CHAPTER 1

Attachment and Change

. . . the therapist's role is analogous to that of a mother who provides her child with a secure base from which to explore the world.

—JOHN BOWLBY (1988, p. 140)

In the world according to Bowlby, our lives, from the cradle to the grave, revolve around intimate attachments. Although our stance toward such attachments is shaped most influentially by our first relationships, we are also malleable. If our early involvements have been problematic, then subsequent relationships can offer second chances, perhaps affording us the potential to love, feel, and reflect with the freedom that flows from secure attachment. Psychotherapy, at its best, provides just such a healing relationship.

Precisely how as psychotherapists we can enable our patients to grow beyond the limits imposed by their history is a question that attachment theory does not directly address. Yet the ongoing research inspired by Bowlby's original insights has enormous clinical value, offering us a progressively clearer view of the development of the self in a specifically relational context.

In attempting to harness the power of this research, I have identified three findings that appear to have the most profound and fertile implications for psychotherapy: first, that co-created *relationships of attachment* are the key context for development; second, that *preverbal experience* makes up the core of the developing self; and third, that the *stance of the self toward experience* predicts attachment security better than the facts of personal history themselves.

In drawing out the clinical implications of these three core conclusions, I reach into the attachment literature, of course. But I also reach beyond it, not only to intersubjective and relational theory but also to affective neuroscience—which Allan Schore (2004) calls the "neurobiology of attachment"—as well as cognitive science, trauma studies, and explorations of consciousness. The present chapter plumbs the three core findings regarding the developmental centrality of attachment relationships, preverbal experience, and the reflective function. And it distills their clinical yield in a model of psychotherapy that involves the *transformation of the self through relationship*. My aim here is to convey the orientation to emotional healing—the clinical philosophy derived from reviewing research, theory, and personal experience—that underlies all the various approaches I take in order to be of help to my patients.

As I will explain, the proposed model of psychotherapy as transformation through relationship describes a trajectory that parallels the unfolding story of attachment theory itself. Bowlby (1969/1982) began by recognizing that attachment is a biological imperative rooted in evolutionary necessity: The attachment relationship to the caregiver(s) is critical to the infant's physical and emotional survival and development. Given the requirement to attach, the infant must adapt to the caregiver, defensively excluding whatever behavior threatens the attachment bond. Mary Ainsworth's research (Ainsworth, Blehar, Waters, & Wall, 1978) then clarified that it is the quality of the *nonverbal* communication in the attachment relationship that determines the infant's security or insecurity—and along with it, the infant's approach to his or her own feelings. Mary Main's investigations (Main, Kaplan, & Cassidy, 1985) illuminated the ways in which these early biologically mandated nonverbal interactions register in the infant as mental representations and rules for processing information that influence, in turn, how freely the older child, adolescent, and adult is able to think, feel, remember, and act. Finally, Main (1991) and Peter Fonagy (Fonagy, Steele, & Steele, 1991a) highlighted the crucial importance of the stance of the self in relation to its own experience. They showed that security of attachment, resilience, and the ability to raise secure children all are correlated with the individual's capacity to adopt a reflective stance toward experience. Thus, from Bowlby to Ainsworth, Main, and Fonagy, the evolving narrative of attachment theory has unfolded through a focus on intimate bonds, the nonverbal realm, and the relation of the self to experience.

The same three themes organize the model of therapy as transformation through relationship. In this model, the patient's attachment relationship to the therapist is foundational and primary. It supplies the secure base that is the *sine qua non* for exploration, development, and change. This sense of a secure base arises from the attuned therapist's effectiveness in helping the patient to tolerate, modulate, and communicate difficult feel-

ings. By virtue of the felt security generated through such affect-regulating interactions, the therapeutic relationship can provide a context for accessing disavowed or dissociated experiences within the patient that have not—and perhaps cannot—be put into words. The relationship is also a context within which the therapist and patient, having made room for these experiences, can attempt to make sense of them. Accessing, articulating, and reflecting upon dissociated and unverbalized feelings, thoughts, and impulses strengthen the patient's "narrative competence" (Holmes, 1996) and help to shift in a more reflective direction the patient's stance toward experience. Overall, the *relational/emotional/reflective process* at the heart of an attachment-focused therapy facilitates the integration of disowned experience, thus fostering in the patient a more coherent and secure sense of self.

TRANSFORMATIVE RELATIONSHIPS

Very much as the original attachment relationship(s) allowed the child to develop, it is ultimately the *new* relationship of attachment with the therapist that allows the patient to change. To paraphrase Bowlby (1988), such a relationship provides a secure base that enables the patient to take the risk of feeling what he is not supposed to feel and knowing what he is not supposed to know. The therapist's role here is to help the patient both to deconstruct the attachment patterns of the past and to construct new ones in the present. As we have seen, the patterns played out in our first attachments are reflected subsequently not only in the ways we relate to others, but also in our habits of feeling and thinking. Correspondingly, the patient's relationship with the therapist has the potential to generate fresh patterns of affect regulation and thought, as well as attachment. Put differently, the therapeutic relationship is a developmental crucible within which the patient's relation to his own experience of internal and external reality can be fundamentally transformed.

THE UNTHOUGHT KNOWN

Given the prelinguistic roots of the patient's original attachment patterns, and the disavowals and dissociations they may have demanded, the therapist must tune in to the nonverbal expressions of experience for which the patient has as yet no words. That is, the therapist must find ways to connect with what Christopher Bollas (1987) has called the patient's "unthought known." Grasping the unspoken (or unthinkable) subtext of the therapeutic conversation requires what several writers (Bateson, 1979; Bion, 1959) have referred to as the clinician's "binocular vision" that

tracks the subjectivity of both the patient and the therapist. The underlying assumption here is that the patient who cannot (or will not) articulate his own dissociated or disavowed experience will *evoke* it in others, *enact* it with others, or *embody* it. The clinical implication is that the therapist must pay particular attention to her own subjective experience, to the transference–countertransference enactments jointly created by patient and therapist, and to the nonverbal language of emotion and the body—for all these are routes to accessing and eventually integrating what the patient has had to deny or disown.

THE STANCE TOWARD EXPERIENCE: REPRESENTATION, REFLECTION, AND MINDFULNESS

Along with its emphasis on the centrality of relational and nonverbal experience, attachment research underscores the salience of the reflective function and metacognition. More broadly, this research reveals the decisive impact of the stance of the self toward its own experience.

Secure attachment is clearly associated with a reflective stance toward experience. In Main's (1991) account, this stance rests on the metacognitive capacity to recognize the "*merely* representational nature" of our own beliefs and feelings (p. 128). With such a stance, we can step back from the immediate "reality" of experience and respond in light of the mental states that might underlie it—to use Fonagy's term, we can "mentalize." With greater freedom to mentalize, we are less likely to be inescapably gripped by emotional reflexes laid down in the course of our first relationships. As research using Main's Adult Attachment Interview has revealed, the reflective stance toward experience is entirely different from that found in insecure individuals who tend either to minimize and deny the impact of their experience (in the dismissing state of mind) or to be overwhelmed by it (in the preoccupied state of mind). As a rule, the more we are able to mobilize a reflective stance the more resilient we will be, and the more capable of raising secure children.

By the same token, to "raise" secure patients, we must cultivate in ourselves this capability for reflection in psychological depth. And, of course, we must nurture it in those who come to us for help. As therapists, our efforts to foster or disinhibit our patients' mentalizing capacities are an essential feature of the help we offer. To the extent that we make it possible for patients to mentalize, we strengthen their ability to regulate their affects, to integrate experiences that have been dissociated, and to feel a more solid, coherent sense of self.

Beyond the capacity for a reflective stance, I would argue that there exists the potential for a stance toward internal and external experience that

is, in some sense, "deeper" and closer to the subjective center of ourselves. I am thinking here about a stance that involves deliberate nonjudgmental attention to experience in the present moment—that is, a stance of *mindfulness* (Germer, Siegel, & Fulton, 2005; Kabat-Zinn, 2005). While mindfulness is not part of the vocabulary of attachment, this construct from Buddhist psychology seems a natural outgrowth of attachment theory and research. In fact, Phillip Shaver, coeditor of the *Handbook of Attachment,* told me that recently, in preparing a scientific presentation for the Dalai Lama, he had occasion to read nearly a dozen books on Buddhism. To his surprise, he found the psychology there to be not only consistent with but in many respects virtually identical to the psychology of attachment theory (Shaver, personal communication, 2005).

To clarify what is meant by a stance of mindfulness, imagine four concentric rings each of which represents an element that contributes to the moment-to-moment experience of being a "mindful self."

The outermost ring stands for external reality. The world of external reality includes not only the events that happen to us and the situations we co-create but also, perhaps most importantly, the people with whom we are involved.

Moving inward there is a second ring that stands for the representational world: that is, the mental models of previous experience that relieve us of the necessity to reinvent the wheel with every new moment. These representational models orient us, shaping our interpretations of past and present, and establishing our expectations for the future.

Within the second ring is a third, standing for that part of ourselves that is capable of a reflective stance toward experience—in shorthand, the "reflective self." Here our representations, including our internal working models, are understood to mediate or filter our experience of external reality. We neither equate the subjective world of representations with the objective world of external reality nor deny the impact of external reality upon our subjective experience. With such a stance we can reflect, consciously and unconsciously, on the meaning of our experience rather than simply take that experience at face value. This affords us a significant measure of internal freedom.

Attachment theory deals explicitly only with the elements represented by these first three rings: external reality, the representational world, and the reflective self. It seems to me, however, that there is a trajectory to the evolving narrative of attachment theory that points like an arrow to a fourth ring inside the other three. This fourth ring represents what I am calling the mindful self.

To put it somewhat cryptically, this self is the answer to the question, Who (or what) is it that actually reflects on experience? For if a reflective stance involves metacognition—thinking about thinking—then it seems

natural to ask *who is it that is thinking the thoughts about thinking*. You might try, as I did, to close your eyes and pose this question to yourself. My own (experientially derived) response to the question took me by surprise. It was: *no one*. Dovetailing with a fundamental tenet of Buddhist psychology, this elusive understanding reflects the paradox that the mindful self can be at once a secure self and no (personal) self at all, but only awareness (see Goldstein & Kornfield, 1987; Kornfield, 1993; Engler, 2003).

Jeremy Holmes (1996), who writes eloquently about attachment, touches on the same paradox when he acknowledges borrowing from Buddhism the term *nonattachment* to describe an "equidistant position" that includes awareness *both* of the depth and breadth of the self's experience *and* of the fact that the self is "ultimately a fiction" (p. 30).

Another angle on this matter of mindfulness: While the reflective stance toward experience entails metacognition, a mindful stance involves *meta-awareness*—that is, awareness of awareness. Put differently, the self that *reflects* on experience attends to the contents of experience while the self that is *mindful* attends to the process of experiencing. Such mindful attention illuminates the process by which experience is constructed (Engler, 2003).

Fonagy alludes to research highlighting the clinical potential of mindfulness meditation as an adjunct to psychotherapy. He notes that "what we would call 'mentalizing' is directly enhanced by meditation practice" (Allen & Fonagy, 2002, p. 35). Fonagy's point is undoubtedly well taken. Yet mindfulness involves more than formal meditation. And meditation supports more than mentalizing.

The regular exercise of mindful awareness seems to promote the same benefits—bodily and affective self-regulation, attuned communication with others, insight, empathy, and the like—that research has found to be associated with childhood histories of secure attachment (Siegel, 2005, 2006). Although there may be other explanations for these parallel outcomes, I would suggest that they arise from the fact that mindfulness and secure attachment alike are capable of generating—though by very different routes—the same invaluable psychological resource, namely, an *internalized* secure base.

Secure attachment relationships in childhood and psychotherapy help develop this reassuring internal presence by providing us with experiences of being recognized, understood, and cared for that can subsequently be internalized. Mindfulness practice can potentially develop a comparably reassuring internal presence by offering us (glimpsed or sustained) experiences of the selfless, or universal, self that is simply awareness. Such experiences are often marked by profound feelings of security, acceptance, and connection, in relation as much to others as to ourselves (Linda Graham, personal communication, 2006).

As therapists, our own capacity to be mindful may be critical to our efforts to be of help to our patients. First, and perhaps most crucially, a mindful stance fosters the experience of being firmly lodged in the present moment. The British psychoanalyst Wilfrid Bion (1970) captures this state of open presence as well as any Buddhist philosopher when he extols the advantages of approaching the patient "without memory, desire, or understanding" (pp. 51–52). Thus rooted in the here and now—rather than the remembered past, the wished-for future, or the abstractions of theory—we are less vulnerable to our own tendencies to be either dismissing or preoccupied. A mindful stance allows us to be more fully present, open, and capable of responding—like the "good enough" attuned parent—to the requirements of the moment as these emerge in our interaction with the patient. Second, a mindful and present-centered stance fosters an experience of being inside, and aware of, the body. The resulting attunement to our own somatic responses amplifies the signals that allow us to tune in to the nonverbal expressions of the patient's internal state. Thus, mindfulness can potentially enhance accurate empathy as well as our ability to connect with the patient's unarticulated, and perhaps dissociated, experience. Third, mindfulness (like a secure state of mind with respect to attachment) fosters an attitude of acceptance—a nondefensive openness and receptivity to experience *as it is* that can help us make room for the full spectrum of the patient's feelings, thoughts, and desires. In this way, mindfulness in the therapist may facilitate a relationship with the patient that fosters the process of integration.

Such integration may be not only a primary goal of psychotherapy but also (as previously suggested) a consequence both of secure attachment and of the practice of mindful awareness. As part of what makes the therapeutic relationship a transformative one, the therapist's mindful stance may have a "contagious" quality—kindling the patient's own experience of mindfulness very much as expressions of the therapist's reflective stance help to kindle the patient's ability to mentalize. With some patients, in addition, it may be helpful for the therapist to encourage the formal practice of meditation.

I trust I have made it clear that, viewed through the lens of attachment theory and research, the healing power of psychotherapy derives primarily from the therapeutic interaction. The new relationship of attachment that the patient forms with the therapist can potentially function as a developmental crucible. In the chapters to follow, I delve more deeply into the three key themes—the relationship, the nonverbal dimension, and the stance of the self toward experience—that orient my work with every patient. The chapters in Part I summarize the story of attachment theory and research, establishing in the process the book's conceptual foundation. Part II de-

scribes the impact of attachment relationships on the developing self. Part III makes the first bridges from attachment theory to the practice of psychotherapy. Part IV explains the clinical implications that follow from identifying the patient's prevailing pattern(s) of attachment. Part V details further the nature of therapeutic work in the nonverbal realm as well as the ways in which we can attempt to both cultivate in ourselves and elicit in our patients a more reflective and mindful stance toward experience.