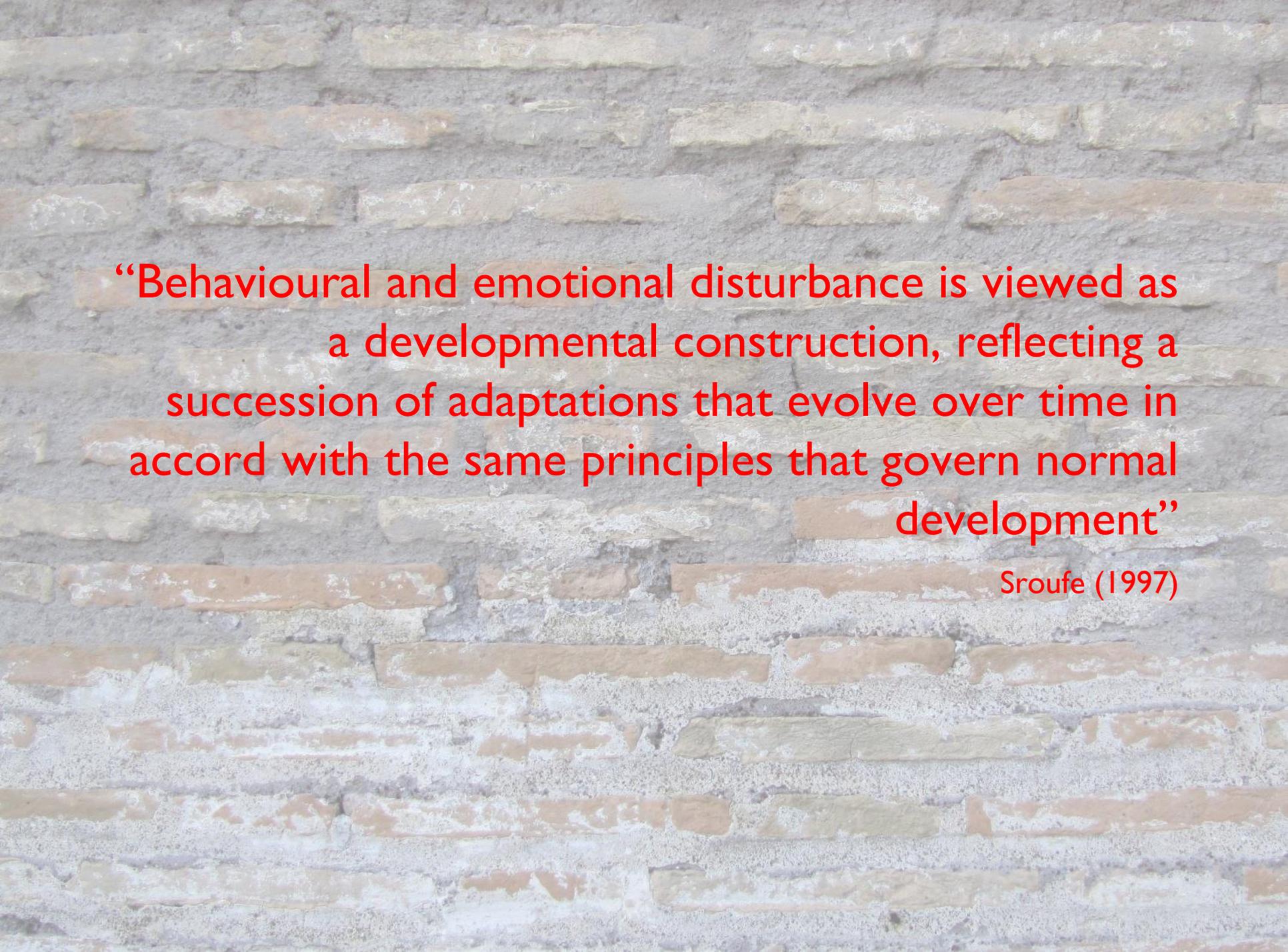




Interpersonal Processes

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“Behavioural and emotional disturbance is viewed as a developmental construction, reflecting a succession of adaptations that evolve over time in accord with the same principles that govern normal development”

Stroufe (1997)

Social Factors in Adult Mental Health

Why does the majority of mental disorder develop in early adulthood?

- This implies a slow/ continuous developmental process leading to mental illness, or a
- slumbering time-bomb that is triggered by particular environmental and interpersonal stressors that accumulate in adolescence

Social Factors in Adult Mental Health

Why does the majority of mental disorder develop in early adulthood?

- Biological time-bomb hypothesis; - neurodevelopmental defect triggered by structural brain development that occurs early in the 2nd decade of development. This hypothesis carries some associative evidence with mild intellectual impairments, social ability and clumsiness, higher evidence of negative emotions (absence of positive emotional experience)
- More recent studies however detect this vulnerability to be very non-specific, not only in terms of diagnostic specificity but also level of severity of that emotional distress – highlighting a generic vulnerability not specific to particular forms of distress

Social Factors in Adult Mental Health

How to conceptualise social influences

- Broad Filters or Influences
Gender Class Ethnicity Culture
- Domains of Experience that could contribute to a sense of self
 - Relationships (social support)
 - Work
 - Leisure/ other Interests
 - Independent Living
 - Religion/ other moral or ethical meta-theses
- For each domain consider:
 - Goals and Plans
 - Life events and chronic stressors
 - Social support

Social Factors in Adult Mental Health

Life Events

- Non-normative events
 - Often we are interested here in upsetting unexpected happenings, e.g. accidents, illness, death, etc.
- Normative or Transition Events
 - These events are expected to occur at a specific time or age
- History graded events
 - Examples of these would be: war, economic recession, extreme environmental conditions, etc.

Social Factors in Adult Mental Health

Life Events

- Brown & Harris developed the Life Events and Difficulties Schedule (LEDS) providing detailed record of recent experiences assessing severity of impact and independence from emerging symptomatology
- In a large community study (1978, follow up after 5 and 25 yrs) – 67 to 90 % of depressive episodes were related to recent or accumulated adverse life events.
- Similar rates were confirmed for psychosis and bipolar disorder
- Critics comment that this merely demonstrates the sensitivity of vulnerable individuals to any stressors in which psychopathology plays an essential role – and that assessments of LE's were often context free (e.g. consequences of hospitalisation)

Social Factors in Adult Mental Health

Factors to consider when assessing Life Events

- Type of Event
- Change or readjustment
- Long-term threat (how upsetting/ unpleasant)
- Events need to be relevant to the population studied

Reasons to reject checklists and use interviews

- Context
- Precise timing
- Independence from disorder and individual behaviour
- Objective criteria for severity rating
- Chronic stressors or difficulties
- Impact on plans & goals

Social Factors

emotionally charged relationships can make us feel miserable

investigations into the adverse effects of interpersonal stress on individuals with a vulnerability to psychiatric symptoms has a long history –

there are three main domains:

- Attachment relationships
- Social support networks
- Expressed emotion and affective styles

Social Support

Like 'parenthood' social support is not an innovative concept, it is inherent to human societality.

Burton emphasised in 1621 the association of mental well-being and social contact and his arguments draw on ancient authors like Plutarch and Tully.

Conceptually social support was first emphasised in the 1970's by sociologists to describe collective connections between individuals with a high density of interaction.

Psychology adapted this concept to move away from its individual-centric perspective of psychopathology.

Social Support

Two main dimensions:

- Social Networks;
 - **Structures** of social interactions that can be described in objective terms
- Social support;
 - **Functions** Perceived quality of social interactions and key relationships

Social Support

Network analysis:

- Size of network
- Frequency of contact among members – density
- Strength of ties between network members
- Similarity of people in the network – homogeneity
- Degree of initiative vs receptivity among members – reciprocity
- Relationship between network and outside influences

Social Support

Key Function:

- Emotional or esteem support
 - Confiding and intimacy/ physical comfort
- Instrumental support
 - Practical help
- Social companionship
 - More superficial contacts for pleasure or sharing common interests
- Informational support
- Motivational support
- Process – how do people make use of potentially supportive relationships in their environment

Social Support

Social support:

- Some attempt should be made to measure each of the main aspects of social support outlined, structure, function, perceived adequacy and crisis support
- The quality of individual relationships needs to be assessed in relation to specific functions; it should not be assumed that support from different relationships can be added together
- The collection of detailed information should generally be limited to between five and ten people
- If time is limited, priority should be given to the assessment of emotional support

Social Support

process issues:

- Social support has a **direct** effect on mental health: how levels of social support are associated with poor mental health and may have a causal role in the onset of illness itself
- Social support is only **indirectly** related to health, via its protective or **buffering effect** in the face of stress

Social Support

Community

- Consistent heightened vulnerability in 2nd generation immigrant groups; afro-caribbean groups in britain, surinamese groups in holland, east african groups in sweden, migrants to germany, and even afro-caribbeans returning to jamaica after living in britain.
 - Accumulated stress associated with migration and being part of ethnic minority
 - Exposure to overt discrimination and institutional racism
 - Experiences of alienation and isolation

Expressed Emotion

social support has both positive and negative aspects:

- Missing social network/ loneliness
- Interactions that cause distress
- Relationships that are characterised by;
 - Criticism
 - Rejection
 - Demands
 - Over protectiveness
 - Over involvement

Expressed Emotion

- Emerging from family work with patients following hospital admissions a group of researchers in London developed the *Camberwell Family Interview*, conceptualising family atmosphere that proved to be disruptive for the individuals recovery
 - Critical Comments – counted
 - Hostility – rated
 - Emotional Over-Involvement – rated
 - Positive Comments – counted
 - Warmth – rated
- ⇒ In the original studies high scores were predictive of relapse in individuals suffering from psychosis or depression (rates of 54.4% in high ee families vs 21.8% in low ee environments N=1346)

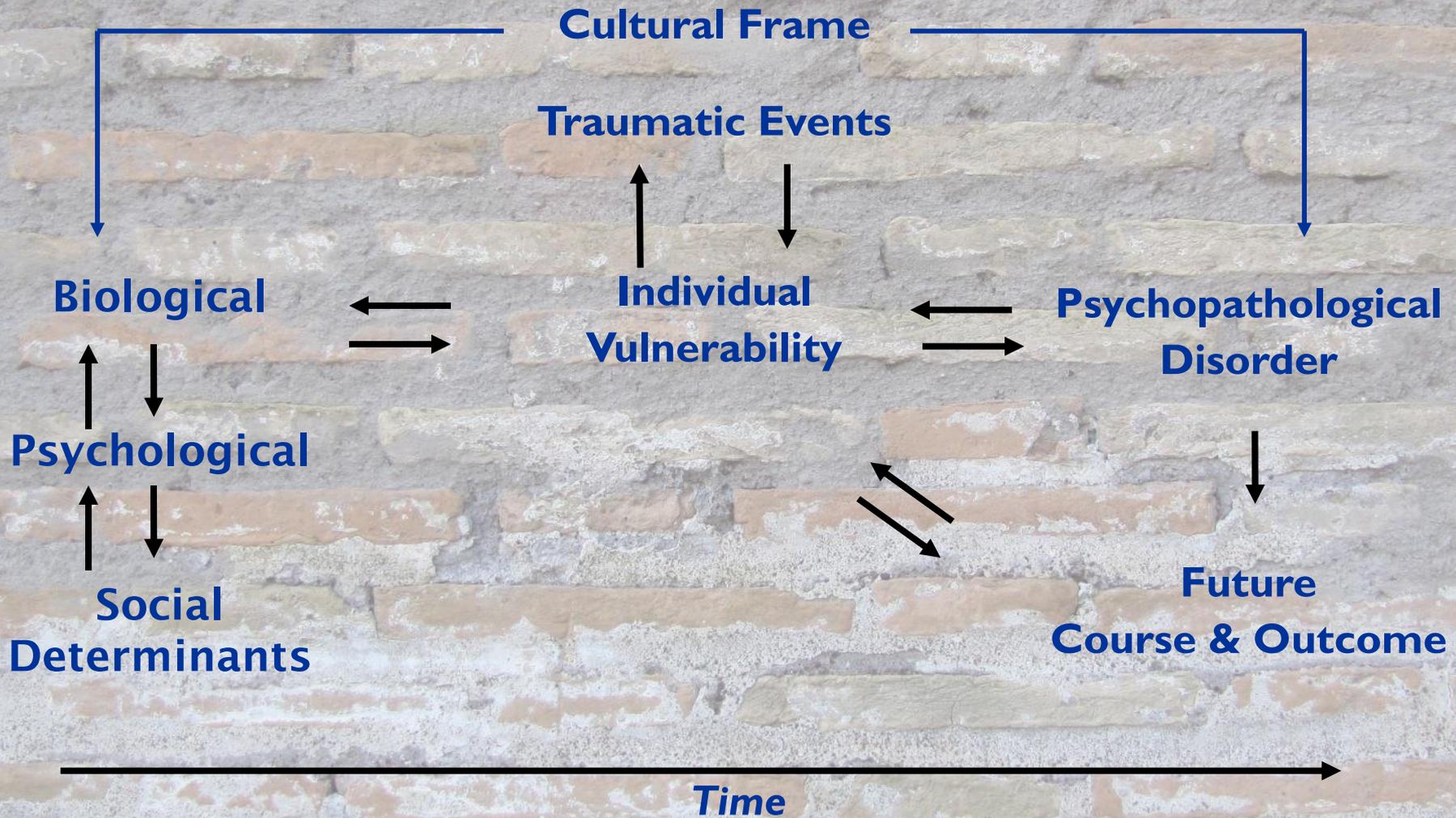
Expressed Emotion

- ***Critical comments*** & emotional ***Over Involvement*** are the two process aspects of personal relationships that proved to be significant in terms of course of severe mental distress/ disorder
- ⇒ Consistent association between these factors and increased relapse rates in depressed and psychotic subjects

Expressed Emotion

- Recent work by Barrowclough & Tarrier found that high EE by close relatives was predictive of negative beliefs about the self, and high levels of negative beliefs predicted positive symptoms.
- Now EE is more helpfully conceptualised as an interaction characterised by *negative affective style* – that when measured directly is equally predictive of relapse.
- Similar attempts have been made to translate this interactional factor in an intrapsychic correlate – e.g. carer attributional styles, internal carer attributions; distress in carers; disengagement from burden; insecurely attached carers
- Kuipers & Moore established EE being a robust variable in psychiatric care staff predictive of length of stay and engagement

Interactionistic conception of individual vulnerability





Attachment Security

- The fundamental tenet of Bowlby's (1969, 1973, 1980) formulation of attachment theory concerned the primacy of the human need for security – *'the secure base'*.
- Infants can best explore and take an active interest in the world if they feel they have a secure base to which they can return if threatened – *'safe haven'*.
- Initially this base is provided by the attachment figure -it is an evolutionary necessity for infants to be able to secure the interests and attention of adults, and for adults to maintain the care and empathy for the infant.
- This is a reciprocal system the goal of which is defence, safety and self-regulation including the regulation of affect.

Attachment Theory

Freud (key insights)

Links between early experience and later behaviour.

Infants have complex social, cognitive & emotional lives.

The infant mother bond is “the prototype of all later love relationships”

Loss as an emergency and mourning as an adaptive process.

1930's and 40's

Many psychoanalysts concerned with negative long-term effects of frequent changes in caregiver and prolonged institutional care (Bowlby, Anna Freud, Levy, Spitz etc.)

1949

Bowlby (child psychiatrist at the Tavistock) appointed by WHO to look at mental health of homeless children.

1951: Bowlby's Report - *Maternal Care and Mental Health*

1952: Robertson's Film - *A Two-Year-Old Goes to Hospital*

Attachment Theory

... is a Goal Directed Control System

(Infant Behaviours \Leftrightarrow Caregiver Feedback)

From an external perspective, the goal is to establish or maintain contact with the attachment figure. From the subjective perspective, the goal is “felt security” achieved by maintaining contact or by developing confidence in caregiver availability, while also seeking to explore and increase competence.

... within which we develop Individual Differences

(Environmental Adaptation)

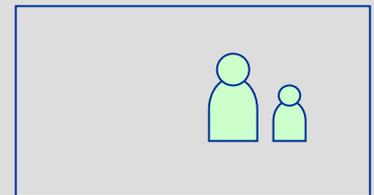
Individuals develop and internalise cognitive models and regulate affect and behaviour based on experiences of caregiver availability and responsiveness.

Ainsworth's Strange Situation Procedure (SSP)

1. Observer introduces mother and baby to the room then leaves (½ min).
2. Mother sits and leaves baby to explore (2 min).
Mother stimulates play if necessary (1 min).
3. Stranger enters and is silent (1 min).
Stranger converses with mother (1 min).
Stranger approaches baby (1 min).
4. Mother leaves unobtrusively as stranger engages with baby (3 mins -).
5. Stranger leaves unobtrusively as Mother returns and greets/comforts baby (3 mins +).
6. Mother leaves, saying "bye-bye." Baby alone (3 mins -).
7. Stranger enters and engages with baby (3 mins -).
8. Stranger leaves unobtrusively as Mother returns and greets/comforts baby (3 mins).

- episode curtailed if baby is unduly distressed

+ episode prolonged if more time required to allow baby to become re-engaged in play.



Observations

1. Observer introduces mother and baby to the room then leaves (½ min).
2. Mother sits and leaves baby to explore (2 min).
Mother stimulates play if necessary (1 min).
3. **Stranger enters and is silent** (1 min).
Stranger converses with mother (1 min).
Stranger approaches baby (1 min).
4. Mother leaves unobtrusively as **stranger engages with baby** (3 mins -).
5. Stranger leaves unobtrusively as **Mother returns and greets/comforts baby** (3 mins +).
6. Mother leaves, saying “bye-bye.” Baby alone (3 mins -).
7. **Stranger enters and engages with baby** (3 mins -).
8. Stranger leaves unobtrusively as **Mother returns and greets/comforts baby** (3 mins).

Separation

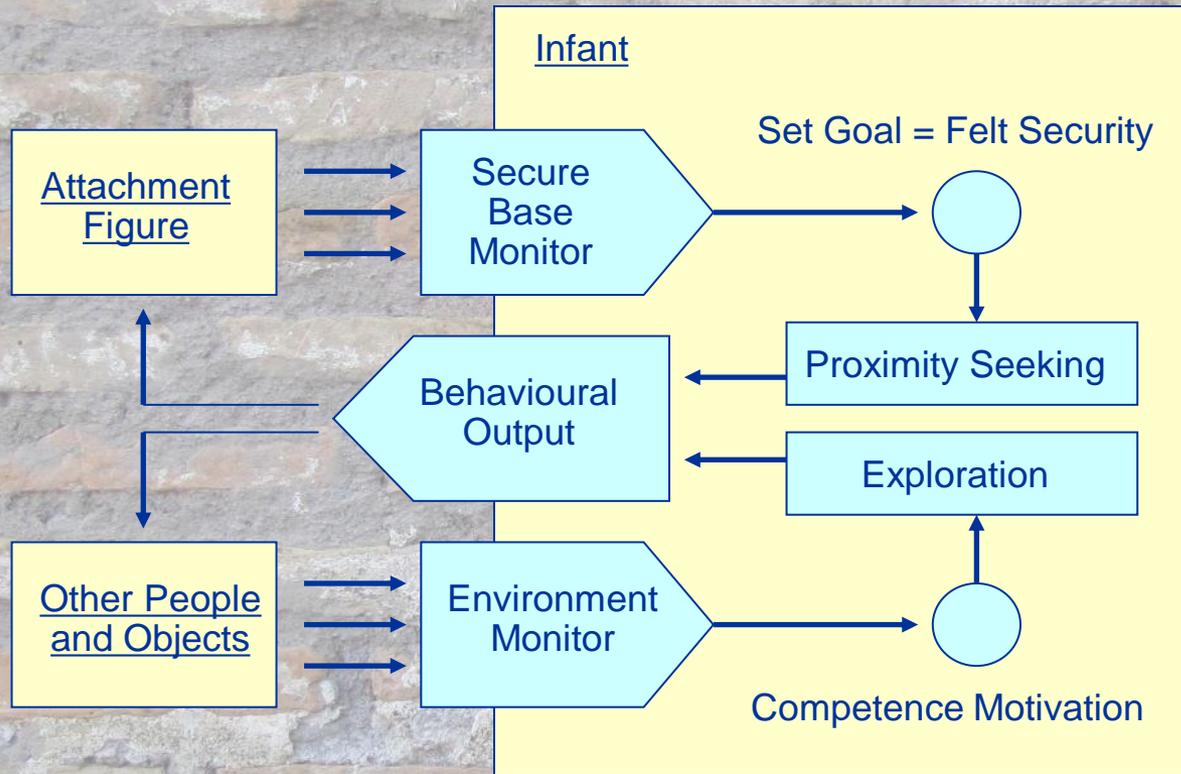
Episodes 4 and 6

Reunion

Episodes 5 and 8

Stranger Anxiety

Episodes 3, 4 and 7



DIFFERENT CONTROL SYSTEM CANNOT BE FULLY ACTIVE AT THE SAME TIME

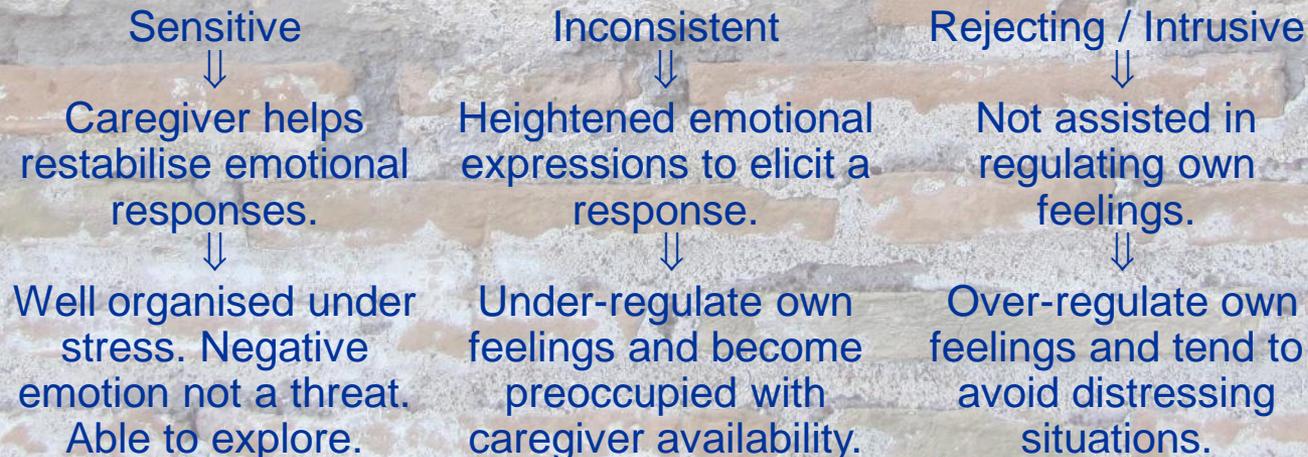
Attachment Theory

Attachment Behaviours are Negatively Affective

(Crying, Distress etc.)

It is within an attachment context than infants learn how to deal with feelings of lack of security and learn which strategies and behaviours best achieve the goal of felt security given their current context.

Development of Regulation of Affect



Attachment Theory

Bowlby – *Attachment as a Trait*

1973: “Confidence in the availability of attachment figures, or lack of such confidence, is built up slowly during the years of immaturity; whatever expectations are developed during those years tend to persist relatively unchanged throughout the rest of life.”

1979: “Attachment behaviour [characterises] human beings from the cradle to the grave”

1988: Attachment style should be relatively stable and robust but may be revised by significant later conflict or discontinuity with experience.

Attachment Theory

Ainsworth's Attachment Styles – Strange Situation

Classification

Infant Behaviour

Caregiver Behaviour

A
Insecure
Avoidant

Detached on separation.
Avoids caregiver on reunion.
Displacement exploration
devoid of true interest.

Caregiver insensitive to
infant's signals and
deflects proximity seeking.

B
Secure

Infant engages in active exploration.
Upset by separation.
Positive response to caregiver on reunion.
Rapid return to exploration.

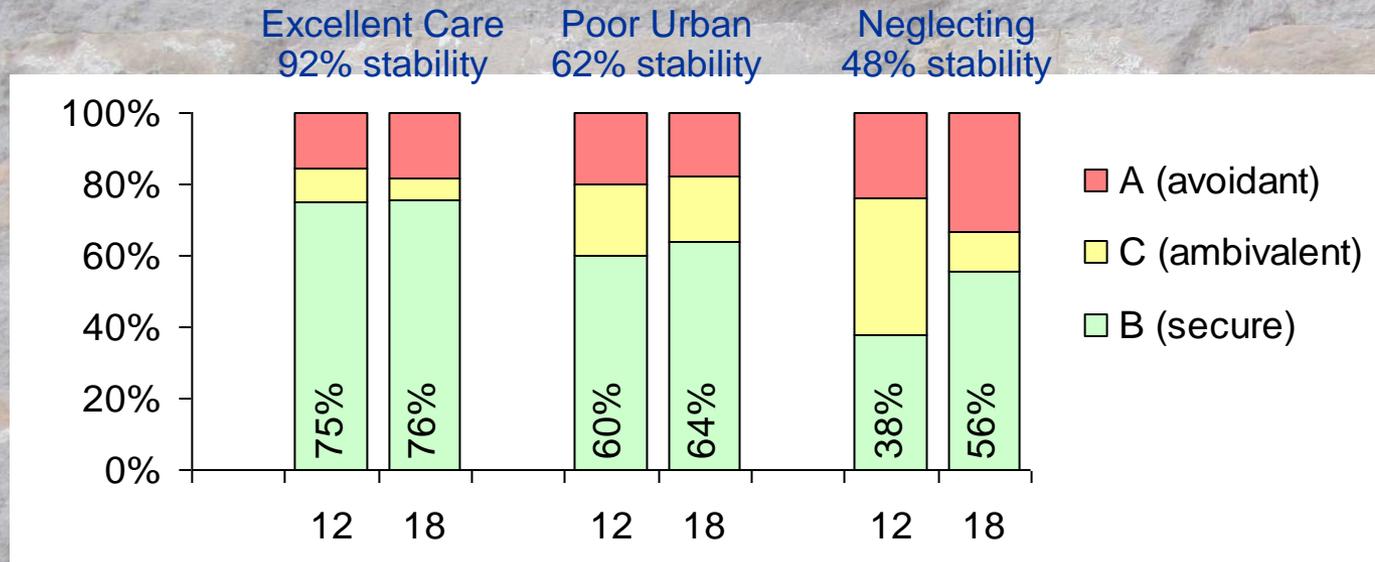
Caregiver consistently
sensitive and responsive
to infant's signals.

C
Insecure
Resistant /
Ambivalent

Infant preoccupied with caregiver availability.
Distress on separation and anger
or ambivalence on reunion.
Difficult to comfort.

Caregiver inconsistent
in response to infant.
Insensitive or intrusive

Attachment Stability and Change, 12 to 18 months



Excellent care ⇒ Stable by 12 months and mainly secure

Poor Urban ⇒ Less stability but mainly secure

Neglecting ⇒ Much change from 12 to 18 months

⇒ Mainly secure by 18 months

⇒ Anxious ↓ Secure ↑ Avoidant ↑

Also other caregivers beyond the primary caregiver e.g. Father, Nannies etc. contribute to infant development.

Attachment Organisation

Adult Attachment Styles - AAI

Preoccupied (E)

Preoccupied with past relationship experiences.
Emotional responses during the interview (angry, fearful).
Confused and may show signs of disassociation.
Often unconvincingly analytical.

Freely Autonomous and Secure (F)

Value past attachment relationships and experiences.
Consider relationship experiences as influential.
Relatively objective and independent.
Relaxed and willing to freely explore thoughts and feelings.

Dismissing (D)

Idealise or express contempt towards parents.
Dismissing of the importance of attachment relationships.
Claims of strength, normalcy and/or independence

Attachment Theory

SSP (12/18 months) to AAI (19-21 years)

Infants

Secure (B)
Positive response on reunion

Anxious/Ambivalent (C)
Anger/ambivalence on reunion

Avoidant (A)
Detached on reunion

Adults

Autonomous (F)
Value relationships

Preoccupied (E)
Emotional, confused

Avoidant (D)
Dismissing of relationships

Around 64 – 76 % stability from infancy to early adulthood but
no significant stability in an ‘at risk’ sample.

All attachment styles similarly stable.

secure ⇒ insecure : stressful life events

maintaining insecurity: stressful life events

Attachment Theory

1994: Benoit and Parker

90% Mother's AAI test-retest reliability (after 12 months)

75% match between grandmother and mother

81% match between mother and infant attachment

1996: Steele, Steele and Fonagy

No significant association of mother and father

80% of Secure infants had an Autonomous mother

80% of Secure infants had an Autonomous father

67% of Avoidant infants had an Avoidant mother

59% of Avoidant infants had an Avoidant father

1999: Cassidy and Shaver

Secure attachment predicted optimal patterns of peer relationships and adjustment in preschool years, high levels of academic achievement and adaptive coping in adolescence

So long as we trace the development from its final outcome backwards, the chain of events appears continuous, and we feel we have gained an insight which is completely satisfactory or even exhaustive. But if we proceed in the reverse way, if we start from the premises inferred from the analysis and try to follow these up to the final results, then we no longer get the impression of an inevitable sequence of events which could not have otherwise been determined.

Freud (1920)

Attachment Styles

- A main strength of the psychoanalytic approach to early interpersonal relations is its emphasis on the interlocking between cognitive and social development.
- To attempt to segregate cognitive from other processes is even more artificial in regard to infancy than to later years.

Assessment of Attachment Styles

- The idea of looking at attachment as a current state of mind rather than observable behaviour came about in 1985;
- Mary Main first reported a strong association between parental state of mind in regard to attachment and infant's behaviour during the strange situation procedure.
- AAI developed from then as a system for classification and scoring of current states of mind regarding attachment.

Assessment of Attachment Styles

- The continuous rating scales reflecting a parent's **current state of mind** with respect to his/her own attachment experience proved to be remarkable robust in their relationship to aspects of the infant's behaviour towards the parent in the strange situation – this relationship further appeared stable over long periods of time and between several generations.
- To date this has been replicated in over 20 samples and several longitudinal designs.

Assessment of Attachment Styles

- AAI : hour-long semi-structured interview protocol consisting of 18 questions
- Entire interview is transcribed verbatim – material is therefore full conversational interaction
- The assessed tasks are two-fold;
- Producing and reflecting upon memories related to attachment experiences
- Whilst simultaneously maintaining coherent discourse

Assessment of Attachment Styles

- What role do defensive processes play in the organisation of working models?
- Defensive **memory exclusion** wards off any perceptions, feelings and thoughts that would cause unbearable anxiety and emotional suffering
 - Facilitated by the segregation of contradictory information in different memory systems (procedural (*how*), semantic (*that*) and episodic (*when*)).
 - Idealised admirable qualities of parents described in general terms (semantic) can be contradicted by later reported actual experiences (episodic)

Assessment of Attachment Styles

Three types of questions;

- (1) q's that ask about negative experiences and related emotions that are part of everybody's childhood experiences – emotional upset, physical hurt, separations;
- (2) q's that ask about negative experiences and related emotions that are part of some people's childhood experiences – including loss and abuse;
- (3) q's that demand of a speaker the expression of thoughts about the possible meaning and influence upon adult personality of childhood attachment experiences – assessing the extent to which attachment experiences are integrated in the mind of the speaker into an autonomous point of view

Assessment of Attachment Styles

Loss and trauma –

assessing the extend to which past trauma is resolved;

- (1) Overwhelming negative experiences are identified and spoken about;
- (2) Lapses in the monitoring of reason or discourse when discussing past loss and/or trauma
- (3) Ability to acknowledge the abuse and show an understanding that they are not responsible
- (4) Indications of the extend of resolution in the speakers mind

Assessment of Attachment Styles

- Speaker is required to reflect upon and answer a multitude of complex questions regarding life history
- Potential of the protocol to 'surprise the unconscious'
- There is ample opportunity for speakers to contradict themselves, find themselves unable to answer questions clearly or in excessive length.
- Consistency and collaboration are qualities of 'secure speakers'.

Adult Attachment Relationships

- Mary Ainsworth highlighted the function of the attachment behavior system in adult life, suggesting that a secure attachment relationship will facilitate functioning and competence outside of the relationship.
 - *"There is a seeking to obtain an experience of security and comfort in the relationship with the partner. If and when such security and comfort are available, the individual is able to move off from the secure base provided by the partner, with the confidence to engage in other activities."*

Secure Adult Patterns

- Highly invested in relationships
- Tend to have long, stable relationships
- Relationships characterized by trust and friendship
- Seek support when under stress
- Generally responsive to support
- Empathic and supportive to others
- Flexible in response to conflict
- High self-esteem

Assessment of Attachment Styles

Secure/ autonomous – freely valuing and objective

- Attachment experiences are valued and regarded as influential –
- Free to explore thoughts and feelings
- Providing sufficient evidence for any descriptions
- Negative experiences are reported in a thoughtful, reflective manner
- Evidence for capacity of meta-cognitive monitoring of memories and language
- Within this category are ‘earned-secure’ speakers describing negative childhood and attachment related experiences

Dismissing Adult Patterns

- Relatively un-invested in romantic partners.
- Higher breakup rate than pre-occupied.
- Tend to grieve less after breakups (though they do feel lonely).
- Tend to withdraw when feeling emotional stress.
- Tend to cope by ignoring or denying problems.
- Can be very critical of partner's needs.
- May have a history of bullying.

Assessment of Attachment Styles

Dismissing – dismissing, devaluing or ‘cut-off’ from attachment exp

- Speakers state of mind seems to indicate attempts to limit the influence of attachment experiences
- Implicit claim to strength and normality and/or independence
- Negative experiences are minimised
- Derogation of attachment figures

Preoccupied Adult Patterns

- Obsessed with romantic partners.
- Suffer from extreme jealousy.
- High breakup and get-back-together rate.
- Worry about rejection.
- Can be intrusive and controlling.
- Assert their own need without regard for partner's needs.
- May have a history of being victimized by bullies.

Assessment of Attachment Styles

Preoccupied – with or by early attachment exp or attachment figures

- Excessive, confused and unobjective preoccupation with attachment relationships and –experiences
- Discourse appears neither fruitful or incisive
- Descriptions of early experiences seem vague and uncritical or else angry, conflicted and unconvincingly analytical

Disorganized Adult Patterns

- Introverted
- Unassertive
- Tend to feel exploited.
- Lack self confidence and are self conscious.
- Feel more negative than positive about self.
- Anxious, depressed, hostile, violent.
- Self defeating and report physical illness.
- Fluctuates between neediness and withdrawing.

Assessment of Attachment Styles

Unresolved/ disorganised with respect to potentially traumatic exp and loss

- Marked lapses in the metacognitive monitoring of reasoning or discourse during discussion of experiences linked to loss and/ or trauma
- E.g. speaker is temporarily expressing ideas that violate our understanding of physical causality or space-time relations; or
- ‘state-shifts’, indicators of considerable absorption, and peculiar or compartmentalised states of mind (shift in speech, attention to detail, etc.

Internal Working Model

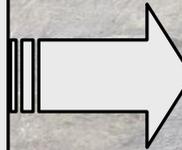
- “Through a history of responsive care, infants will evolve expectations of their caregivers’ likely responses to signs of distress or other signals of the desire for contact”
- Bowlby believed that, “What infants expect is what happened before.”



Affect Attunement

The parent provides the infant with an experience of emotional connection with another that is consistent and provides contingent responses to her communications and needs. An attuned response is an empathic response that helps the child to feel understood and connected to the adult.

The child learns to trust in the availability and responsiveness of the adult.

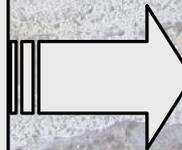


Emotional regulation.

By feeling connected to the parent the child co-regulates his affective state with that of his parents, thus developing capacity for emotional regulation.

Shared Attention and Intentions

Parent and child jointly attend to who or what is important to them. They share an intention to notice, discover and enjoy each other or an event/object in the world.



Reflective Function

By jointly experiencing each other and the world the child learns to think about his own mind and the mind of others. This leads to the ability to understand why things happen and why people behave as they do.

Reflective Function

- Arietta Slade refers to reflective function with regard to parenting as:
 - *“A mother’s capacity to reflect upon and understand her child’s internal experience is what accounts for the relation between attachment status and her child’s sense of security and safety.”*

Peter Fonagy

- A key developmental attainment of the IWM is the creation of a processing system for the self (and significant others) in terms of a set of stable and generalized intentional attributes, such as desires, emotions, intentions, and beliefs, inferred from recurring invariant patterns in the history of previous interactions.

What is Mentalization

It is the capacity to reflect on one's own mental states (thoughts, feelings, beliefs, desires etc.) and to attribute mental states to others, as an explanation of their behaviour.

Mentalization involves being able to recognise, tolerate and respond to one's own, and others', mental states.

Mentalization is dependent on whether primary attachment figures recognise, tolerate and respond empathically to the infant. Deficits in care will impact on how an infant represents their own mental states, and also how they represent the thoughts, feelings, wishes and motives of an abusive, neglectful or poorly attuned primary attachment figure.

Assessment of Attachment Styles

Reflective Function – Peter Fonagy, Howard Steele

- Psychological process underlying the capacity to **mentalise**
- Involves **self-reflective and interpersonal** component – capacity to distinguish inner from outer reality, intra-personal and emotional processes from interpersonal communications
- Capacity to perceive and understand oneself and others in terms of mental states (feelings, intentions, desires, ...)

Assessment of Attachment Styles

Reflective Function – Peter Fonagy, Howard Steele

- Development of reflective function depends on caregivers capacity to perceive intentionality in the infant
- i.e. child's experience of his/her mental states being reflected on – through the experience of affect-laden interactions – integration of inner and outer reality

Assessment of Attachment Styles

Reflective Function – Peter Fonagy, Howard Steele

- Through this attribution of thoughts and feelings, mentalisation enables the child to see people's actions as meaningful. They then become predictable
- Individual differences in these skills at appreciating mental and emotional states of self and others are rooted in presence or absence of attachment security
- Also in instances of abuse and trauma it allows psychological survival

