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Change through the Frame of Attachment

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This article is based on a Case Story presentation at the GANZ Conference Melbourne 2012: Elements of Change: Context Connection Complexity.

Introduction

What I hope to do is to explore how change can occur when we bring context and connection together via attachment theory and Gestalt therapy. I will introduce some of the ideas I have been interested in and how they have translated into my therapy room. The concept of a co-created experience is a foundation of Gestalt therapy and being aware of my own attachment style as well as the clients' can create a complex and supportive experience for the client.

Neurobiology

The emergence of neurobiology has placed a spotlight on how crucial the environment is in the development of self. The inclusion of attachment theory in neurobiology has provided an understanding of how the early social environment influences the biological and psychological development of the self. The attachment schemas are a category of implicit social memory that reflects our early experience with caregivers. It is in neural networks that interactions with caregivers are associated with feelings of safety, or fear. Cozolino (2006) writes extensively on how the brain's neural networks evolve through the nature of our social interactions. Attachment theory has moved into the main arena of psychology and become a major player in the understanding of self-development. It has clinical uses and has shifted the conversation into the realm of affect regulation and away from cognitive approaches. This is a good thing!

In revisiting attachment theory after 20 years I have come to appreciate how elegant a theory it is and this has lead to a deepening of my understanding of the context of change. In addition, David Wallin's (2007) model of psychotherapy describes the transformation of self through relationship using the attachment model as his frame and I have relied heavily on his writings.

Mark McConville (2012) in his plenary address to the GANZ conference spoke about how when we look for context in our work it is a search for meaning. When we are on that search where we look for context provides a definition of who we are. He posed the question: what in the context of my own development takes me on my particular search? This question is asking who we are as therapists and how we bring our context into selecting what style of therapy we adopt but also what we bring into the room with the client. As a Gestalt therapist I have become interested in the relationship between attachment theory and Gestalt therapy.

Gestalt the figure and Attachment the ground

Attachment theory is a rich and well-developed theory that gives us the experience of the child from the perspective of the child - caregiver relationship and how pervasive patterns of relating are developed. It offers a contextual background for how clients relate. By exploring the clients' history you can map their pervasive pattern of relating. In Gestalt terms you can reach an understanding of the ground. This then can frame the work in the present, the more figural aspects.

Gestalt has a strong and rich focus on phenomenological experience. By looking through the window of Gestalt into the contextual ground of the client the dialogic experience is provided with new opportunities and ways of understanding the relational patterns (Lynne Jacobs, 2012).

My experience of incorporating attachment and Gestalt ideas is that it enhances what is occurring in the therapy room. By having a better understanding of the interaction between my own avoidant attachment style and the clients' attachment style I am more aware of what can deepen or diminish the dialogic experience.

Marriage of Convenience

By incorporating attachment theory and Gestalt we have a useful view of change. Both emphasise what emerges between therapist and client and offer ideas of what might be the pitfalls, repetitions and ruptures and assist in understanding them.

Attachment theory places a frame on what is always present. Gestalt therapy's commitment to contact and creative adjustment offers the opportunity for dialogue about the patterns of relating. I subscribe to the idea that a person's attachment style can be affected by exploring it within a dialogic relationship. The neural plasticity of the brain allows for change in pervasive patterns and

by understanding implicit memory schemas the executive function of the brain can influence the neural pathways and habitual responses.

I will explore this idea by presenting two vignettes. The first is of a client who described feeling I did not like her and she was right. The second is a client who, by exploring her childhood experiences, came to an acceptance of her style of relating in the present. Before doing this I will highlight some aspects of attachment theory and field theory that I believe are relevant.

Gestalt theory and Attachment theory/therapy

Gestalt theory and attachment theory share some common ground. Both emphasise what emerges between client and therapist as we encounter and transform each other. This is what forms the dialogic perspective. Gestalt includes the mutual influence and capacity to increase flexibility of contact and response by addressing the relational pattern in the present context.

Gestalt theory highlights how contact styles are support patterns established early in relationships which continue to function in the adult. Gordon Wheeler (2011) argues that Gestalt therapists should put a stronger focus on the habitual features of contact functioning that are embedded, organised over time and in the background of the field.

Attachment theory identifies pervasive relational patterns and describes them as secure or insecure. Mary Main (as presented in Wallin 2007) describes them as internal working models, structured processes that are serving to obtain or limit access to information. Rules of attachment rise out of what works and are rules to live by. What began as a communication strategy by the child eventually determines the extent and nature of their access to attachment related feelings, desires and memories. The indicator of security is the range of flexibility of focus, affect, thought and memory. Attachment theory describes how in order to create security the client unconsciously deploys their attention in ways that support and justify their pre-existing and current behaviour.

From a Gestalt perspective the concept of flexibility and attention is described by the term creative adjustment. It describes how all contact is creative and dynamic. It is contextual, the range of possibilities are influenced by the relational context and level of support. When contact is diminished, mechanical or disembodied our sense of self and the world are diminished. We integrate our experiences by including ourselves as others and with others through embodiment. This takes me back to the child- caregiver dyad.

Lynne Jacobs (2012) writes about the co-created experience between client and therapist. She proposes that patients who have gone without necessary supports - such as attuned responsiveness to their emotional states - are

vigilant to conditions that pose a threat to their emotional safety and adhere to the strategy of safety first. What is occurring is embedded in the experiential history of both client and therapist and it is understood that any experience that either person has is a co-emergent phenomenon of the shared situation.

Figure and Ground

The understanding of the movement between ground and figure provides an elegant way to incorporate both the enduring patterns and the here and now mutual influence. Buber (1988) described how inter-subjective relatedness is marked by mutuality, dialogue and the ability to experience others on their own terms. By understanding embodiment as preverbal adjustments made during the development of the client's attachment style the ground becomes a figure and can be expanded on in the felt sense of the client - therapist relatedness.

Fonagy (in Wallin 2007) described a process of 'mentalizing', as the ability to reflect and, as a result, mediate our experiences. He described reflective capacity as the ability to think about our states of mind. Fonagy says that the conditions that are needed for the transition into a 'mentalizing' mode is an intersubjective relationship of attachment that provides a full measure of affect regulation and a modicum of play in the presence of a reflective other. This describes a caregiver - child relationship and the therapist - client relationship.

Wallin extrapolates to identify how therapy works by: generating a relationship of secure attachment within which the patients 'mentalizing 'and affect regulation capacities are developed and such a relationship must be an intersubjective one in which the patient comes to know herself in the process of being known by another.

Case Vignettes

Sue

Sue is a 27-year-old woman. She came to therapy with the question "what am I doing with my life?" She was noticing an increased sense of fear, was not being herself, not taking in anything anyone was saying.

She described a family where she and her brother became the major caregivers at a young age. Her mother was highly critical, physically unwell and nearly died giving birth to her third child. Sue spent long periods of time living with her grandmother. Her father left when she was 9 and she commented that it made no difference to her life. Her mother's boyfriend was violent and Sue moved out when in her mid-adolescence. When asked how others would

have perceived her as a child she described being seen as capable, adult-like and a good little helper. Her felt experience was of being unsure and anxious to do the right thing.

From an attachment theory perspective children whose caregivers cannot provide the necessary attunement will accommodate to the parent, hide their own needs and suppress their sense of agency to serve the needs of the parent. This emerged in our sessions.

After our first session Sue thought that I did not like her. She said that she realised that was the exact reason she should be coming to therapy. It was later into our sessions that she was able to express this thought. She was right - I did not like her to begin with. She sat so rigidly, was wooden in expression and I had trouble finding a way to connect. I felt dismissed in my attempts and she appeared to attune more to my needs than her own. I was reluctant to feel her experience, reluctant to attune with her self-loathing. She struggled to talk, watched me intently and I was unsure if she was listening to me.

The task of unpacking this enactment was a significant moment in the work. How did we get to that place?

Firstly I had to monitor my own style of avoidance and withdrawal and to ask myself why I did not like her. I thought about her in the context of her family experiences. I was eager to understand her context, as I needed to soften my experience of her. My self-reflection on the relational style that was occurring was a process of 'mentalizing 'the experience.

From the lens of attachment theory as presented by Wallin, the avoidant relating style best described Sue's pervasive pattern of relating. Sue had developed a strong self-reliance, was remote from her feelings and desires. To be in touch with her desires would be to trigger her need for connection and this was an unsafe place for Sue to experience. She had developed a fear of closeness and dependency. Getting help was a big risk as it could unsettle her dominant working model of interconnection that was organised around the self as strong and complete.

Clients with an avoidant style show disinterest but this is incongruent with their embodied experience of a racing heart and internal stress. This context attuned me more to the style of relating in the room, the dynamic that was being enacted

From a Gestalt frame the diminished contact was co-created by our mutual styles of connection and habitual features of contact functioning. Is it possible to regard the diminished style of contact as embedded in an insecure attachment frame?

Wallin described this style of interaction as a dismissing client and this fits well with my experience with Sue. He described how therapy places dismissing

clients in a bind by inviting dependency upon a new attachment figure but one whose help cannot be expected to be helpful. For a secure relationship the therapist has to matter to the client. And that is the crux of the dilemma as the relating style works by diminishing the importance of others.

This led me to be more aware of the figural aspects of Sue's subtle body cues.

Sue often sat on the edge of the chair as if ready to jump up and leave quickly, she held her hands tight on her lap and watched me intently. She would make a slight tilt of her head when dismissing me or clasp her hands tighter. Her words were of acceptance but her non-verbals were subtle rejection. My style is similar in that I sit still and observe others intently. I have a tendency to widen my eyes when dismissing the contact. What was emerging was a pattern of a reduced sense of agency and engagement, leaning away from our own experience to be alert to the needs of the other.

For therapy to be helpful for Sue I had to be capable of changing my attunement to Sue and to relate to her with the fullness of myself. I needed to become a more attuned caregiver and to be aware of when the interactions were desensitised and mechanical and to emphasise in the present moment what was occurring between us.

Having a sense of her pattern of relating and my own I invited Sue to explore how she was by noticing how she was sitting, her use of subtle cues and how I could be persuaded to dismiss them as not relevant but then feel the disconnect anyway. We discussed how our mutual styles of nonverbal cues were present in the room. We spoke about how I did not like her in the beginning and how that was a co-created experience and what our style of relating was evoking in us both. By bringing our relating styles into the room and being curious about the effectiveness, from a lens of creative adjustment, there was an increased attunement to her experience.

She commented that she felt awkward but pleased that I had "pushed beyond her storytelling façade". She described how she was using storytelling as a way to support herself in the sessions. She was unaware of her habit of tilting her head.

We had discussions about her pattern of disengagement via storytelling and about how my silence triggered her panic about what to say or do next; about where she would feel unsafe, vulnerable and waiting for me to show her what to do next. Putting into words my experience in an empathically attuned manner allowed for Sue to feel a connection that mattered to her.

When discussing the presentation Sue spoke about this moment when she was able to speak about her feelings of not being liked by me as an important moment of change for her. She said that she became more aware of her own self

and was not lost in attending to my needs. She felt relief that I was able to see beyond her storytelling style and while she was confronted by the experience she was also able to stay with her own experience and not be lost. Our sessions became more engaging and supportive. We were more able to cooperate rather than control, our emotional availability was increased and, by me being more sensitive and responsive to her needs, Sue was more able to communicate her feelings and needs directly.

Carol

Carol is in her early 30's and a performance artist. She has come to therapy for 25 sessions over a two-year period. She described herself as a chaotic person with a repeated self-sabotaging pattern. Carol had a sense that something bad had happened to her as a child and she had no clear memories.

She is the eldest of two children. Carol felt mistreated by her parents, describing them as having no boundaries. Her mother was hysterical and often accused Carol of being her father's other wife. Her mother would tell Carol everything that was happening in the marriage including sexual details. Her father was described as autistic. He controlled all cleaning and cooking activities. He had a habit of coming into Carol's room while she was sleeping to clean. Carol was a highly active child and her parents encouraged her to express herself but immediately would be highly critical of her performance. As a child she was an attention seeker. She said that she was a "terror" at school and also bullied continuously. In her early 20's her parents went for a trip to India and stayed 8 years. She initially felt all at sea, unable to care for herself and then felt relief at the separation. When crying about her family experiences Carol said they were her mother's tears not her own.

In the initial sessions she was entertaining, joking about herself but overwhelmed by her feelings of self-doubt. Carol's pervasive pattern of relating was governed by a fear of abandonment. She easily articulated it but struggled in the experiencing of it. I experienced our early sessions as there being so much it was hard to know where to start. It helped me to reflect on her attachment style as a way to understand her context and to focus the connection in therapy.

Carol has a disorganised pattern of relating. Wallin describes this as a preoccupied patient. As a result of the unpredictable response of her parents she had learnt to exaggerate her distress in order to be seen. The problem with this solution, according to Wallin, is she had to continuously scan internal and external cues to amplify her distress. She became too aware of her feelings and bodily sensations and was prone to exaggerate their significance. Carol was vigilant to any connection that would diminish her creativity; she often

said she was worried that therapy would end her career.

My style of avoidant relating was evoked in that I would sit back, observe and try to attend but I also have a tendency to want to contain the emotions by summarising and providing an intellectual understanding.

To be a more attuned caregiver I needed to be more aware of my style of relating. To demonstrate that I was on her side I became curious about how our styles of relating were co-creating the experience. I attempted to attune to her by accepting her expression of feelings, being present and not intellectualising what was being evoked, Carol's style has been to utilise less her hyper exaggerated strategy of connection. The therapy relationship strengthened when she identified that I was not imposing beliefs on her or that I was not shocked by her thoughts.

In exploring with her the effect of her parents style of connecting Carol came to the belief that she may not have been physically abused but was mistreated by her parents. At this time her emotional response to her parents is less intense; she feels anger towards her mother and pity towards her father.

When discussing the presentation Carol said that she was pleased to have shifted from being preoccupied about the possible abuse by her parents to being able to express herself and not feel abandoned by me. Her feelings are strong and expressed with volume in the sessions but we are more able to lean towards those feelings and Carol describes feeling less worried about her creativity being lost. She is more able to show some affect regulation and reflect on her experiences. She continues to struggle with her feelings and a high level of self-doubt.

Conclusion

Gestalt therapy and attachment theory are interconnected and can be pivotal to the understanding of the experiences that are co-created in the therapy room. The use of a frame of attachment and then the figural aspects in the here and now enriches our understanding of our clients and our own patterns of relating. This understanding allows for a more secure attachment in the relational dyad. In both of my vignettes the moment of change occurred when I was able to offer Sue and Carol an exploration of the therapeutic relationship that allowed for a better understanding of themselves. This occurred in exploring the relationship as it was emerging and in a felt sense. My aim is to begin a conversation about how the neuroscience of relationships and the Gestalt theory of relating can be interconnected and highlight the therapeutic relationship in understanding change.

References

Buber, M. (1988) as cited in Mackewn, J. (1997). *Developing Gestalt Counselling*. London: Sage.

Cozolino, L. (2006). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain*. USA: WW Norton & Company.

Jacobs, L. Critiquing projection: supporting dialogue in a post-Cartesian world, in Bar-Yoseph, Talia Levine (ed). (2012). *Gestalt Therapy: Advances in Theory and Practice*. UK: Routledge.

Mc Conville, M. (2012). Plenary addresses at *the GANZ Conference Melbourne 2012. Elements of Change: Context, Connection, Complexity*.

Wallin, D. J. (2007). *Attachment in Psychotherapy*. New York: The Guilford Press.

Wheeler, G (2011) Who Are We? Narrative, Evolution & Development: Our Stories and Ourselves, in *Relational Child, Relational Brain: Development and Therapy in Childhood and Adolescence*, RG Lee & N Harris (eds) MA: Gestalt Press.

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