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The Renunciation of Love: Dismissive Attachment and its Treatment

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The developmental insights of attachment theory as applied to children and adults suggest that insecure attachment correlates with relational difficulties over the course of time. Specifically, individuals with an avoidant attachment style who have been rebuffed by caregivers in childhood will be defensively constricted and unable to love in adulthood. These patients present particular challenges in treatment because they have become organized around avoidance of affect and relationship. Theories of treatment and technique that seem related to the successful resolution of such difficulties are discussed. Curative factors include a focus on defenses against relational longings, interpretation of and provision for certain selfobject needs, and a relatively high level of therapist self-disclosure. It is suggested that an integration of the findings of attachment research with relational theories that focus on treatment has potential to advance psychoanalytic thinking.

> I rejoice that things are as they are and
> I renounce the blessed face
> And renounce the voice
> Because I cannot hope to turn again
> Consequently I rejoice, having to construct something
> Upon which to rejoice
>
> —T.S. Eliot (1963, p. 85)

The renunciation of love is a theme that has been explored by creative artists in some exceptionally compelling works. T. S. Eliot's *Ash-Wednesday*, quoted above, depicts the sterility of a life in which desire, striving, and wishes for (divine) love

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are repudiated. In Wagner's *Das Rhinegold*, Alberich is teased, tantalized, and finally rejected by the Rhinemaidens. He then is presented with an opportunity to steal the treasured Rhinegold, but is told that only an individual who forswears love may secure these riches. Enraged and humiliated after being dallied with by the Rhinemaidens, Alberich willingly renounces human love and seizes the gold instead, setting in motion the events that will ultimately lead to the twilight of the gods.

This article explores the psychology of individuals who, like Alberich, decide that the renunciation of love is preferable to the pain and danger of relationship; instead, they seek control and mastery over the environment. I use attachment theory (Bowlby, 1969, 1973, 1980, 1988) to illuminate this adaptation and discuss the possibility of altering it through psychoanalytic treatment. Bowlby's attachment theory is currently the focus of much attention, although Osofsky (1995) noted the interesting contrast between the very significant impact that attachment theory has had on developmental research and its relatively limited effect on psychoanalytic theory. I suggest that psychoanalytic theory and practice may be enriched by the incorporation of attachment concepts because they provide a strong developmental foundation for the analysis of interpersonal behavior. Greater understanding of relational development over time should promote an empathic appreciation of patients' needs for defensive accommodation to problematic early relationships and the formulation of more effective treatment strategies.

ATTACHMENT STYLES

Attachment theory proposes that infants seek to maintain proximity to a nurturing adult who is responsive and emotionally available. Incorporating concepts from ethology and evolutionary theory, Bowlby (1969) postulated that the prolonged period of relative helplessness that characterizes early childhood necessitates a system for maintaining proximity between child and caregiver to promote the protection and survival of the child. When the child is confident of an adult caregiver who provides a "safe base," he or she is free to explore the environment (Bowlby, 1969, 1973). Children derive a sense of security from the knowledge that someone more competent and capable is available.

Parents differ in their capacities to serve as security-engendering attachment figures. The individual's subjective experiences of others in patterns of relationships rather than specific traumatic events are thought to have the most profound consequences (Zeanah & Zeanah, 1989). Bowlby (1973) proposed the concept of *internal working models* to describe the different representations of self and others that arise from experiencing various patterns of caregiving. These are dynamic organizations that function largely out of awareness and govern how interpersonal information is attended to, perceived, and remembered (Zeanah & Zeanah, 1989).

The caring and responsiveness of the attachment figure are vital elements in determining the quality of the attachment bond and the working models of self and other that result from that bond. The child develops beliefs about whether other people are available and responsive and about whether the self is worthy of attention and care. The dynamic working models originating from early interactions will mediate behavior in later important relationships.

Ainsworth and colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) extended Bowlby's work with empirical studies of attachment patterns among infants and mothers. In a laboratory setting, 1-year-old children were exposed to a series of structured situations that involved the mother and a strange adult leaving and returning (termed the *Strange Situation*). Three major patterns of infant response to reunion with the mother following the brief separation emerged. Infants classified as *securely attached* were distressed by separation from the mother and actively sought proximity to her on return. They greeted her positively and recovered from separation distress easily. Two distinct patterns of insecure attachment were noted. One group of infants, termed *ambivalent*, was difficult to comfort on reunion, often showed anger toward the mother, and seemed to alternate between seeking contact with her and pushing her away. The third group, termed *avoidant*, is of most interest for the present discussion. These insecurely attached infants did not seek contact with their mothers before the separation and tended to interact as readily and to be comforted as easily by the unfamiliar adult as by the mother following separation. They did not seem distressed by separation unless they were left completely alone. On the mother's return, these infants were prone to avoid or ignore her bids for interaction and to become involved with toys. However, they showed sustained heart-rate acceleration on reunion, suggesting a strong affective response rather than indifference or involvement in exploration of playthings (Sroufe & Waters, 1977).

AVOIDANT ATTACHMENT IN CHILDHOOD

Research in attachment has begun to determine specific interaction patterns between caregiver and infant that predispose to one type of attachment rather than to another. Securely attached infants (assessed at 1 year of age) had caregivers who were nurturing, sensitive, and attentive in a noncontrolling fashion (Sroufe, 1985). Main and Stadtman (1981) found that mothers of avoidant infants showed more frequent rough handling of their infants, more frequent threatening or angry behavior toward the infants, and active rejection of infants' bids for contact. These mothers also displayed restricted emotional expressiveness, appearing stiff or detached; for instance, some mothers showed no change of expression when physically attacked by their infants. Main and Weston (1982) noted that some of these mothers spoke sarcastically to or about their infants, mocked them, or stared

them down. These mothers were quite rejecting of physical contact, spoke of their dislike of it, and would order their infants not to touch them.

Main and Weston (1982) discussed the profound conflict inherent in rebuffs from the attachment figure. Threats of any sort increase attachment needs, but when threats emanate from the attachment figure and approach is forbidden when it is most necessary, the conflict is irresolvable. These authors suggest that a combination of angry behavior, approach and withdrawal, and conflict behavior result as long as attention is focused on the attachment figure. In fact, this is the behavior observed in ambivalent children. However, Main and Weston noted that avoidant children resolve the conflict by shifting attention away from the attachment figure and toward the environment, thus explaining their unusual focus on objects and toys during the Strange Situation separation and reunion. By so doing, they are more able to preserve behavioral organization rather than display strong need, intense anger, or both toward a rejecting attachment figure. Thought and behavior become actively reorganized away from the attachment figure under higher-stress conditions. Main and Weston observed that although avoidance of the mother in the Strange Situation was negatively related to angry behavior toward her in that setting, it was positively related to angry behavior seen in less stressful situations; these were the infants who would strike their mothers at home in response to no apparent stimulus.

Kobak (1987) suggested that secure attachment is related to the child's ability to express negative emotions that are responded to in a sensitive fashion. Marvin (1993, cited in Karen, 1994) found that mothers of securely attached children were much more likely to ask children about their anger at being left in a Strange Situation paradigm. Similarly, Grossmann (1989, cited in Karen, 1994) found that mothers of avoidant infants tended to ignore the negative feelings their children expressed during play and gave them positive attention only when their mood was upbeat. Slade and Aber (1987) noted that parents of avoidant children seemed to have difficulty with their own negative emotions. They reported that these parents rarely got directly angry at their children, although their children were so aggressive that they would bite and hit parents at home. Crittenden (1995) reported that mothers of some avoidant children were openly hostile, whereas others were unresponsive and withdrawn.

There is some evidence that mothers of avoidant children are intrusive in addition to being rebuffing. Grossmann and Grossmann (1991) reported that although mothers of avoidant infants left them alone when the infants were in a poor mood or a low interest state, the mothers initiated numerous play activities when their infants were already playing with high interest. These interferences usually resulted in cessation of the play activity and expression of uncertainty by the infant. Rubin (1994) likewise found that these mothers were rejecting and impinging; the mothers tended not to hold their babies when they were crying but might have grabbed their babies when they were engrossed with playing.

Although the defensive solution of avoidance enables the child to maintain proximity to the attachment figure with less risk of rejection, these children show difficulties very early. Avoidant children were rated as the least empathic of all children in a preschool setting, and they were more hostile, disconnected, and isolated (Sroufe, 1983). Sroufe (1988) found that at times, they seemed to take pleasure in another child's misery—for example, calling a sobbing child who had fallen a crybaby (in this situation, securely attached children would look concerned, summon the teacher, or both; ambivalent children would have difficulty maintaining a sense of boundaries between themselves and the hurt child; Sroufe, 1988; as cited in Karen, 1994). When 4-year-olds were divided into same-sex playmate pairs, the avoidant children made the worst partners (Troy & Sroufe, 1987). They had trouble forming a positive connection, showed little interest in closeness, and sometimes took advantage of a partner's vulnerability, tricking the partner or attempting to steal toys. In the five pairings of an avoidant child with another insecurely attached child, victimization was noted.

Children may have one type of attachment style with the mother and another style with the father. Grossmann and Grossmann (1991) reported that the attachment quality with the mother seems most predictive of behavioral functioning overall and that children with avoidant attachments with both parents tend to be among the most low functioning in terms of competent interpersonal behavior at 5 years of age. Sroufe (1983) noted that avoidant children were just as dependent as ambivalent children. Avoidant children sought attention in negative ways and pressed for more contact with teachers than did secure children. However, they were least likely to display dependency when they were hurt or upset, tending to withdraw by themselves if an injury or disappointment occurred. Expecting to be rejected when in distress, they did not risk seeking contact at these times. These children tended to be disliked by their teachers, who viewed them as mean, lying, sullen, and oppositional. Avoidant children were most prone to elicit wrath from the teachers and least likely to inspire warmth compared to children with other attachment styles. Teachers consistently indulged and excused the openly needy and clingy ambivalent children and behaved in a controlling and angry fashion with the defensively self-sufficient avoidant children. Sroufe (1990) commented that the essence of maladaptation is a disorder that leads to conditions that foster the disorder. The avoidant children's alienating style further confirmed their beliefs about relating to others.

ATTACHMENT IN ADULTHOOD

Bowlby (1973) proposed that internal working models persist relatively unchanged into adult life, a notion consistent with continuities in internalized object representations or organizing principles over time postulated by various psychoanalytic

relational theorists (Greenberg & Mitchell, 1983; Stolorow, Brandchaft, & Atwood, 1987). The internal working models found by the Strange Situation paradigm seem to be relatively stable (Zeanah & Zeanah, 1989). Longitudinal studies following infants through adulthood are not completed, but data from children ages 10 and 11 indicate that attachment style is significantly related to emotional health, competence, and the capacity to develop positive relationships (Elicker, Englund, & Sroufe, 1992). Moreover, a recent meta-analysis of the correspondence between parents' mental representations of attachments and their infants' level of attachment security showed a relatively high correspondence, suggesting intergenerational transmission of attachment patterns (van IJzendoorn, 1995).

Main and colleagues (George, Kaplan, & Main, 1984) investigated internal representations of attachment relationships in adulthood. These authors developed the Adult Attachment Interview (AAI), a structured interview that inquires about early relationships, losses and separations, and other information relevant to attachment. Access to memories and integration of early experiences, as well as a capacity to appraise others coherently, are important in addition to content in determining ratings of attachment style. The avoidant infants described earlier are called *detached* or *dismissing* adults. These individuals dismiss or minimize relationships as being of little value or concern, and they attempt to limit the impact of relationships in their lives in a variety of ways. Detached adults have little access to memories of unpleasant childhood experiences and tend to report idealized global impressions of their "normal" or "happy" childhood. However, the specific memories they do manage to recall are in contrast to their overall positive description (Main, 1985). Similar to the avoidant children, these detached adults turn their attention away from relational events and assert their independence and normalcy (Zeanah & Zeanah, 1989). Main and Goldwyn (1984) proposed that these adults maintain their mental organization through a defensive avoidance of attachment, the devaluing of relationships, and minimization of the harmful effects of mistreatment in important relationships. Dismissing adults are most often the parents of avoidant children (Main, 1985).

Haft and Slade (1989) used the AAI to identify attachment styles in a group of mothers and then observed their interactions with their infants. The secure mothers responded to a broad range of affective experiences in their infants and could correctly identify their babies' affects, whether positive or negative. The dismissing group consistently distorted and misattuned according to the type of affect the baby displayed. These mothers seemed most comfortable attuning to their babies' exuberance and mastery in play, involving separateness and autonomy. They consistently misread the babies' negative affect, particularly when it was directed toward them rather than toward a toy. Further, they were rejecting of babies' bids for comfort and reassurance, and when these occurred they would try to override the affect through verbal comments. The authors noted that there was often a sadistic quality to their comments and misattunements. The authors commented on the

idealization shown by these mothers toward their own mothers ("she was great"..."it was always fine, she was always there") coupled with childhood memories conveying disavowed anger and rejection. They found support for Main and Goldwyn's (1984) thesis that mothers may misattune to their babies' affect to preserve their own organization of information regarding attachment. Attachment-relevant signals emanating externally from the infant or internally from memory may be similar in the "rules" they evoke for restriction or reorganization of potentially distressing data for an insecurely attached individual (Main, Kaplan, & Cassidy, 1985). Haft and Slade commented that the transmission of insecure attachment styles from parents to children relates to experiences of discovering that some emotional states are acceptable and shareable with parents and others are not. They suggested that when certain affects receive consistent misattunement, they will be experienced as outside of the realm of shareable experience and perhaps will be most vulnerable to denial and disavowal. Fonagy et al. (1995) proposed that the defensive strategy most available to the child is the one that the attachment figure habitually uses in response to distress, which is then internalized.

Hazan and Shaver (1987, 1994) proposed that attachment theory could serve as an organizational framework for understanding close relationships in general, including adult romantic relationships. The authors (1987) devised an attachment style measure in which participants responded to questions about adult relationship behavior. The description of avoidant attachment style on this measure was the following: "I am somewhat uncomfortable being close to others; I find it difficult to trust them, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often love partners want me to be more intimate than I feel comfortable being." Hazan and Shaver (1990) found that participants classified as avoidant on the basis of the questionnaire tended to emphasize the importance of work over love. For instance, they were more likely to state that work has a greater effect on their happiness than relationships, and that if forced to choose between work success and relationship success, they would choose the former. Feeney and Noller (1990) found that avoidant participants (as classified by the same questionnaire) were more likely to report never having been in love and to rate love experiences as not very intense. They were also less likely to idealize their partners. These questionnaires rely upon conscious self-presentation to a greater degree than does the Adult Attachment Interview, but they seem to produce complementary results.

Bartholomew (1990) suggested that conceptualizing avoidance as a single category may obscure some differences between groups when current relationships with peers are explored. She proposed that, in addition to the detached or dismissive group described earlier, there are other avoidant individuals who are more fearful of intimacy than they are dismissing of it. These individuals are more aware of their needs for the acceptance of others in maintaining self-esteem and yet expect

rejection and mistreatment. They are thus socially avoidant. Bartholomew and Horowitz (1991) empirically validated this distinction in an important series of studies that showed convergence between family and peer ratings, a semistructured interview, self-reports, and friend-reports. Although both dismissing and fearful individuals hold a negative model of other people, the dismissing group has a more positive image of the self than do fearful individuals. Bartholomew (1990) noted that one way to tolerate the distress of rejection by attachment figures is to develop a model of the self as fully adequate and thus invulnerable to negative feelings.

Other findings support this notion that dismissive individuals hold a defensively positive view of self. Cassidy (1988) found that avoidant children tended to describe the self as perfect, and Cassidy and Kobak (1988) reviewed evidence suggesting the link between avoidance and idealization of parents and posited that defensively idealized models of parents may be related to defensively idealized self-representations. Mikulincer (1995) reported that avoidant individuals were similar to secure individuals in having a highly positive and well-differentiated self-structure, but noted that the avoidants' view of self was lacking in balance, coherence, and integration, with much discrepancy between domains of the self. He suggested that this view of self may not imply true high self-esteem, but rather self-esteem so fragile that no flaws can be tolerated; the self is idealized as a defense against the rejection anticipated from others if one is not perfect. Baumeister, Smart, and Boden (1996) reviewed literature suggesting that high levels of anger and hostility are associated with those who seem to have high but unstable self-esteem under conditions of ego threat; these findings may have implications for the vulnerability of some avoidant individuals to violent acts under certain circumstances.

Individuals with avoidant attachment do not fit neatly into current diagnostic terminology. van IJzendoorn and Bakermans-Kranenburg (1996) conducted a meta-analysis of more than 2,000 AAI classifications and reported that insecure attachment was strongly overrepresented among clinical groups, but that systematic relations between clinical diagnosis and type of insecure attachment were not found. I think it likely that some of the more poorly functioning avoidant individuals have personality disorders (including antisocial, obsessive-compulsive, schizoid, paranoid, avoidant, and possibly narcissistic). Benjamin's (1993) work on interpersonal patterns and their impact on self-concept as they relate to personality disorders illuminated ways in which individuals with these diagnoses may relate to others and to the self in hostile, neglectful, and controlling ways, consistent with the dismissive stance.

Because these individuals tend to invest in work rather than in relationships and may be very successful in professional endeavors, most avoidant individuals probably never come to the attention of clinicians. Although it is likely that insecure attachment is a factor in much adult psychopathology, the autonomy of the dismissing style tends to be admired in our culture, unlike the obsessive clinging

that may characterize the ambivalent individual in adulthood. As we might expect from the elevated heart rate noted in avoidant infants, these individuals are prone to increased somaticizing when under stress (Mikulincer, Florian, & Weller, 1993). They may be vulnerable to sequelae such as muscular tension, high blood pressure, cardiac difficulties, or anxiety disorders. Avoidant individuals also have been found to use alcohol to reduce tension (Brennan & Shaver, 1995). When such individuals seek treatment, it may be due to such symptoms rather than from a wish to learn to trust others.

Horowitz, Rosenberg, and Bartholomew (1993) administered a questionnaire about interpersonal problems to a sample of patients in brief dynamic psychotherapy. Attachment styles were classified on the basis of affiliation and dominance in a circumplex model. Interpersonal problems associated with dismissing attachment styles were brought up with therapists much less frequently than were problems associated with an ambivalent (called preoccupied in adulthood) style. Fewer patients complained of being cold, untrusting, or unable to make a long-term commitment to another than of being unassertive or exploitable. Further, issues related to lack of trust, coldness, and domination of others showed the poorest rate of improvement in the brief therapy offered. Less than one third of the problems in these areas showed improvement, whereas problems related to being overly exploitable remitted nearly 90% of the time. In a related study, participants and their friends completed questionnaires about themselves and their partners concerning attachment style and interpersonal problems, and the participants were then interviewed. The dismissing group showed a self-reported profile that clustered on the hostile side of the interpersonal matrix, suggesting that coldness is more characteristic of this style than of any other. A third study of successful and unsuccessful patients in brief dynamic therapy found an association between the capacity to describe others in a clear and detailed fashion and success in treatment. The authors suggested that the interpersonal stance of avoidance prevents an individual from really getting to know others well and being able to describe them clearly, which further indicates that brief dynamic therapy might prove problematic for this group.

Dozier (1990) used the AAI to classify the attachment styles of 40 young adults in treatment for serious psychopathology. Clinician ratings suggested that individuals with stronger avoidant tendencies were less likely to seek out treatment, were poorer users of treatment, and were more prone to reject treatment than were patients with more preoccupied strategies. Further, avoidance was inversely related to disclosure in treatment. Dozier noted that these individuals seem to have adopted a strategy of denying needs for help to protect themselves from the risk of caregiver unavailability and that this strategy is quite problematic and self-perpetuating for troubled patients who in fact require substantial support to maintain themselves.

TREATMENT OF THE DISMISSING ADULT

The implications of attachment theory for psychoanalytic treatment are significant. I see attachment theory as compatible with a range of relational perspectives on development and treatment, including self psychology and intersubjectivity theory, some object-relations approaches, and interpersonal psychotherapy, but its emphasis has been on developmental processes rather than on treatment. It is a challenge to psychoanalytic theorizing to clinically use emerging knowledge of human development. Attachment theory provides a concept of normal and abnormal development that can serve as a template for understanding our patients. How capably did parents and other caregivers serve as security-engendering attachment figures, in what ways were they problematic, and what were the consequences for adaptation in childhood and adulthood? The strategies that patients use to distance themselves from the threat of attachment-related information or to attempt to secure responsiveness through intense focus on others are much more comprehensible when viewed through the lens of attachment processes.

Beyond supplying a framework for understanding and interpreting developmental vicissitudes, the theory suggests that therapy provides an attachment relationship, an asymmetrical relationship in which the attachment figure supplies security rather than this security occurring in a more mutual fashion. If therapy is conceptualized as an attachment process, we expect that patients' internal working models of self and other would be operating and that we would observe patients' attachment styles in the therapeutic relationship. Revisions of internal working models that are overly skewed toward unworthiness of the self and unreliability of others would be a goal of therapy. This revision might be accomplished by a combination of achieving insight and perspective on one's developmental trajectory within a particular family context, as well as by accruing new attachment-related experiences, including one with the therapist, that are discrepant with the old working models (Bowlby, 1988).

Further, we expect to find oscillations in therapy between maintaining a safe base (consolidating security, seeking familiarity) and exploring the internal and external world. The latter would occur most when security is assured and patients feel safe concerning the ongoing reliability of the therapist. Within this context, we might see patients shift in the direction of greater security in attachments, including having the freedom to explore their attachment histories: For patients who are more dismissive, the positive shift would be in increased capacity to process affect and discuss painful events without overidealization and minimization; for more preoccupied patients, the goal would be greater detachment and decreased enmeshment. We anticipate that patients would display heightened attachment behavior when they experienced the greatest threat and were frightened and regressed.

More specifically, our understanding of individuals with a dismissive attachment style in adulthood suggests that they will have immense difficulty with the process of therapy, because they have had to become organized around the avoidance of attachment-related information. The notion of relying on a new attachment figure will be strenuously resisted by those who have been consistently rebuffed and treated harshly in the original attachment relationship. Moreover, if these patients have been impinged on and interfered with as they pursued their own activities, they would have further cause for distancing. Therapist injunctions to speak freely about what comes to mind and inquiries into emotional states will be puzzling and foreign to patients whose caregivers discouraged expression of negative affects, and may signal potential retraumatization. Main (1995) described how dismissing individuals resist the tasks presented by the interviewer's inquiries, cutting interaction short with brief replies, insistence of lack of memory, and a portrayal of the self as invulnerable.

Avoidant individuals self-disclose less than secure or preoccupied individuals, and unlike people with these latter patterns, avoidant individuals seem unaffected by level of partner disclosure (Mikulincer & Nachshon, 1991), which suggests a lack of flexibility concerning the articulation of subjective experiences. Moreover, psychotherapy involves a consideration of past events, but avoidant participants show less access to memories involving anxiety and sadness than do other groups, and they rate these memories as less emotionally intense (Mikulincer & Orbach, 1995). Mikulincer and Orbach suggested that avoidant individuals employ a strategy of nondifferentiated defensiveness and display distance from their own inner worlds as well as from other people, which again implies that treatment could be much needed but highly challenging. Avoidant individuals do tend to be more well-organized than patients with a preoccupied attachment style (patients with borderline personality disorder commonly have a preoccupied style, according to Fonagy et al., 1995) and are anxious about threats to their organization, including the threat emanating from a focus on attachment processes.

Implications for treatment of patients with dismissive attachment include the necessity for understanding this stance as an adaptation to consistent rejection and having patience with its rigidity. These patients experience great anxiety around the possibility of experiencing powerful affective experiences in relationships and will consistently minimize the intensity and import of emotional matters. Crittenden (1995) described the way in which avoidant children with intrusive mothers learn to curtail their interference through behavioral inhibition and the orchestration of cool, polite, and proper interactions. She further suggested that avoidant children whose mothers were more withdrawn may have to substitute falsely positive affect for genuine feelings to reassure the caregiver that everything is fine and that no demands will be made. Similarly, false bright affect may be displayed by avoidant

patients in treatment. My countertransference reaction to this tends to be one of feeling disconnected, dismayed, and weary, rather than attuned, which can serve as a signal to me about this phenomenon.

Therapists should expect withdrawal from these patients when they are stressed, with perhaps an increased focus on work activities and preoccupation with accomplishing tasks. As one patient put it when musing on differences between her partner and herself: "She can't work when she's upset; I *must* work when I'm upset." Increased needs for the therapist are likely to be displayed covertly; for instance, a patient may make a series of calls to the therapist's answering machine to hear his or her voice, hang up, and fail to mention this activity.

CURATIVE FACTORS IN PSYCHOTHERAPY

Newman (1995) discussed the problem of patients whose character defenses render them unable to find the analyst to be a "usable object" and noted the need to make a mutative breach in such a character style. This, indeed, is the issue with dismissive patients, whose disavowal of relational needs, or even dissociation of them, is such a central organizing principle. Even if the therapist does everything possible to establish an atmosphere of safety, sensitivity, and respect, the internal working models of these patients will be signaling danger and threat. Moments of vulnerability will be followed by renewed defensiveness. Main and Weston's (1982) description of how avoidant children actively orient their focus away from the attachment figure to resolve an otherwise insoluble need–fear dilemma and to preserve behavioral organization suggested how completely affective and cognitive development must be affected by this stance. The dismissive adult has been shaped by decades of defensive constriction. Hazan and Shaver (1994) suggested that the shift from an avoidant stance to a more secure model involves acknowledging long-repressed insecurities, and this acknowledgment may require a transitional phase of anxiety and insecurity. The mobilization and remobilization of defenses against awareness of the impact of one's attachment history and of longings for a different experience must be a constant focus of attention in the treatment.

However, the therapist must first deal with the challenging task of establishing a therapeutic alliance with an untrusting patient. These patients often have considerable intellectual strengths and interests resulting from their focus on nonsocial domains, and may have received some positive parental response for achievements in the cognitive realm (Bartholomew, 1990; Crittenden, 1995). The therapist may be able to engage the patient's intellectual interest and curiosity concerning some of the less threatening aspects of his or her development, particularly if the discussions can incorporate terms, references, and analogies that relate to areas of interest and expertise of the patient (e.g., discussions of hardware, software, and programming may reduce anxiety for computer experts). Avoidant patients tend to

endorse questionnaire items suggesting lack of interoceptive awareness and confusion about feelings toward intimate partners (Brennan & Shaver, 1995) and may possess some motivation about mastering these areas of uncertainty.

It may be useful with these patients to frame therapeutic interventions in relatively distant and cognitive terms, especially initially. For instance, a dismissive patient was interviewing potential new therapists because her therapist was relocating. The first clinician she consulted discussed using the therapeutic relationship to understand her better in response to a question about therapeutic style. The patient next consulted with me and described that meeting, stating that at that point in the interview she no longer "felt safe" and would not return to that therapist. When I described therapeutic work in nonrelational concepts such as learning certain patterns as one grew up and working to change them in the present, the patient was much more comfortable and opted to begin treatment.

Clinicians need to be prepared for patients who display dislike and discomfort. Some evidence suggests that avoidant individuals are the least accepting of their partners' faults (Hazan & Shaver, 1987) and are frustrated with previous partners (Brennan & Shaver, 1995); it is possible that these negative attitudes might appear with therapists as well. Mallinckrodt (1991) found that patients who reported low social support were more likely to evaluate their alliance with the therapist unfavorably. Satterfield and Lyddon (1995) reported that avoidant patients were more likely than others to appraise the therapeutic relationship negatively in the early phase of treatment. I have found that inviting dismissive patients to discuss their discomfort and lack of trust openly with me has been useful, especially when I have communicated the attitude that, of course they did not trust me, and that they should watch me closely to see whether I might be worthy of their trust eventually.

The provision of aid with stress-related symptoms or a concrete problem early in treatment may facilitate trust in the clinician as a competent expert. At times, this may require a more active and structured approach than many psychoanalytic clinicians usually adopt, but such activity may be a vital component in the patient's engagement in a collaborative relationship. For instance, one of my dismissive patients had a profound fear of flying, and before a scheduled flight she requested my help with this problem. We addressed it in a focused and multifaceted fashion, and she was able to use suggestions that I had made so effectively that she had a relatively easy time with the flight. This experience was significant in increasing her willingness to share her distress with me and her belief that perhaps some benefit could result from doing so.

If an alliance is established sufficiently that the patient remains in treatment, long-suppressed relational needs may become more apparent. There appears to be considerable overlap between attachment processes and what Kohut (1971) described as "idealizing needs." Both concepts emphasize the sense of strength and security that results from connection with another who is seen as more powerful and competent than oneself. Self psychological theory stresses the importance of

parental provision of soothing and calming of difficult affect states and proposes that self-regulatory difficulties such as vulnerability to fragmentation will ensue if parents are deficient in serving as idealizable selfobjects (e.g., Wolf, 1988). Similarly, both attachment theory and self psychology stress the importance of affective attunement in development. Sensitivity to an infant's or child's affect, or appropriate responsiveness to mirroring needs, is considered central to the development of secure attachment and a cohesive self.

In my work with dismissive patients, I have found disavowed needs for idealizing and mirroring as they emerge in the transference to be of major importance. Typically, the transference configuration will be organized around defense for a long period, but if this is repeatedly interpreted as such, powerful long-buried needs may emerge. I have noted that dismissive patients may be particularly prone to forming idealizing transferences in which they experience the therapist as the strong, wise, and calming figure they needed in childhood. For instance, one dismissive patient assumed a defensive stance of coolness and intellectualization for the first few years of treatment, but then began reporting images of me as Joan of Arc and requested to borrow my pen to write a comprehensive exam. Therapist sensitivity and reliability are important factors in this development. However, I have found with these patients that a slightly matter-of-fact attitude and a focus on pathogenic early learning are more facilitative of the building of trust than overt displays of empathy for their suffering. These patients easily feel pitied or condescended to when their pain is focused on and may even advise the therapist that they wish none of "that empathy stuff."

Therapist self-disclosure, both of personal matters about which patients may inquire and of experiences in the therapy process, may facilitate the shift from a defensive posture of repudiation of need to one in which a patient is more able to tolerate vulnerability. These patients' previous experiences have led them to believe that relationships are useless at best and dangerous at worst. In the absence of unambiguous information, their working models of attachment will likely result in their expectation of the critical rebuffs they have known in their families, particularly for displays of emotion and need. Burke (1994) emphasized the utility of therapist self-disclosure as forming a bridge between an old and a new object experience. Dismissive patients may be particularly in need of such information about how a new attachment figure can be different from previous ones. Unambiguous self-disclosure by the therapist may help to combat the defensive exclusion of pertinent attachment-related information typical of the dismissive style.

Ehrenberg (1992) discussed patients who deny their own desires based on toxic early experiences, many of whom might be considered to have a dismissive attachment style. She suggested that a focus on the immediate interactive experience in its aliveness and authenticity can facilitate the awakening of patients' desires and helps the relationship stay grounded rather than frighteningly colored by unfounded assumptions. Moreover, the regularity with which the parents of dismissive patients

rejected them leads to exceptionally rigid interpersonal strategies and disbelief at the prospect of vulnerability that does not result in trauma. A dismissive patient of mine told me that it was my willingness to be human with her (e.g., answering her questions about what I liked to read) that made her able to risk vulnerability with me. Hoffman (1995) noted that such self-disclosure offers a special kind of recognition of the patient as a human being when the therapist is willing to share a bit of the self that he or she is outside the office. Dismissive patients may have particular needs for such acknowledgment.

It is likely that the attachment style of the therapist will significantly affect the treatment with a dismissive patient. Ideally, clinicians have achieved a fairly secure attachment style by the time they begin practicing, but within secure attachment there are still vulnerabilities. Clinicians who are prone to a somewhat more preoccupied attachment style may be unduly disturbed by detachment and may frighten dismissive patients with overly intense efforts to evoke a deeper and more affective relationship. Obviously a therapist must offer warmth and interest, but it may be beneficial when a therapist's style is not completely discrepant with the patient's. Dismissing patients are so defensively deprecating of need in themselves and others that those who seek high levels of interpersonal closeness (the "Klingons," as one patient put it) are ready targets, therapists included. Dismissive patients have learned that it is better not to need very much from others, and therapists who work with them might do well to adopt that credo regarding the treatment. Clinicians who particularly value being overtly liked and needed by their patients may find avoidant individuals rather frustrating and ungratifying. Therapists who themselves have a more dismissing style might be prone to distance from patients who distance from them, creating spiraling repudiation of the importance of the relationship in both parties.

The excessive interpersonal distance of traditional psychoanalytic treatments oriented around abstinence may be quite inappropriate for dismissive patients. Lindon (1994) argued that this stance has been detrimental for patients in general, unnecessarily disrupting and prolonging treatment; this statement may be particularly true for patients whose style is already distant. Avoidant individuals seem to have had caregivers who were consistently unavailable, leading to the rigid defensive strategy that it is always better to avoid turning to others when in distress. This is in contrast to the style of the preoccupied individual, whose caregivers tended to be more responsive but inconsistent, predisposing to desperate seeking of the intermittent response. These latter individuals are more likely to launch vociferous protests in an overly abstinent treatment situation, whereas avoidant patients might feel right at home. However, there might be little in the way of the affectively charged interactions stressed by Ehrenberg (1992) as leading to growth. An intersubjection conjunction (Stolorow & Atwood, 1992) may occur in which the similar organizing principles of patient and therapist concerning appropriate interpersonal distance remain unexplored and unchanged.

The most positive outcome for a patient with an avoidant attachment pattern is to undergo such a transformation that, at termination, the attachment style would be termed secure. In my experience this is possible, but it requires long-term treatment. I recently concluded a 5-year intensive psychotherapy in which this occurred. This patient, who suffered from an eating disorder and anxiety symptoms at the start of treatment, became engaged in the process of understanding herself and her relationships. Her symptoms remitted, and her relationship style, which at the beginning she characterized as "my way or the highway," eventually grew in depth and mutuality: She was able to sign her most recent communication to me "with love." However, it is probably more common for these patients to engage in more brief therapies in which their relational style is relatively unmodified. The current emphasis within managed health care for brief treatment will feel most comfortable to these patients but will not permit the revision of relational patterns that they truly need.

CONCLUDING COMMENTS

In Wagner's operas, the renunciation of love eventually resulted in cataclysm. For most dismissive individuals, the consequences of this adaptation may be undramatic but chronic and self-perpetuating. Eschewing the potential pain of intimacy and vulnerability entails existing in a barren landscape, devoid of the richness and comfort afforded by deep connections with others. Moreover, the impact of the dismissive style can be profoundly disturbing to others who seek relatedness with these individuals and are constantly frustrated and hurt, as described in self-help books for women who attempt to have relationships with emotionally unavailable men. Devising therapeutic treatments with the potential to reach those who have repudiated interpersonal needs and abjure trust is challenging but much needed.

The conceptualization of attachment processes facilitates an empathic appreciation of the developmental trauma experienced by dismissing individuals and their later adaptation. Attachment theory may help clarify adult interpersonal behaviors that otherwise might remain obscure, from the avoidance of intimacy characteristic of the detached style to the preoccupation with the attachment figure that, in its most extreme form, may result in stalking or an inability to leave an abusive relationship. Using the developmental insights of attachment theory in conjunction with other relational theories that focus on treatment has potential for advancing psychoanalytic thinking.

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