

Truth, lies, and intimacy: An attachment perspective

JUDE CASSIDY

ABSTRACT This paper outlines some of the ways in which secure attachment is associated with the capacity to participate in successful intimate relationships. The paper begins with the discussion of four key abilities required for intimacy: the ability to seek care, the ability to give care, the ability to feel comfortable with an autonomous self, and the ability to negotiate. Bowlby's attachment theory (1969/1982, 1973, 1980) and related research are presented as a framework for understanding the development of these abilities. Next, attachment, intimacy, and sexuality are discussed. In the final section, attachment, intimacy, and truth are considered.

KEYWORDS: attachment – intimacy

Emotions are part of our genetic heritage. Fish swim, birds fly, and people feel. Sometimes we are happy, sometimes we are not; but sometimes in our life we are sure to feel anger and fear, sadness and joy, greed and guilt, lust and scorn, delight and disgust. While we are not free to choose the emotions that arise in us, we are free to choose how and when to express them, provided we know what they are. That is the crux of the problem. Many people have been educated out of knowing what their feelings are. When they hated, they were told it was only dislike. When they were afraid, they were told there was nothing to be afraid of. When they felt pain, they were advised to be brave and smile. Many of our popular songs tell us 'Pretend you are happy when you are not.'

What is suggested in the place of this pretense? Truth. Emotional education can help children to know what they feel. It is more important for a child to know what he feels than why he feels it. When he knows clearly what his feelings are, he is less likely to feel [ambivalent] inside. (Haim Ginott, 1965, p. 34)

It is likely that that most people view their attachment relationships as their most intimate relationships. Yet surprisingly, examination of the developmental origins of intimacy has not been a focus of attachment theorists.

Correspondence to: Jude Cassidy, Department of Psychology, University of Maryland, College Park, MD 20742, USA.

Although the American Psychiatric Association's *Diagnostic and statistical manual of mental disorders* (DSM-IV; 1994) contains no diagnostic category uniquely devoted to difficulties with intimacy (such difficulty is not in itself psychopathology), there are links between difficulties with intimacy and a number of disorders. Furthermore, understanding intimacy is important to clinicians because of the clear evidence that problems with intimacy contribute to both physiological and health problems as well as to psychological problems (e.g. Berman & Margolin, 1992; Fisher & Stricker, 1982; Loevinger, 1976; Pennebaker, 1990).

According to Webster's *New Collegiate Dictionary*, intimate means 'belonging to or characterizing one's deepest nature' (1971, 7th ed., p. 444). As Reiss and Patrick (1996) pointed out, the Latin *intimus* means 'innermost' and *intimare* means 'to make the innermost known'. Thus, discussion of intimacy addresses one's deepest nature, one's innermost self, the core of one's being, the *truth* about who one really is – what the poet Yeats called 'heart-revealing intimacy'. Intimacy, therefore, is making one's innermost known, sharing one's core, one's truth, one's heart, with another, and accepting, tolerating the core, the truth, of another. It is being able to tell both the good and the bad parts of oneself, to tell of anger, ambivalence, love; and to accept both the good and the bad parts of another, to accept anger, ambivalence, love. It is to share the self: one's excitements, longings, fears and needs, and to hear of these in another.

This paper begins with discussion of four key abilities required for intimacy, and of how Bowlby's attachment theory (1969/1982, 1973, 1980) and related research contribute to an understanding of the development of these abilities. My proposition is that secure attachment facilitates these abilities. I will first describe both theory and data in relation to this proposition. Next, I discuss attachment, intimacy and sexuality. In the final section, I focus on attachment, intimacy and truth.

FOUR ABILITIES REQUIRED FOR INTIMACY

The ability to seek care

The ability to seek care relates to what attachment theorists call the 'attachment behavioral system', a biologically based system of behaviors, most likely to be activated in times of threat, that results in an individual's gaining or maintaining proximity to an attachment figure (Bowlby, 1969/1982; see Cassidy, 1999a, for a summary). The attachment system is thought to have evolved because individuals who protested separation and sought an attachment figure when threatened were more likely to survive to pass on the genes for this tendency. Although the attachment system has been studied mostly in infants and mothers, Bowlby (1979a) made it clear that attachment is important 'from the cradle to the grave', and that people of all ages do best

when they have a trusted attachment figure, or a few such figures, to whom they can turn in times of trouble.

The reason that seeking care is important for intimacy is that, in the words of poet Robert Hass (1998), 'In this life, the heart is going to be injured'. Life, for all humans, involves times when the innermost core is filled with fear, sadness, anger, grief, and a person will want care because, according to Bowlby, humans are biologically predisposed to want care at such times. Intimacy means sharing those feelings and that wish for care. Thus, for intimacy, the *care-seeking* system – the attachment system – has to be functioning well. A person must be able to turn to others, appropriately selected others, effectively, in times of trouble.

Secure attachment What helps the attachment system function well? Two factors, both related to trust, are important. There are extensive data that secure infants have had experiences with their parents that would contribute to their developing this sort of trust. First, the trust that others are available and sensitively responsive is important. A number of studies report that secure infants, more than insecure infants, have mothers who are sensitively responsive, particularly when the infants are upset and signal for comfort. These mothers have been found to be more accepting, co-operative, available, comforting and tender than other mothers (e.g. Ainsworth, Blehar, Waters, & Wall, 1978; Belsky, Rovine, & Taylor, 1984; Egeland & Farber, 1984; NICHD Early Child Care Research Network, 1997). In fact, a recent meta-analysis examining 66 studies and over 4,000 dyads found what in meta-analytic terms is considered a 'moderately strong' association between maternal sensitivity and secure infant attachment (de Wolfe & van IJzendoorn, 1997).

According to Bowlby, based on the experiences with the mother, the child develops a mental representation (Bowlby calls this a representational model, or an internal working model [IWM]) of the mother. Secure children are thought to develop representations of the parent as loving, responsive and sensitive. There are an increasing number of studies that support this proposition. Main, Kaplan and Cassidy (1985) reported the first work examining attachment and children's mental representations, with a longitudinal sample followed from infancy to age 6. Attachment was assessed in infancy with Ainsworth's Strange Situation procedure (Ainsworth et al., 1978). At age 6, children's mental representations related to attachment were examined. Children were asked to discuss photographs of other children undergoing increasingly stressful separations from their parents (e.g. parents bringing the child to the first day of school, parents leaving for a weekend, parents leaving for a two-week trip). At 6, the stories of children who had been securely attached as babies were more often viewed as reflecting representations of the mother as responsive.

A series of studies has followed. Several researchers have examined attachment representations in pre-school and early school-aged children (e. g., Bretherton, Ridgeway, & Cassidy, 1990; Slough & Greenberg, 1990;

Shouldice & Stevenson-Hinde, 1992; Solomon, George, & De Jong, 1995). The methods of these studies have varied. Some involve doll stories, some photographs. In all cases, the attachment system was activated (the child was hurt, frightened; there was a separation). In all the studies, secure children were more likely than insecure children to have positive representations of the mother as available, responsive, comforting (see Solomon & George, 1999b, for a review). Bowlby (1973) proposed that through the process of generalization secure children come to have more positive representations of others in general.

A second aspect of trust important for a well-functioning attachment system is trust in the self as lovable. According to Bowlby, closely intertwined with the IWM of the attachment figure is the IWM of the self. If, for instance, a child is loved and valued, that child will come to view himself or herself as lovable and valuable. If, however, a child is dismissed or not loved, that child will come to view herself or himself as not lovable and worth little. This notion that people learn about themselves from seeing how others view them is a widely held view within several theories, beginning with the earliest theorizing about the self (Baldwin, 1897; Cooley, 1902; Mead, 1934; Sullivan, 1953).

Data from several laboratories support this notion that secure attachment is associated with positive representations of the self. The first evidence came from Sroufe and Egeland's longitudinal Minnesota Mother-Child Project (Sroufe, 1983). Attachment was assessed in infancy in a large sample of poor children; in pre-school, teachers used three measures to rate children's self-esteem. Pre-schoolers who had been securely attached to their mothers in infancy had higher self-esteem than children who had been insecurely attached. In my own work (Cassidy, 1988), I used doll stories to examine 6-year-olds' representations of the self within the relationship with the mother. Attachment was assessed at age 6 with Main and Cassidy's (1988) reunion procedure. The representations of secure children were more positive than those of insecure children: secure children had representations of the self as valued and worthy of care. Security scale scores were also significantly positively correlated with global self-esteem scores (as assessed both concurrently and three years later; Cassidy, 1988, 1999b). (See Verschueren, Marcoen, & Schoefs, 1996, for similar findings with a sample of children from the Netherlands.)

Thus, there are converging data that securely attached children have had positive experiences when they turned to others for care. And I propose that these experiences foster their capacity for intimacy by making them comfortable and confident in seeking care, and by contributing to positive mental representations of others as caring and of themselves as worthy of care. Secure individuals thereby bring a set of expectations into new relationships – expectations that others are accepting of them and their imperfections – and through a variety of self-fulfilling mechanisms, these positive expectations contribute to intimacy.

But what of children whose experiences of turning to others for care have not been positive? Attachment researchers have identified three patterns of insecure attachment. I now discuss each of these in relation to capacities for seeking care.

Insecure/avoidant attachment In Mary Ainsworth's pioneering naturalistic observation studies of mothers and infants, a group of babies was identified whose bids for comfort were rejected (approximately 25%; Ainsworth, 1967; Ainsworth et al., 1978). The mothers of these babies were also uncomfortable with close bodily contact. Main and Solomon (1986) proposed that infants in a caregiving environment in which activation of their attachment system consistently led to painful rejection might develop a strategy in which their attachment system was activated as little as possible. Such a strategy would be adaptive to their circumstances. (For discussion of avoidance as a defensive process, see also Ainsworth et al., 1978; Cassidy & Kobak, 1988; and Main, 1981a, 1990.)

There are both infants and adults who appear to suppress activation of the attachment system – who have trouble seeking care. Laboratory studies of babies separated from their mothers have revealed that some babies do not seek the mother for comfort or even interaction on reunion as most infants do. These infants instead actively avoid the mother and become focused on toy play. Bowlby (1980; see also Ainsworth et al., 1978; and Main, 1981a) proposed that sight of the mother might activate the attachment system – which ordinarily leads the infant to engage in bids for contact and comfort – *but* because the past expression of such bids has been met with painful rejection, the baby has learned to turn defensively toward play activity. The notion that this play activity is different from genuine play is supported by physiological data. Whereas the heart rate of babies truly interested in play typically decreases, the heart rate of these babies does not decrease, suggesting a lack of true focus on the play (Spangler & Grossmann, 1993). Thus, it seems that these infants are not shifting attention *to* the toys, but rather *away from* the mother. Bowlby (1969/1982) borrowed the term 'diversionary activity' from the ethologists to describe this behavior.

Evidence that avoidant children have difficulty seeking care also comes from several additional studies of young children. In one study examining infant behavior in the Strange Situation, observations of the communication patterns of mother–infant dyads revealed that avoidant infants communicated directly with their mothers only when they (the infants) were feeling well. When distressed, these infants tended not to directly signal the mother, and they did not seek bodily contact (Grossmann, Grossmann, & Schwan, 1986). In another study of infants during the Strange Situation, avoidant infants did not make visual contact with the mother when they were aroused, but only in situations with low emotional distress (Spangler & Grossmann, 1993). Findings from this study converge well with findings from a third Strange Situation study in which insecure/avoidant infants, even though they

were just as likely as some secure infants to be distressed during separation from mother, were less likely to seek comfort from (or even interaction with) the mother on reunion, but engaged instead in *self*-soothing behaviors (Braungart & Stifter, 1991). In another study, avoidant children similarly masked negative affect, this time in a social situation – a tower-building game – with an adult stranger (Lutkenhaus, Grossmann, & Grossmann, 1985). Children's affective reactions to winning and losing this competitive building game were analyzed. The avoidant children manifested sadness about losing during the game, but not when the game was over and the experimenter was available for social communication. In fact, during the social communicative exchange, there was a tendency for the avoidant children to replace sadness with smiling. In contrast, securely attached children showed their sadness *after* the game when the adult was more available. Thus, even though avoidant children felt and displayed sadness, they did so only when there was no child–adult eye contact, thereby precluding any comfort or reassurance the adult might offer.

As Bowlby's claim that representations are largely experience-based would lead one to predict, the attachment-related representations of avoidant children are not as positive as those of secure children. In one study, 3-year-olds were presented with hypothetical vignettes in which a peer caused something negative to happen to the same-sex child story protagonist. When asked what the mother in the story would do in response to this situation, children who had been avoidant infants were significantly less likely than other children to describe a supportive maternal response (Cassidy, Kirsh, Scolton, & Parke, 1996). Findings from another study in which avoidant children had difficulty remembering stories (in a laboratory task) involving mothers who were responsive to distress also suggests that these children may lack representations of their mothers as supportive (Kirsh & Cassidy, 1997). Representations related to separation and reunion also reflect less optimal experiences. In Main et al.'s (1985) study asking 6-year-olds about photographs of separation, children who had been avoidant infants were unable to suggest how children might cope with separation (see also Shouldice & Stevenson-Hinde, 1992). In another study, a similar pattern emerged for avoidant 6-year-olds: fears about separation were not expressed directly, and reunions were hampered by psychological unavailability of family members or by delay and distraction (Solomon et al., 1995).

The representational model of the self of avoidant children has also been found to be problematic. I have used a doll stories procedure to assess 'children's representation of the self in relation to attachment' (Cassidy, 1988). The stories of children classified insecure/avoidant to mother at age 6 reflected representations of the self as lacking a supportive relationship with the mother: The doll protagonist was isolated and/or rejected and the importance of relationships was denied; the existence of conflict was denied in stressful situations, as was the need for help; and when there was a successful resolution, it was brought about entirely by the child. In the same study,

avoidant children responded to a puppet interview with descriptions of themselves as perfect in every way, even when repeatedly pressed for possibly diverse descriptors. This claim of perfection is viewed as a form of defensive idealization of the self by a child who fears rejection should any imperfection be found.

There are also data showing that adults with an insecure/avoidant romantic attachment style have trouble seeking care. Simpson, Rholes and Nelligan (1992) asked dating heterosexual couples to come to the laboratory. Participants were told that the female partner of the couple would soon be subjected to a stressful experimental procedure, and were surreptitiously observed while waiting for the procedure to begin. Findings revealed that unlike secure women, insecure/avoidant women failed to seek care (defined as failing to share their concerns with their partners), and in fact withdrew from their partners as they became more anxious. In another laboratory study, Collins and B. C. Feeney (2000) asked one member of a dating couple to disclose a personal problem or worry to his/her partner. Avoidant attachment predicted ineffective (i.e. indirect) support-seeking. Similarly, in a naturalistic observational study of couples separating at the airport, Fraley and Shaver (1998) found that insecure/avoidant women were less likely than secure women to express their anxiety and seek comfort from their partners; avoidant women were, instead, more likely to pull away or withdraw from their partners. A number of additional self-report studies also have found that avoidant adults are less likely than secure adults to seek support in response to stress. For instance, in a study about responses to the missile attacks on Israel during the Gulf War, Mikulincer and his colleagues (Mikulincer, Florian, & Weller, 1993) found that avoidant adults were less likely to seek support from others, but instead used a strategy of distancing themselves from the threat (by trying to 'forget the whole thing') (see also Mikulincer & Florian, 1995; Ognibene & Collins, 1998; Pierce & Lydon, 1998).

Insecure/ambivalent attachment Ainsworth (Ainsworth et al., 1978) observed that the mothers of insecure/ambivalent infants were inconsistent: sometimes loving and responsive, but only when they could manage, not in response to the infant's signals. An adaptive strategy for an infant whose mother was sometimes responsive, but other times too preoccupied, too overwhelmed, or too inept to respond would be staying near (Main & Solomon, 1986). Because the infant cannot count on the mother to monitor its needs, clinging and monitoring closely her availability becomes a good strategy, so that if need for the mother does arise, the infant will have quick access to her. Bretherton (1985) described this as the infant's having to take on more than its share of the burden of maintaining the connection. This pattern has been described in terms of hypervigilance and hyperactivation of the attachment system. It is the child's lack of confidence in the caregiver's availability if needed that is thought to contribute to the child's hypercareseeking, the aim of which is to gain quick access to the mother.

The Strange Situation behavior of infants classified as ambivalent is characterized by extreme distress on separation and difficulty in calming on reunion; these infants display angry, resistant behavior toward the parent (Ainsworth et al., 1978). This heightened negative emotionality can be viewed as a component of the child's strategy to gain the mother's attention (Cassidy, 1994; Main & Solomon, 1986). The negative emotionality of the insecure/ambivalent child may be exaggerated and chronic because the child recognizes that to relax and allow herself or himself to be soothed by the presence of the attachment figure is to run the risk of then losing contact with the inconsistently available parent. A history of exaggerated negative emotionality may explain findings revealing that these children have trouble maintaining a boundary between another person's distress and their own (Kestenbaum, Farber, & Sroufe, 1989). An additional strategy may involve fearfulness in response to relatively benign stimuli. Through exaggerated fearfulness, the infant increases the likelihood of gaining the attention of a frequently unavailable caregiver should true danger arise (Main & Hesse, 1990). However, the critical research needed to demonstrate a heightening of negative affect – or indeed a heightened activation of the attachment system – by ambivalent infants does not exist. With the avoidant pattern, consistent evidence of minimization of negative affect does exist; avoidant infants and adults can feel negatively aroused while suppressing expression of such feelings (albeit with varying degrees of success; Dozier & Kobak, 1992; Fraley & Shaver, 1997; Grossmann et al., 1986; Lutkenhaus et al., 1985; Malatesta, Culver, Tesman, & Shepard, 1989). Comparable evidence in relation to the ambivalent pattern would consist of a demonstration that the ambivalent individuals show *greater* negative reactivity than they actually feel. The operationalization of 'heightening' has not yet been attempted.

A child with the experiences typical of ambivalent infants might develop a representation of the mother as inconsistently available, and of the self as able to gain care only by sending exaggerated signals of need. Studies examining the representations of young children have not yielded a consistent picture for the ambivalent group (which may be due in part to the small number of children typically classified in this group). In one study, whose findings can be interpreted as reflecting a representation of the mother as relatively unavailable, the parent-child reunions of ambivalent six-year-olds were characterized by 'delay and distraction' (Solomon et al., 1995). (See Cassidy & Berlin, 1994, for a review of both child and parent behavior associated with this pattern.)

In adult romantic attachments, this hyperactivation is manifested as a seeming insatiability for closeness. Ambivalent adults describe desires to merge with a partner (Hazan & Shaver, 1987); they portray themselves in relationships in ways classified as 'preoccupied' (J. A. Feeney & Noller, 1990); and they are particularly upset by relationship breakups (J. A. Feeney & Noller, 1992). The heightened desire for closeness reflects an impairment of the attachment system that would be likely to interfere with intimacy,

because to expect someone else to fill all one's needs, to be utterly dependent on another, to be threatened by another's natural autonomy strivings, is bound to lead to ambivalence and resentment in both partners.

Insecure/disorganized attachment A third more recently identified group of insecure infants and children is becoming better understood following increased research involving high-risk samples: the insecure/disorganized group (Cassidy & Mohr, in press; Hesse & Main, 2000; Lyons-Ruth & Jacobvitz, 1999; Main & Hesse, 1990; Solomon & George, 1999a; van IJzendoorn, Schuengel, & Bakerman-Kranenburg, 1999).¹ These children have had experiences of maternal behavior that is so frightening or unpredictable that they could not develop an organized, strategic response to it, and so the attachment system is behaviorally disorganized. It may be these insecure/disorganized children who have the most severe difficulties related to seeking care. Because their mothers are frightening to them, they have been placed in a very difficult position. Frightening behavior by a parent activates simultaneous inevitably competing tendencies: to flee *to* the parent as a haven of safety, and to flee *from* the parent as a source of alarm. In this paradoxical situation no organized behavioral strategy is available. Neither proximity-seeking nor proximity-avoiding is a solution. The baby must seek care from a person who frightens him or her. The baby is in a terrible position that cannot be resolved, a position evident in the baby's behavioral response to reunion in the Strange Situation: freezing, disorientation, disorganization (Main & Hesse, 1990; see Main & Solomon, 1986, for a description of the behavioral indices of disorganization in infants).

The mental representations that children classified insecure/disorganized have both of themselves and their mothers are hostile, violent, incoherent, frightening. For example, in a study in which I interviewed children about themselves (Cassidy, 1988), I asked a 6-year-old what she 'hoped happened to her when she grew up'. She responded that she hoped she would 'get hit by a car'. In a narrative procedure within the same study, I told children a story about a mother and child having a minor conflict about the dinner menu, and asked what the mother would do next. One boy from this group answered, 'She would throw the boy in the garbage dump.' The story responses of another disorganized child involved furniture flying across the room; in another, all family members died violently (see also Bretherton et al., 1990; Hodges & Steele, 2000; Solomon et al., 1995).

Summary Secure attachment is associated with positive care-seeking in both children and adults. In Ainsworth's Strange Situation, when secure babies are distressed, they are direct and clear in their careseeking. They seek contact with little or no avoidance or resistance. They are soon calmed and return to play. If secure babies are not particularly distressed on separation, they are less likely to seek contact; they may be satisfied with proximity or with interaction across a distance. Furthermore, secure attachment

is associated with children's mental representations of the mother as supportive and helpful, and of the self as worthy of care. This does not appear to be the case for insecurely attached children. Although the three types of insecure attachment differ in many ways, each is likely to interfere with successful seeking of care and thus to impair the capacity for intimacy. In adulthood, there is also evidence that security is associated with the ability to seek care. Furthermore, there is evidence that adult care-seeking relates to adults' own (retrospectively self-reported) childhood experiences with their parents (J. A. Feeney & Noller, 1990; Hazan & Shaver, 1987; Mikulincer et al., 1993).

The ability to give care

Giving care means being available – to children, to an adult romantic partner – in times of trouble. It means being able to recognize when the person needs care, and doing what it takes to provide it. Giving care means being loving: being respectful of the truth of another, accepting of a range of ways of being, ways of feeling. It involves openness, flexibility, acceptance.

The reason that the ability to give care is important for intimacy is *that giving care contributes to one's partner's being able to be intimate*. Being a secure attachment figure for another, being a source of comfort, allows another person to turn to one in times of trouble, to share needs and longings. The willingness to be flexibly accepting of many aspects of the partner will naturally enhance the partner's willingness to express himself or herself openly and honestly, and so fosters intimacy. A demanding, controlling stance, an overly fragile stance, anything that restricts what is acceptable within a relationship can limit the partner's willingness to be open about all aspects of his or her true self.

How does this ability to give care develop? According to attachment theory (Bowlby, 1988), it develops largely within the context of having been cared for. As Fraiberg (1980) noted: 'We do unto others as we were done to.' Conceptually, this linkage between attachment and caregiving has been examined most in relation to caregiving to children (e.g. Cassidy, 1999a; George & Solomon, 1999). For instance, Sroufe and Fleeson (1986) pointed out that babies learn both sides of important early dyadic relationships – at the same time that they learn what it is like to be a baby in a relationship, they learn how it is that the caregiver is. The most compelling evidence for this claim that the early care *received* contributes to later care *given* would emerge from prospective longitudinal studies in which parenting was observed in adults whose own infant attachment history had been previously examined. According to attachment theory, adults who, as infants, had had experiences with a sensitive, responsive caregiver would give such care to their own infants. Conversely, adults who, as infants, had had negative experiences, would be likely to be at higher risk for being insensitive to their own infants – even though the clinical and empirical literatures are clear that this is not

an inevitable pathway (Pearson, Cohn, Cowan, & Cowan, 1994; Phelps, Belsky, & Crnic, 1998). There are as yet no prospective longitudinal data, though infants observed in several samples are close to reaching the age when they will become parents (e.g. Main's Berkeley sample, Egeland & Sroufe's Minnesota sample, the Grossmanns' German sample). Data from these studies will provide important insights. The extent to which the childhood care received predicts adult care given to a *romantic partner* has been much less considered and examined (yet see Hazan & Shaver, 1987; Carnelley, Pietromonaco, & Jaffe, 1996).

There are, none the less, several relevant studies of children and adults that suggest that security is associated with the ability to provide care. In children, two sets of studies are relevant. First, a series of studies has found that securely attached children behave in ways that reflect skills related to positive caregiving. For instance, Main (1981b) observed toddlers playing in a laboratory when a clown entered and cried in distress. Toddlers securely attached to mother showed more 'concerned attentiveness' to the crying clown than did insecurely attached children. Other studies have found evidence that secure children are more prosocial, less aggressive and less hostile (Lyons-Ruth, Alpern, & Repacholi, 1993; Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989; Suess, Grossmann, & Sroufe, 1992; see Belsky & Cassidy, 1994, for a review). Second, studies of sibling relationships offer insight into attachment security and caregiving. In one study, pre-school children who were securely attached to their mothers were more likely to soothe and give care to a toddler sibling who was distressed during parental separation (Teti & Abalard, 1989). In another study, 6-year-olds who had been secure infants were less aggressive to siblings than were children who had been insecure infants (Volling & Belsky, 1992).

Studies of adults have also reported a connection between security and the sensitive provision of care. The caregiving of mothers to their infants, for instance, has been found to be linked to mothers' own security. In several studies, secure mothers, identified with the Adult Attachment Interview as having 'a coherent state of mind with regard to attachment' when discussing their own early attachment experiences (George, Kaplan, & Main, 1985/1996), have been found to provide more sensitive care to their children (see van IJzendoorn, 1995, for a meta-analytic review).

A series of studies of adult caregiving within romantic relationships – both laboratory and naturalistic studies – has found a similar relation between security and the ability to give care. Simpson and his colleagues (1992), in the laboratory study where couples were surreptitiously observed while waiting for the woman to participate in a stressful procedure, found that secure men were more likely than insecure men to provide supportive attention to their partner. During a similar laboratory task requiring discussion of a stressful event, Collins and B. C. Feeney (2000) found that secure individuals were more likely to offer care and support to their partners. In another study, B. C. Feeney and Collins (2000) experimentally manipulated romantic partners'

needs for support during a stressful laboratory situation and found that secure caregivers were more responsive to their partners' needs than were insecure caregivers (see also B. C. Feeney & Collins, 1998). Kobak and Hazan (1991) reported similar findings: when married couples were engaged in a laboratory problem-solving task, secure husbands were less rejecting and more supportive. Converging findings emerged from naturalistic studies of adult romantic relationships. Fraley and Shaver (1998), in the observation study of couples separating at the airport, reported that insecure women were less likely to comfort their partner (e.g. attend to him, hold his hand). Two studies, one by Kuncze and Shaver (1994) with a student sample, and one by J. A. Feeney (1996) with married couples, found that in their daily lives, secure adults offered their partners more sensitive care than insecure adults; Insecure adults either did not offer support even though they knew their partner wanted it, or were inept and insensitive when offering care. (See also Carnelley et al., 1996, for related findings.)

In sum, research findings from studies of children, mothers and romantic partners support the claim that this second ability important for intimacy – the ability to give care – does, like the ability to seek care, emerge in part from secure attachment.

The ability to feel comfortable with an autonomous self

Kent Hoffman (personal communication, 1997), a clinical psychologist and researcher working with attachment theory, quoted the poet Rilke: 'Love consists in this, that two solitudes protect and touch and greet each other.' Hoffman continued: 'What he is saying is that for genuine intimacy to exist, it is first essential that there be two separate, autonomous selves willing to both make contact and honor difference.' Autonomy is important for intimacy because to permit oneself to become truly close to another person, one must have confidence in the autonomy of both the self and the partner so that one is free from fear of engulfment (Erickson, 1950). To permit this autonomy, one must in turn have confidence that separation will not result in the irrevocable loss of the partner (Holmes, 1997). The notion that autonomy is necessary for good close relationships is a key component of a variety of theoretical perspectives (e.g. Bowlby, 1988; Erickson, 1950; Minuchin, 1974; Winnicott, 1958).

Secure attachment is thought to facilitate comfort with autonomy. Mothers of secure infants are thought to provide their infants with 'a secure base from which to explore' (Ainsworth et al., 1978). This notion is central to attachment theory. In fact, the title of Bowlby's final collection of clinical writings is *A secure base* (1988). It is notable that the phrase is not 'a secure base to which to cling'. It is the moving away, the exploring, the enjoyment of autonomous activity, that is emphasized. *Why* does security contribute to the ability to explore and be autonomous? Because the secure infant is confident of ready accessibility to the mother if trouble arises. This confidence in turn

means the infant does not have to overly monitor the mother's whereabouts, and can turn his or her attention to enjoying autonomous exploration (Ainsworth et al., 1978). Evidence from several studies supports the notion that securely attached children are more autonomous than insecurely attached children. For example, Hazen and Durrett (1982) found that infants securely attached at 12 months explored more autonomously in an unfamiliar multiroom laboratory playhouse at 2½ years of age. Four longitudinal studies have also provided evidence of a link between security and autonomy. In one, Cassidy and Main (1984) examined the ability of 6-year-olds to tolerate a brief laboratory separation from their parents. Children had been in the room with their parents for an hour while they watched a film and had a snack. Parents were then asked to leave the room, and the friendly experimenter said that they would return in a few minutes. Children who had been insecurely attached to their mothers five years previously were significantly more likely to become distressed during this brief separation. In another study, pre-schoolers who had been securely attached as infants were less dependent on their teachers in the pre-school than were children who had been insecurely attached (Sroufe, Fox, & Pancake, 1983). In a later study of the same children, 10-year-olds who had been securely attached were found to be less dependent on their summer camp counselors (Urban, Carlson, Egeland, & Sroufe, 1991). In a fourth study, 5-year-old Israeli kibbutzim children who had been securely attached to the caregiver as infants were more independent than those who had been insecurely attached (Oppenheim, Sagi, & Lamb, 1988).

One group of children – the insecure/ambivalent group – is characterized by particularly poor autonomy during exploration. These children show restricted exploration of the general environment (e.g. Cassidy, 1986; Hazen & Durrett, 1982), less focused attention and less competence during toy play (e.g. Belsky, Garduque, & Hrncir, 1984; Matas, Arend, & Sroufe, 1978), and greater fear and inhibition during peer play (e.g. Erickson, Sroufe, & Egeland, 1985) (see Cassidy & Berlin, 1994, for a review). According to attachment theory (Ainsworth et al., 1978; Bowlby, 1988), this relatively low autonomous exploration would result from turning attention away from the environment and toward the mother, provoked by uncertainty about her availability.

Maternal sensitive responsiveness to the infant's wishes for/interest in exploration will also relate to the infant's comfort with an autonomous self. As Ainsworth (1984) noted, 'Among a child's behavioral cues are those indicating that he enjoys the adventures of exploring, he dislikes being interrupted when absorbed in autonomous activity, and he is gratified when he masters a new skill or problem on his own. A parent cannot be truly sensitive to a child's cues if she ignores these' (p. 568). Infants whose bids for exploration are resented, controlled, or interfered with, who are made to feel guilty when they explore, or who are abandoned in retaliation by an angry mother will have difficulty with intimacy. If an infant learns that to be close

to another is dangerous in these ways, naturally that infant would come to be suspicious of closeness. (See Bretherton, 1990, and Cassidy & Berlin, 1994, for further discussion of maternal sensitivity to infant interest in exploration.)

In a recent chapter, Fonagy (1999) asked: 'Does intimacy grow out of autonomy or autonomy out of intimacy?' (p. 618). I assume that he would agree that the answer to both parts of his question is yes. The earliest abilities to be autonomous are fostered by a secure intimacy with the parent (Cassidy & Main, 1984); the later capacities for intimacy in turn are fostered by capacities for autonomy. Holmes (1997) made a similar proposal, pointing out an 'apparent paradox – autonomy based on intimacy, intimacy a prerequisite for autonomy' (p. 240).

The ability to negotiate

According to Hoffman (1997, personal communication): 'Intimacy does not mean closeness, but means the ability to negotiate closeness.' Similarly, according to Prager (1995), 'to enjoy smoothly functioning relationships, most relationship partners must eventually negotiate how much intimate contact they will have' (p. 276). One reason for this relates to basic baseline differences. People vary in the amount of closeness they prefer (Buhrmester & Prager, 1995; McAdams, 1982). Some variation is likely to be due to innate biological differences, and some to experiences. Two people may have quite different thresholds for closeness, and the ability to negotiate this honestly is the capacity for intimacy. A second reason relates to the fact that even if two people have relatively similar basic thresholds for closeness, they are not always going to be in perfect synchrony with each other. They will have different goals; their priorities may differ. One person's attachment system may be activated while the other person's exploratory system is activated. On a Saturday morning, one person wants to cuddle, while the other wants to go to the hardware store. One person seeks care, and the other does not feel like giving it at that moment. For intimacy, negotiation is a crucial skill. Failure to negotiate keeps a partner at a distance; it is not intimate because it means not sharing one's wishes and feelings. There are many pathways that would lead a person to want to block intimacy (see Prager, 1995). When a person wishes to block intimacy, failure to negotiate is an effective strategy. (For further discussion of negotiation of intimacy, see Baxter & Simon, 1993, and Christensen & Shenk, 1991.)

How do people learn to negotiate? Again, I propose that this learning occurs within the context of the infant-mother relationship which is full of negotiation, all day long. (During the early months, negotiation takes place much of the night as well!) A mother and an infant often have different goals. A mother wants to open her mail, brush her teeth, talk to the plumber, put the baby in the car seat, pay a bill, get dressed for a party. An infant wants to be picked up, to be entertained, to be fed, *not* to be put in the car seat, to climb on the mother's back, to go outside. Opportunities for learning about

negotiation are constantly present between mothers and babies. As infants grow, they develop a capacity to negotiate, and mothers make more demands that they wait, compromise, share, negotiate. (For discussion of what Bowlby [1969/1982] called the 'goal-corrected partnership' see Marvin, 1977, and Marvin & Britner, 1999.)

When a child experiences productive negotiation, that child's wishes are heard and understood; the right to have wishes and preferences is acknowledged; the right to negotiate is acknowledged; the child is not attacked or resented every time her or his wishes differ from the mother's; the mother's wishes are clear most of the time; the child's right to be angry, sad, disappointed, or frustrated is acknowledged; a joint plan is made and respected; a mutually satisfying deal is struck; promises are kept ('I'll play with you after I put the roast in the oven'); the child gets things the way he or she wants them some of the time. These are things thought to happen within a secure attachment (see Ainsworth et al., 1978; Bretherton, 1990). And I propose that these kinds of repeated experiences with successful negotiation render one a better negotiator in future relationships. (For reviews of data showing that children learn negotiation skills from parents and then apply them in later relationships, see Cole, Baldwin, Baldwin, & Fischer, 1982; Cooper & Cooper, 1992; and Maccoby & Martin, 1983.)

Having had good experiences with negotiation is useful for later competent negotiation. What else helps? Trust that the relationship is solid, that it can stand the stress of negotiation, that it is not so fragile that negotiation will destroy it. Trust in others. Trust in the self. Knowledge of the self; to negotiate for what one wants, one must *know* what one wants. And, as I described earlier, trust in others, in the self, and in the relationship (all of which are related to positive representations of others, the self and relationships) stem in part from secure attachment.

Empirical evidence of a connection between secure attachment and negotiation emerged from a laboratory study in which adolescents and mothers were asked to discuss and try to resolve an issue about which they disagreed. These problem-solving discussions can be viewed as a type of negotiation. The discussions of secure adolescents were characterized by less dysfunctional anger, less avoidance of problem-solving, and a balanced assertiveness with their mothers (Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993).

Still another way in which secure attachment helps negotiation is that in adulthood, according to Kobak (personal communication, 1998), security gives an individual the capacity to tolerate the inevitable times when a partner fails – without becoming excessively defensive or angry. A core of secure attachment helps an individual deal with disappointment in ways that do not prevent future intimacy. Several studies have examined negotiation in adult romantic couples, and have reported connections between secure attachment (as assessed with self-report measures of romantic attachment style) and good negotiation. In a study by Feeney and her colleagues (Feeney, Noller, & Callan, 1994), secure individuals were less likely than individuals with high

anxiety about relationships to describe their marital conflicts as 'lacking in mutual negotiation' (see also J. A. Feeney, 1994). In another study, secure adults were more likely than others to report using 'integrative, win-win' negotiation strategies in which the wishes of both individuals were considered as was maintenance of the relationship (Pistole, 1989).

ATTACHMENT, INTIMACY AND SEXUALITY

Complex interconnections exist among attachment, intimacy and sexuality. Sexuality is, of course, linked to intimacy starting in adolescence. 'Being intimate' can be a euphemism for having a sexual relationship. As for relating to a person's 'innermost self', sexual behavior is associated with the emotions of pleasure, joy, passion and longing that are among the most intense feelings one experiences and that surely emerge from one's innermost self. People generally have sex with those with whom they are intimate. People generally become intimate with those with whom they have sex.

Sex is also linked to *attachment* starting in adolescence. Examination of the data on timing of first sexual activity in adult relationships (on average, following 7 dates) and the data on the timing of coming to view an adult partner as an attachment figure (on average, after two years; Hazan & Zeifman, 1994), suggests that over the course of relationship formation, people have sex with people to whom they are not yet attached. Increasing evidence, however, suggests that sexual behavior fosters the tendency for the two people to become attached to each other.

The physiology of attachment and sexuality

Evidence has emerged, primarily from research with non-human mammals, that oxytocin, a posterior pituitary peptide, may be a mechanism through which sexual activity facilitates adult attachment. Oxytocin is related to the development of three important bonds: the infant's attachment to the mother, the maternal bond to the infant, and the adult sexual bond. For instance, evidence that oxytocin release is actively involved in the infant's social interaction with the mother comes from research with rats. Oxytocin release seems to be associated with the calming that infants display during social contact, seems to greatly reduce the ultrasonic vocalizations that infant rats typically emit when separated from their mothers, and is required for the development of some pre-attachment processes, such as a baby's recognition of the mother's odor (Nelson & Panksepp, 1996; Singh & Hofer, 1978; see Carter, 1998, for a review). Oxytocin may also play a role in maternal bonds to infants. When females in many mammalian species give birth, high circulating levels of estrogen trigger the proliferation of oxytocin receptors in many forebrain areas. Changes in oxytocin receptors may be related to induction of maternal behavior: administration of oxytocin to virgin female rats

results in a sudden surge of maternal behavior; blocking oxytocin in new rat mothers interferes with maternal behavior (Nelson & Panksepp, 1998). Thus, in these two intimate, powerful, emotionally significant, individual-specific bonds – infant to mother and mother to infant – oxytocin seems to play a role in bond formation. If oxytocin also plays a role in attachment formation in adult romantic partners, sex may play a role because for several mammalian species, including humans, a large surge in oxytocin accompanies orgasm for both males and females (Carter, 1992).

The brain opiod theory of social attachment has received much empirical support and is also relevant (e.g. Panksepp, Siviy, & Normansell, 1985). Social contact can induce the release of opioids, and opioids result in powerful reduction of separation distress. Opioids are rewarding: stimuli associated with them come to be greatly preferred, and this preference is slow to extinguish. According to Hazan and Zeifman (1999):

Opiod conditioning would be expected to be the result of repeated anxiety and/or tension alleviating interactions. Exchanges of this kind are a common feature of both infant–caregiver and adult romantic relationships. When a parent comforts a crying infant, the parent becomes associated . . . with the alleviation of distress. Similarly, through repeated comforting exchanges, including the release of tension brought about by sexual climax, a lover comes to be associated with stress reduction and calming. *Relationships that develop into attachment bonds appear to be those in which heightened physiological arousal is repeatedly attenuated by the same person and in a context of close bodily contact. As such, attachment may involve the conditioning of an individual's opiod system to the stimulus of a specific other.* (italics added; p. 350)

An evolutionary perspective

The sexual system is, of course, biologically adaptive, just as the attachment system is; its activation typically ensures the creation of offspring who carry the individuals' genes forward into future generations. Yet what would explain the evolutionary processes that linked the sexual system and the attachment system? Why would it be biologically, evolutionarily advantageous – that is, contributing to humans' reproductive fitness – for sexual activity to foster the process of becoming attached in adulthood? To become attached to a sexual partner is adaptive because the attachment system then serves to keep the couple together, which, biologically, is important because it means that two people rather than one can protect the resulting offspring and ensure their survival. It may well be the case that the sexual system serves to keep partners together long enough for their attachment systems to become organized around each other. Once the sexual system is not such a powerful force in keeping a couple together, the attachment system can exert considerable force in uniting the couple.

Given the complexities of sex within a relationship, and given the close ties to the attachment system – and particularly because the attachment system develops first and influences representational models – it is reasonable to expect that individual differences in attachment would relate to individual differences in sexual behavior. Main (1990) has noted that because humans have evolved with the capacity to adjust to environmental variation, individual differences in attachment quality can be viewed in part as adaptations to the particular caregiving environment in which the individual finds himself or herself. The same can be said about individual differences in sexual behavior: Such differences can be viewed in part as environmental adaptation (see Buss & Schmitt, 1993; Daly & Wilson, 1988). Furthermore, it seems reasonable to assume that evolutionary pressures would contribute to a process whereby, given a stable environment, what an individual learns about attachment from early relationships would prove useful (that is, would enhance the individual's reproductive fitness) when making decisions about later attachment and sexual relationships.

What empirical evidence documents a link between the attachment and the sexual behavior systems? Does, for instance, a child's attachment history influence his or her later (adolescent and adult) sexual behavioral system? Studies from a number of laboratories have revealed such influence among primates (Harlow & Harlow, 1965). In humans, Belsky and his colleagues described ways in which early attachment experiences may contribute to the nature and onset of subsequent sexual activity (Belsky, Steinberg, & Draper, 1991). For example, Sroufe and his colleagues reported links between secure infant–mother attachment and later (pre-adolescent) gender boundary maintenance, which is thought to be a precursor of later competent sexual behavior (Sroufe, Bennett, Englund, & Urban, 1993). In another study using adults' retrospective reports, greater maternal rejection in childhood was associated with adult sexual promiscuity (Brennan, Shaver, & Tobey, 1991).

What about reciprocal influences in adulthood? Is there evidence of an association between the attachment and the sexual systems? There are as yet few studies. In the most comprehensive study, Hazan and her colleagues found associations of self-reported attachment style and the frequency and enjoyment of various sexual behaviors in a sample of 100 adults (Hazan, Zeifman, & Middleton, 1994). Secure adults were more likely to be involved in mutually initiated sexual activity and to enjoy physical contact than were other adults. This sexual activity was in the context of a primary relationship: Secure adults were less likely than others to be involved in one-night stands or to engage in sex outside the primary relationship. Anxious/ambivalent females reported greater involvement in exhibitionism, voyeurism and dominance/bondage, whereas anxious/ambivalent males reported sexual reticence (see also Feeney, Noller, & Patty, 1993, who reported similar findings about anxious/ambivalent males). Avoidant adults reported less enjoyment of physical contact, and their sexual behaviors were more likely to be those with

low psychological intimacy (one-night stands, sex outside the relationship, sex without love). A similar picture of avoidant adults emerged from two other studies: Feeney and her colleagues (1993) found them to have more accepting attitudes toward casual sex than others, and Brennan and Shaver (1995) found them more likely to engage in one-night stands and to agree with the notion that sex without love is pleasurable.

Stability and change

Thus far, I have built a model where early experiences with secure attachment increase later capacities for intimacy. I also propose that if a person has not had a history of secure attachment but has been able to forge secure attachments later in life and/or in some way rework representational models, the capacity for intimacy will be enhanced. Schore (1994) argued that the parts of the brain most central to early attachment processes are 'the most plastic areas of the cortex', allowing, to an extent as yet unknown, for continuing reorganization throughout life. Attempts to understand this process – why and when reorganization is possible and why and when it is not – will offer fascinating and important opportunities for addressing key developmental and clinical questions.

It may be that the time of pair-bonding – related to procreation of offspring and an important time for reproductive fitness – is a time when attachment-related neural pathways are particularly open to change. Nelson and Panksepp (1998) reviewed the evidence that gonadal steroids exert strong regulatory influence on opioids, oxytocin and vasopressin, and concluded that this influence may be one mechanism of change:

The onset of puberty and large-scale increases in the synthesis and secretion of gonadal steroids could exert widespread changes and shifts in emphasis throughout the proposed affiliative circuitry of the brain. This circuit would also undergo functional changes during other periods of time when gonadal steroids were elevated such as during mating and pregnancy . . . Many studies now indicate that both early and later modifications of brain affiliative systems do occur, and it may be time to empirically reassess the role of critical or sensitive periods in the manifestations of affiliative circuits with the brain and psychobiological dispositions of mammals. (p. 444)

Thus it may well be that new, adult attachments, in association with physiological processes related to sexual behavior, may facilitate new capacities for intimacy and secure attachment where few existed previously.

In the past, theorists (e.g. Bowlby, 1979a; Main & Goldwyn, 1998) have regarded the reworkings of mental representations that sometimes occur in adolescence and adulthood as resulting from cognitive development, from a change in representational processes and the development of formal operations. It is useful to consider whether it may be – as Nelson and Panksepp

(1998) proposed – that physiological changes associated with elevated gonadal steroids during puberty, mating, and pregnancy, also play a role in facilitating a reorganization of brain representations and brain circuitry related to processing attachment-related information.²

TRUTH, LIES, AND INTIMACY

Earlier, I noted that intimacy is defined as sharing one's 'deepest nature', making one's truth known. I have joined others (e.g. Bartholomew, 1990; Reiss & Patrick, 1996) in proposing that secure attachment is related to intimacy. I now attempt to build a case that secure attachment is also very much related to truth.

Maternal representations, maternal behavior and infant attachment: A model

From Bowlby's earliest theorizing, a model of infant attachment has been evident. Quality of infant attachment is thought to be largely influenced by the nature of the infant's actual experiences with the mother, 'in fact far more strongly determined by a child's actual experiences throughout childhood than was formerly supposed' (Bowlby, 1979a, p. 117). Furthermore, Bowlby (1988) proposed that maternal behavior is, in turn, guided by the mother's own representations of and experiences with attachment. (See Figure 1.) Empirical support exists for all three paths of this model. The greatest amount of research has been conducted in relation to the connection between maternal behavior and infant attachment (path b). This connection was the focus

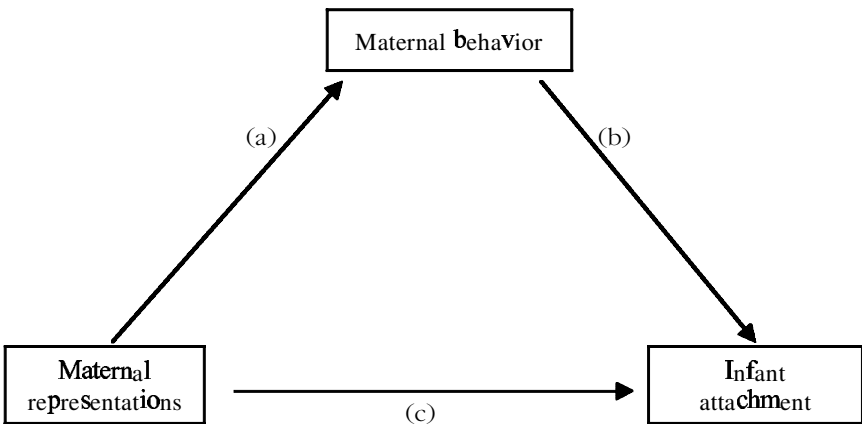


Figure 1 Maternal representations, maternal behavior and infant attachment

of Ainsworth's pioneering Baltimore home observation study which examined mothers and infants during the first year of life (Ainsworth et al., 1978). The recent meta-analysis of 66 studies with over 4,000 dyads (described earlier) revealed evidence of this connection (de Wolfe & van IJzendoorn, 1997). Evidence of a connection between maternal representations (as assessed with the Adult Attachment Interview [AAI]; George et al., 1985/1996) and infant attachment has also emerged (path c). A recent meta-analysis of 14 studies (854 dyads) revealed a strong effect size (van IJzendoorn, 1995). Fewer studies have examined the connection between maternal representations and maternal behavior (path a); a meta-analysis of 10 studies again revealed a large effect size (van IJzendoorn, 1995). In the following sections, I examine each component of this model in relation to security and truth.

Maternal representations

Most of the data examining maternal representations come from studies using the AAI (George et al., 1985/1996), a research tool designed to tap individuals' 'state of mind with respect to attachment'. In this structured interview, people are asked to talk about their childhood relationships with their parents in both global and specific terms; asked about times when they were ill or threatened; asked if they ever felt rejected; and asked about effects of these experiences on adult personality. Ultimate classification of the interview is based not on the content of these experiences, but on the way the experiences are currently organized in the person's thinking (Main & Goldwyn, 1998). Narratives are classified as either reflecting a secure/autonomous state of mind or reflecting one of several insecure states of mind. *A defining feature of a secure narrative is that it is truthful.* The interviewee can describe either a good or a bad childhood; What is required for a secure classification is that global descriptions are matched with specific examples. If a person says her childhood relationship with her mother was a good or loving one, she provides convincing evidence that supports what she says, and there are no internal contradictions. The narrative forms a truthful whole, believable and convincing to the listener. This is not the case, for instance, if a speaker gives a glowing, positive general description of the mother as 'a saint, the best all-around mom a guy could have' while later giving (with apparent unawareness of the contradiction) descriptions of specific events in which the mother was hostile, rejecting, unloving – far from saintly. In the coding manual, Main and Goldwyn (1998) referred to the British linguistic philosopher Grice (1975), who identified rational discourse as following a 'co-operative principle' requiring adherence to four maxims, one of which is 'Be truthful and have evidence for what you say'. It is discourse of this sort that characterizes adults classified as secure.

Maternal behavior

Main (Main et al., 1985) called for consideration of the maternal behavior associated with insecure attachment not as maternal insensitivity, but rather as a mother's attempt to maintain her own 'state of mind with respect to attachment' through selective attention. According to Main, the mother *selects* certain of the infant's signals, attending only to those that do not interfere with her abilities to maintain her own state of mind. Thus, the mother can be viewed as not accepting the truth of the whole range of infant feelings, but accepting only certain ones that she finds acceptable. In other words, mothers of insecure babies reinterpret the baby's truth to suit their own needs. For example, if hearing the baby's cries painfully bring to mind her own unanswered cries, and if these cries interfere with her attempt to suppress activation of the attachment system, the mother may (understandably) not hear her baby's cries (see Fraiberg, 1980). Or, for example, a baby's inevitable occasional displeasure with the parent may be so threatening to the parent – the parent may interpret this as rejection which is intolerable – that the parent works diligently to convince the baby that he does not feel as he does.

An observational study of mothers and their infants provided an example of maternal selective attention to infant signals. Escher-Graub and Grossmann (1983) observed that mothers of infants later classified as insecure/avoidant engaged their infants when the infant was contentedly playing, yet when the infant was distressed and in need of comfort, the mother withdrew from interaction. This pattern of maternal behavior may signal to the child that only certain (i.e. positive) child behaviors and feelings will be responded to. The behavior of the mothers in this study whose babies were later classified as securely attached, in contrast, can be viewed as signaling to the baby that a variety of infant communications is valid. When these (later secure) babies played, their mothers were available but not intrusive; when these babies were distressed, their mothers increased their presence and offered comfort. The mothers in this group did not selectively invalidate (i.e. deny the truth of) any category of infant signals. There were no insecure/ambivalent infants in this study, yet other research indicates that mothers of these children interfere with infant exploration. Such interference can be viewed as maternal selective inattention to infant signals of a desire for autonomous exploration, perhaps because the mother wishes to keep the baby focused on her (mothers of these infants are often classified as preoccupied with attachment; see Cassidy & Berlin, 1994 for a review). (See also Haft & Slade, 1989, for a pilot study revealing selective maternal attention.)

Parents can be untruthful about the reality of the infant's experiences in a variety of ways. They can react negatively: by ignoring or withdrawing (as in the Escher-Graub and Grossmann [1983] study), by rejecting the infant, by becoming angry. Such behavior may suggest to the child that his or her

behavior or feelings are not acceptable. Parents can directly distort the child's experience with statements such as 'It's all right that I'm leaving', when it is not all right with the child, or 'That doesn't hurt', when the child does, in fact, hurt. A parent tells a child, 'You're too frightened to go off and play', when the child is not frightened of going but the parent is frightened of being left. There are infinite variations on 'You really don't feel that way.'

One of Bowlby's essays has a title which is very much about truth: 'On knowing what you are not supposed to know and feeling what you are not supposed to feel' (Bowlby, 1979b). In this essay, Bowlby described the problems of a child's knowing something that someone, notably a parent, does not want the child to know. In that essay and elsewhere (e.g. Bowlby, 1985), Bowlby provided examples. He spoke of a child who was told that his mother was a saint, that she adored him and did everything for him, when in reality the mother was harsh, critical and demanding that her needs always come first. Bowlby described even more extreme parental lying. He told of a boy who had witnessed his father's suicide and was later told that the father had died in a car accident. A child with a parent whose personality is characterized by reaction formation (a parent who acts at times in an overly positive way, denying all anger toward the child only to erupt in anger at inappropriate times) faces a parent who is not truthful about her or his own emotions. Sexual abuse contains a terrible lie about violence to the child. In all of these cases, the child encounters a conflict between what he is told and what he experiences. According to Bowlby (1973), this leads to multiple conflicting mental representational models. During the cognitive processes necessary for event storage, the confusion resulting from conflicting models may mean that the brain is unable to store certain information in a form that is retrievable. Thus, conflicting models may contribute to the lack of memory for childhood experienced by some adults with rejecting childhoods. (See Bowlby, 1980, for discussion of the development of defensive exclusion of 'information that [the child] knows his parent(s) do not wish him to know about and would punish him for accepting as true' [p. 73].)

Secure attachment, on the other hand, is thought to be associated with validating the truth of the child's experiences. I once witnessed the following exchange between a mother and her 12-year-old son:

Child: You've been mean to me lately.

Mother: Yes, I have been. I've been pretty crabby in general lately.

Such maternal acknowledgement of the truth means that the child can develop a single representation rather than many. In this case: 'Sometimes my mother is mean to me. And I see it. And I can say it. And she sees it too. She understands me. We have a shared understanding.' For a child with these experiences, the world is coherent, if imperfect.

Infant attachment

With security, the baby's attachment behaviors reflect the truth of the baby's internal feelings: If the baby is calm, she plays; if the baby is distressed, she seeks the mother. This is not the case for insecure infants – where behavior is not necessarily a true reflection of internal feelings. As I described earlier, for insecure/avoidant babies who have experienced rejection, there is evidence of *suppression* of attachment behavior. For insecure/ambivalent babies who have experienced inconsistent parenting, there may be *hyper-activation* of attachment behavior.

CONCLUSION

The case I have tried to build is based on the proposition that intimacy is very much about truth: the truth of who a person really is, the core truth. I've tried to build a case that the capacity for intimacy, the capacity for sharing truth with another, is closely associated with secure attachment, and, in fact, that security and truth are intertwined in many ways. This is evident in all three pieces of the model presented in Figure 1. With respect to maternal representations, security, as assessed with the AAI, is characterized by truth in the attachment-related narrative. With respect to maternal behavior, security of both mother and infant is associated with maternal validation of the truth of the baby's experience. With respect to infant attachment, security is characterized by demonstration of attachment behavior that reflects the truth of the baby's feeling. I propose that the comfort that comes from really knowing the truth – even when it is bad – is akin to the comfort of having a safe haven in times of trouble. Steinbeck (1952), in *East of Eden*, made a similar proposition: 'I know that sometimes a lie is used in kindness. I don't believe it ever works kindly. The quick pain of truth can pass away, but the slow, eating agony of a lie is never lost. That's a running sore' (p. 429).

The ideas that I have proposed about the connections among truth, security and intimacy overlap with two other perspectives. The first is Bretherton's (1990) notion that security involves 'open communication patterns'. It seems clear that what Bretherton referred to as open communication patterns must involve truthful content, and she reviewed evidence that open communication characterizes secure attachments in infancy, toddlerhood, childhood and adulthood. Open mother-child communication at 4.5 years has recently been shown to be linked to infant-mother secure attachment (Etzion-Carasso & Oppenheim, 2000). Relatedly, Kobak (1999) described the differential outcomes for a child that emerge as a function of the extent of open communication about parental emotions. He pointed out that a parent's honest, direct anger with an identifiable source (e.g. a parent's anger at a child's lack of compliance) has an implication far different from a parent's hostile criticisms when the child (and perhaps even the parent) is

unsure about the true source of the anger. Kobak and Deummler (1994) proposed that open communication also characterizes secure attachment in adults, and described a process wherein open communication may account for the greater intimacy and positive interactions of couples characterized by secure models.

A second perspective that markedly overlaps the one I have presented is the notion that intimacy relates to feeling understood. As Reiss and Shaver (1988) noted, it is difficult to imagine that a person could feel intimate with another unless he or she also felt understood by the other person. Reiss and Patrick defined feeling understood as 'the belief that an interaction partner has accurately and appropriately perceived one's inner self' (1996, p. 549) – that is, has perceived the truth of who one is. This idea about intimacy and feeling understood grows from a long tradition of theorists who point to the benefits of feeling understood for general healthy functioning (e.g. Kohut, 1980; Rogers, 1974; Sullivan, 1953). Secure attachment has also been linked to feeling understood (Ainsworth, 1984; Reiss & Patrick, 1996). Ainsworth (1982, personal communication), when responding to a question about security beyond infancy, suggested that security means 'feeling understood', adding that such feeling undoubtedly characterizes secure attachment across the life span, starting even in infancy. Similarly, Bretherton (1990) noted that 'the insensitively mothered infant . . . repeatedly receives the implicit message "I do not understand you"' (p. 59). In adults, secure individuals report feeling more 'known' by their romantic partners than do insecure individuals (Brennan & Bosson, 1998). Furthermore, in a study of married couples, individuals reported greater intimacy when their spouses viewed them as they viewed themselves – that is, when their spouses understood them – even when the self-view was negative (Swann, de la Ronde, & Hixon, 1994). It may, in fact, be the case that throughout the life span the connection between secure attachment and intimacy is at least partly mediated by feeling understood.

This paper has focused on the influences that early attachments to parents have on the later capacity for intimacy. Before closing, it is important to note that although these attachments to parents are an important factor, it is only one of several factors. Bowlby's (1973) developmental pathways approach suggests that it is the interaction of many factors that contributes to children's development. Several theorists, for instance (e.g. Collins & Sroufe, 1999; Furman, 1998; Sullivan, 1953), have pointed out that children learn much about intimacy from peers. Peer relationships, along with sibling relationships, are the first (relatively) egalitarian relationships, and children learn much about co-operation and negotiation from a different perspective. Experiences with both former and current romantic partners may also contribute to expectations about and thus behavior within intimate relationships. If, for example, a partner truly has hostile intent, if a partner truly is likely to be hurtful or likely to abandon the relationship, even an individual who had been securely attached is likely to develop negative expectations (Cassidy, 2000). Another factor that may play a role is observations of other intimate

relationships (most importantly, perhaps, the parents' marriage; Simon, Bouchey, & Furman, 2000).

I end on a note relevant to clinical practice, with a quote by Bowlby, who viewed the therapist's role as, in part, helping the patient come to see the truth of his experiences:

Our role [is] in sanctioning the patient to think thoughts that his parents have discouraged or forbidden him to think, to experience feelings his parents have discouraged or forbidden him to experience, and to consider actions his parents have forbidden him to contemplate. (1985, p. 198)

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NOTES

- 1 Because of limited theorizing and data, adults are not discussed in this section.
- 2 Further discussion of reasons for reorganization of IWMs in adolescence was provided by Muscetta, Dazzi, De Coro, Ortu and Speranza (1999):

For many different reasons adolescence provides special opportunities for a reorganization of the way in which the mind works: (a) new information stemming from changes in body-image, which start during puberty, need to be integrated into previous mental models of the self; (b) access to the stage of formal operations allows a better integration of multiple models of attachment and a differentiation between semantic and episodic memory; (c) reorientation of parental attitudes and the adolescents' greater opportunity to experience new significant relationships with peers and other adults can facilitate a revision of earlier patterns of interactions (Ainsworth, 1989; Ammaniti & Speranza, 1990; Kobak et al., 1993). (p. 897)

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