and a greater increase in self-reported religiosity over time, relative to securely attachment individuals (Kirkpatrick, 1998), referred to as "longitudinal compensation" by the authors.

However, results of research using other religiosity variables have been less uniformly supportive of the compensation model. Kirkpatrick and Shaver (1990) found that maternal religiosity moderated the association between attachment history and (a) intrinsic religiousness; (b) church attendance; (c) self-report of being a "born again" Christian; (d) belief in a personal God; and (e) experience of having

a personal relationship with God. Among those who reported low maternal religiosity, avoidant individuals reported higher levels of religiousness than either secure or anxious/ambivalent individuals. In contrast, there was no effect of attachment status at the high maternal religiosity level. Granqvist (2002) replicated the essence of this finding; however, he found that paternal religiosity moderated the association between attachment history with father and religiosity. While he also found evidence for compensation at low levels of paternal religiosity, in contrast to Kirkpatrick and Shaver (1990), high paternal religiosity demonstrated some evidence for correspondence, in that a secure history with father was associated with higher levels of religiosity.

Based on these findings, Granqvist (2002) revised the correspondence and compensation hypotheses to what he called "socialized correspondence" and "emotional compensation." The socialized correspondence hypothesis suggests that among individuals with secure attachment histories, level of religiosity corresponds to parents' level of religiosity. Among individuals with insecure attachment histories, however, religious involvement is primarily used to regulate affect (interactive affect regulation) and to maintain a sense of felt security (emotional compensation).

In testing these hypotheses in a second study, Granqvist (2002) found that avoidant attachment history was weakly, but positively, associated with turning to and maintaining contact with God in order to regulate one's affect—evidence for emotional compensation. The correlations were slightly strengthened at low levels of parental religiosity, and disappeared at high levels of parental religiosity. Granqvist (2002) also found that participants who experienced a sudden religious conversion scored significantly higher on ambivalent history with mother than those who had experienced a gradual religious conversion. Among those who reported religious change, two clusters were identified. Cluster one was high on suddenness of change, age, compensation themes, and avoidant and ambivalent history with mother, and cluster two showed the opposite pattern.

Integrating these various findings, Granqvist (2002) proposed a "two-level correspondence" model. The first level is "socialized correspondence" in which one's religious beliefs and values are similar to parents, but only for secure individuals. The second level or component, referred to as a "secondary effect," is internal working model (IWM)

correspondence, in which IWMs of self and others correspond to IWMs of God. Granqvist also concluded that individuals with insecure attachment histories engage in emotional compensation more than those with secure histories.

To address the mixed findings and conceptual confusion in this literature, my colleagues and I argued that implicit relational knowledge on which human attachment patterns are based operates in and influences the implicit (i.e., experiential) dimensions of spirituality, but is relatively independent of explicit forms of religious/spiritual behavior or knowledge (see Hall, Halcrow, Hill, & Delaney, 2005). In other words, we suggested that a conceptual distinction needs to be made between implicit spiritual functioning and explicit spiritual functioning. This distinction draws on robust research findings from multiple fields delineating two separate ways of knowing and processing emotional information: explicit and implicit relational knowledge (e.g., Bucci, 1997; Stern et al., 1998). Implicit spiritual functioning focuses more on automatic, presymbolic, emotional information processing, whereas explicit spiritual functioning focuses more on symbolized beliefs and behaviors.

Based on this distinction, we proposed and tested two mutually exclusive and competing models: *implicit IWM correspondence* and *explicit religious compensation*. We argued that "emotional compensation" and "longitudinal compensation" are better understood as reflections of the underlying dynamics of internal working models, and thus represent correspondence at their core (the implicit IWM correspondence model). In addition, we conceptualized a compensation model, *explicit religious compensation*, in such a way as to be orthogonal to IWM correspondence (i.e., concurrent positive association between insecure attachment and positive God image). Our overall results provided strong support for this theoretical model distinguishing between implicit IWM correspondence and explicit religious compensation. We found group differences on three of the four measures of implicit religious-spiritual (RS) functioning, and as predicted, no differences between attachment groups on explicit religious functioning. Furthermore, the specific hypothesized group differences on the three measures of implicit RS functioning were supported. In short, we found predictable differences between attachment groups on indicators of RS functioning that assess implicit relational and

spiritual knowledge, but no differences on explicit indicators of RS functioning.

Minding Spirituality Through an Attachment Theory Lens

From a clinical psychoanalytic lens, it certainly appears that attachment theory has much to offer us in how we think about, and intervene in, our clients' spirituality. It seems reasonable to assume that a client's relationship with God represents some type of an attachment relationship, most similar to the parent-child relationship. This provides a framework for understanding, not only that experience of God is influenced by the residues of early relationships, but also that relationship with God—as an attachment relationship—has a particular purpose and set of functions.

The attachment system is a system in our brains that influences and organizes our memory, motivations, and emotions with respect to important caregivers, in this case God (Siegel, 1999). God designed this system to motivate infants to stay physically close to their caregivers, and to establish communication with them. This system operates throughout our lives, but the need for physical closeness in infancy transitions into the need for emotional closeness or "felt security" as we become adults. In other words, our clients need from God both a secure base from which to explore their worlds (internal and external), and a haven of safety to comfort and soothe in times of distress or trauma. Moreover, it could be argued that relationship with God is not just any attachment relationship—it is *the* Attachment Relationship, which is the source, in some ontological and experiential sense, for all emotional security, even if indirectly. While we strive to provide this sense of emotional security for our clients, there is also something here that must come directly from God. We can foster it, facilitate it, encourage it, and incarnate it to some extent, but ultimately, this is where we tread on sacred ground. While there is no clinical formula for how to intervene when it comes to these issues, we must struggle to find ways to enter this sacred territory with a sense of awe at the mystery of how God works, and strive to open ourselves to being impacted by our clients in this process.

Having stated this, attachment theory also provides a frame of reference for understanding the incarnational role of the psychotherapist, in two different senses (Benner, 1983). First, as therapists, we represent God by providing direct care that is ultimately a reflection of God's love for our clients. Thus, while our clients need a secure base and haven of safety from God, they also need this directly from us as therapists. The only way we can provide this is through the process of becoming attached—our clients becoming attached to us, and we to our clients. There is mutual impact in such an attachment relationship, although the impact is qualitatively different for caregiver and care-receiver. It is only through this process of opening ourselves to becoming attached as caregivers that we can be genuinely impacted by our clients, fostering what Stern et al. (1998) refer to as "moments of meeting." Such moments of genuine human connection may represent the clearest expression of what causes "everyday breakthroughs" in our clients' experiences of themselves and God.

Second, becoming attached as a caregiver may be a prerequisite for the incarnational role of taking on our clients' suffering and detoxifying it. From a contemporary neuroscience perspective, attachment creates a brain-to-brain bridge, a "neural WiFi" connection (Goleman, 2006). The two brains of therapist and client become functionally linked—or "coupled"—crossing the barrier of skin-and-skull. Each brain is then online with respect to the other as they actively communicate and mutually influence each other. In a very real sense, the two brains become "wirelessly" connected, forming a feedback loop in which the output of the therapist's brain becomes the input of the client's brain, and vice versa. In neural WiFi, the client's brain has access to the resources of the therapist's—the information it processes, and the *way* it processes information. Becoming attached to our clients means, in part, that their emotional communications are received by our brains, and translated into relational meanings through our own subsymbolic (gut level) processing (Bucci, 1997). This is, neurobiologically speaking, how we take on our clients' suffering. In other words, we enter into our clients' emotional range and subjective experiences, yet without losing ourselves and our own emotional range. Furthermore, as caregivers, our brains ideally have more influence on our clients' brains in the sense that, through our emotional communications to them, we bring our clients into our emotional range. In short, attachment creates a brain linkup that in turn creates a "therapeutic brain circuit" across two brains, which is the mechanism for suffering with our clients, and thereby transforming their suffering.

What does it look like to be attached as a caregiver to a client, and how do we foster this? Let me illustrate with a brief case example. I had seen a client I will call Annika for about three years, dealing predominantly with issues of loss and anxiety, when she encountered a particularly difficult bump in the therapeutic road. She was experiencing severe anxiety at work and in several of her closest relationships. On occasion, when she was experiencing profound anxiety, she would have me contacted to request an extra session. At one point in a session during this time period, we got around to discussing how this was for her to have me contacted and to request an extra session. I knew these incidents impacted me and I felt a great deal of compassion and concern for her when I would get a call. I was curious how she expected me to feel and react to these calls. As we explored this, Annika indicated that she feared I would be bothered and would not want to respond.

As I pondered how to express to Annika how I was impacted by her distress, I realized that when I would get a call, knowing the many layers of meaning behind the call, I would become focused on getting in contact with her as soon as possible. For the moment, everything else would recede into the background. I realized that my caregiving system had been activated and I experienced these crises much like when I would become aware that one of my children had gotten hurt, but I did not yet know exactly what had happened. A strong desire would pull me to get to my child, comfort him, and make sure he was safe. This is the caregiving side of the attachment relationship coin. I expressed this sentiment to Annika, and it proved to be a significant shift in our therapeutic relationship, as well as her experience of herself and God.

Over the years in my clinical work, I began to identify a phenomenon that I first thought of as "becoming a significant person" to my clients. The time frame varies as to when this occurs; however, at some point, usually between 6 months and one year of therapy, something noticeably shifts such that it feels like I become an emotionally significant person in a client's life. I am no longer "the doctor" to them, or their "Wednesday at 6:00." What appears to be all of a sudden, they are now keenly interested in what I think about them. They often express surprise at a newly emerging sentiment of missing me when one of us has to miss a regular session. They no longer want to talk with any number of people when they are distressed, they now need and desire to talk

specifically with me. They have—in attachment parlance—become attached to me. This is the care-receiving side of an attachment therapeutic coin, and it usually co-occurs with the caregiving side. In fact, my experience suggests that there is an intricate dance between caregiving and care-receiving as we develop attachment relationships with our clients. Let me illustrate again with a clinical example.

I had been seeing Lauren for about 6 months and we had discussed quite a bit about her father not being emotionally available to her in a number of ways. One day, she left a message saying she was quite upset, and asked if I could see her that day. I was beginning to become an attachment figure to Lauren. I worked my schedule out, called her back, and we agreed to meet a few hours later in the late afternoon. When Lauren came in, she was very upset about an incident that had occurred with her father. She tearfully expressed a deep sense of pain over the ways her father had wounded and failed her. I did not say much that session—I listened and became tearful as I felt with her. She told me in the next session with a big smile on her face that she told her husband that she had "got to me"—in other words, that she had impacted me as she had noticed my facial expressions and particularly my tears. In the words of Daniel Siegel, she was "feeling felt" by me. A deeply contingent, or "in synch" communication had occurred between us (Siegel, 1999). I was beginning to become attached as a caregiver. She saw this on my face, in my nonverbal, emotional communication, and this in turn fostered her becoming more attached to me. She had not expressed even close to this much emotion with me previously, so this represented a turning point toward the development of an attachment between us.

In spite of this turning point, in the weeks to come, Lauren became more guarded in a very subtle way that I could not put my finger on. She would report that everything was going well and she was not sure what to talk about. For weeks I was mulling over this gut level feeling in the back of my mind—this feeling that Lauren was there in the room with me in a very real way, and yet somehow not there at the same time. We talked about her anticipating having to terminate therapy in about five months due to her husband changing jobs. I knew this was part of what I was sensing, but there was more to it than that. I began to fear that I would not be able to articulate and get to this issue before Lauren moved. Then one

session, Lauren expressed regret at having to end therapy in several months; that she wished she could continue to see me so she could tell me about the big events and accomplishments in her life. She anticipated that I would be proud of her. She walked out of the session, and a wave of sadness hit me like a ton of bricks. I remember clearly that it took me by surprise, and I sat back down in my chair to let myself feel and to sort through the meaning of it all. My mulling became more focused now. I could not yet put it all into words, but I knew I was sensing a deep sadness in Lauren about her father, and that this had something to do with becoming attached to me and then leaving. This sadness I experienced for Lauren deepened my sense of attachment to her as a caregiver, and heightened my desire to help her let go and attach to me, and to have a healing experience of saying goodbye.

A few sessions later, Lauren mentioned something related to how she was feeling about therapy. It seemed like an opportunity to address this issue I had been sensing, yet I could not find the words to bring all of my mulling, all of this meaning–a life's worth of hope, disappointment, and sadness–into a few sentences. And the clock was ticking. We meandered onto a few other topics, and my anxiety grew that we would not get to the essence of things. Finally, toward the end of the session, I managed to say something like "Lauren, I get the sense that you have a lot of mixed feelings about ending therapy, and wanting to still have contact with me afterwards." She resonated with this and commented on it. Then I said something like "I wonder, Lauren, if you feel you are just beginning to get some things from me that you didn't get from your father, and you don't want that to end." The response on her face told me immediately that this hit home. She quickly began to cry as she elaborated on these feelings. I became tearful as I sat with her, and I am sure she noticed this and was "feeling felt," further fostering her attachment to me. She paused, and I got the sense that she was surprised by the power of her feelings, much as I had been several weeks before. The attachment solidified in that session. Each of us deeply impacted the other, albeit in different, nonsymmetrical ways, which mutually facilitated an attachment bond. I am not sure exactly when it occurred, but somewhere along the way, Lauren and I became attached. Becoming attached looks different with each client, and there is no formula for it, however, I believe it fundamentally has to do with intentionally opening ourselves up to being impacted by our clients, and letting them see this impact in appropriate and timely ways.

Attachment theory also provides a framework for understanding typical patterns through which our clients may attach to God at various times, and the underlying strategies these patterns represent. Each client's attachment "filter" is unique to some degree because each has a unique relational history. However, two separate research literatures (self-report and interview traditions) have identified four common attachment filters: secure, preoccupied, dismissing and fearful. Clients with secure attachment filters expect, *at an implicit level*, that emotionally significant others will be available and responsive when they need them. Clients with a secure filter have experienced this enough in the past that they expect it of attachment figures without consciously thinking about it. They have developed a particular set of ways to regulate their own emotions: they consciously acknowledge emotional distress, they display their distress to others in close relationships, they tend to solve problems actively and effectively, and they actively seek support from others when they need it (e.g., Mikulincer & Nachshon, 1991; Mikulincer & Orbach, 1995).

This is what clients with secure attachment filters bring to their relationship with God. Their experiences of God are biased toward a sense of felt security. This does not mean there will not be difficult and painful times in their relationship with God. Rather, it means that they tend to expect God to be available and responsive, to genuinely care about them, and to welcome the expression of emotion, including negative emotions. My colleagues and I found strong support for this in the empirical study I mentioned previously. We found that secure individuals showed a stronger sense of connection to a spiritual community than any of the other three attachment groups (Hall et al., 2005). In addition, we found that they experienced less anxiety in their relationship with God than preoccupied and dismissing individuals. This allows secure individuals to process difficult experiences in relationship with God, and to stay connected to God even in the midst of dark and difficult times. While these patterns will vary within an individual client over time, they give us a framework for exploring our clients' experiences of God, and broad relational goals to foster as we "mind" our clients' spirituality.

Clients with a preoccupied attachment filter expect others to be unreliable. Since they have

learned implicitly that they cannot predict when attachment figures will be there for them, they develop a strategy of hyperactivating their attachment system, which is manifested by attempting to minimize distance from attachment figures and to elicit their support and comfort (Shaver & Mikulincer, 2002). The strategy here is to try to pull attachment figures into providing comfort and care through clinging and controlling responses. There is a tendency for clients with this filter to become preoccupied with unresolved emotional pain, and to demand that others take care of this pain (Shaver & Mikulincer 2002). This also makes it difficult to notice and attend to others' needs, which perpetuates a negative cycle of experiencing rejection when they seek comfort.

These clients are prone to feel abandoned by God, and to experience their relationship with God as unstable. For example, my colleagues and I found that preoccupied individuals experienced less of a sense of connection to their spiritual community, and more anxiety in their relationship with God than secure individuals (Hall et al., 2005). In addition, preoccupied clients view God as less loving than those with positive views of themselves (Kirkpatrick, 1998). They tend to engage in clingy, help-seeking forms of prayer, desperately seeking to hold on to a bond that feels very fragile (Byrd & Boe, 2001). The pain they experience in their relationship with God becomes part of the entire package of global emotional pain in their lives. If they touch on a painful nerve in one area of their life, it will often spill over into some aspect of their relationship with God, and vice versa. Preoccupied clients will tend to use God and their spiritual community to help them regulate their emotions. This is normal and healthy within certain limits, but it becomes rather extreme with preoccupied individuals. Help in regulating their emotions becomes a central goal in therapy with such clients.

In contrast to those with a secure attachment filter, people with a "dismissing" attachment filter expect others to *not* be available and responsive to them. They expect emotionally barren relationships with significant others, and tend to be emotionally distant in their relationships (Green & Campbell, 2000). As a result their brains have developed a particular strategy for dealing with this: to deactivate their attachment system, or shut down their need for God and others (Shaver & Mikulincer 2002). This leads to difficulty feeling connected to others, being aware of their own feelings, and attending to others' needs.

Dismissing clients tend to play this same pattern out in their relationship with God. They may consciously acknowledge needing God, but they rarely actually rely on Him in difficult times. When they are distressed, they generally continue their self-reliant coping strategies, keeping God and their spiritual community on the periphery, while focusing on explicit knowledge about God. For example, my colleagues and I found that dismissing individuals experienced less of a sense of belonging to a spiritual community than secure individuals (Hall et al., 2005). They also have fewer spiritual friendships—friendships that foster an intentional component of spiritual encouragement—than secure clients. In addition, dismissing clients are less likely to believe in and have a relationship with what they view as a personal God (Kirkpatrick, 1998). In other words, dismissing clients who believe that intimate attachments are undesirable or dangerous do not think an intimate relationship with God is a possibility. It is not something that even shows up on their radar screen because they do not have the experiential hooks (attachment filter) on which to hang the experience.

Another noteworthy finding is that dismissing clients sometimes respond to a disruption in an important relationship by increasing religious/spiritual behaviors or involvement (Granqvist, 2002). This contradicts their typical attachment strategy. It seems likely that they may initially react to such distress with their typical strategy of deactivating their felt need for closeness. However, if the stress becomes too severe, and too disorganizing, this may neutralize their normal coping mechanisms of short-circuiting painful emotions, leading to a flood of painful emotions. This in turn may drive them to God and their spiritual community for support and comfort. We know that the hyperactivation and deactivation strategies both serve the same function of regulating emotions (Shaver & Mikulincer 2002), and it may be that each strategy serves as a back-up for the other when it becomes overwhelmed by high levels of stress that push a client out of their normal pathways of coping.

We also get a fascinating window into dismissing clients' relationships with God through studies that have examined prayer through an attachment lens. This research suggests that dismissing clients tend to engage in types of prayer that minimize a sense of closeness to God (Byrd & Boe, 2001). In fact, when they become more distressed, and need support more (even though they do not show it), dismissing

clients will likely spend even less time in types of prayer that foster emotional connection with God. In short, while keeping God at arms length emotionally, dismissing clients tend to relate to God through their explicit knowledge about Him.

Fearful attachment can be viewed as a combination of the preoccupied and dismissive attachment styles (Bartholomew, 1990). Like the preoccupied attachment filter, clients with a fearful attachment filter want to have close relationships, and need a lot of comfort and reassurance from others. However, like clients with a dismissing attachment filter, fearful clients tend to avoid close relationships, even though they desire them. They develop a representation of attachment figures as uncaring, or outright rejecting and hostile, and a representation of themselves as unworthy and unlovable. This is a very painful combination of conflicting needs. In short, their need for reassurance pushes them toward attachment figures, but their gut level expectation of rejection causes them to avoid seeking support from attachment figures.

In their relationship with God, we would expect fearful clients to show this same pattern of being highly prone to experience a lot of pain, such as abandonment. And yet, fearful individuals are also likely to avoid close emotional contact with God. They will not likely bring their pain to God in prayer, for example. In addition, they will not tend to reveal much in a spiritual community. The study my colleagues and I conducted supports this picture. We found that fearful individuals looked the same as dismissing participants on spiritual community, but were no different than preoccupied individuals in their attachment to God (Hall et al., 2005). This suggests that they show a similar pattern of behavior as dismissing individuals in terms of how they engage in spiritual community—they stay on the outskirts of the community. Yet, they likely show the same level of anxiety in their relationship with God as preoccupied individuals, and more than secure individuals. In short, fearful people desire a close connection to God and a spiritual community, however their implicit experience tells them that seeking connection leads to rejection, so they stay on the periphery of the community, and keep God at arms length.

CONCLUSION

Attachment theory developed along an independent, although in many ways synergistic, theoretical trajectory to that of the object relations/relational psychoanalysis trajectory. Along the way, a significant literature has developed applying both attachment and object relations theories to religion and spirituality, which can inform how we "mind" our clients' spirituality. From an object relations perspective, clients' spirituality is a manifestation of their deep structure of internalized relationships with emotionally significant others. Sorenson (2004) encouraged us to explore this lens on our clients' deep relational structures in a way that holds in tension the Otherness of God, and the profound influence of significant human relationships on their experience of God. Likewise, from an attachment perspective, the process of becoming attached to our clients, and they to us, becomes a central relational prerequisite for incarnating God's love to our clients by providing direct care, and by taking on and detoxifying their suffering. While object relations and attachment theories each remain a robust field in its own right, these relational cousins have begun an interesting and fruitful dialogue in recent years that will continue to advance a relational paradigm for spirituality. This dialogue and its implications for spirituality are explored in the second article of this two-part series (see Hall, 2007, this issue).

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