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ATTACHMENT THEORY: SOME IMPLICATIONS FOR GESTALT THERAPY

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Abstract: Attachment theory has been developed over the last fifty years as one way of understanding the foundations of our capacity and need to make and sustain relationships. It has made an important contribution, not only to the way that we view the development of the earliest relationships in our lives, but also to our understanding of the processes of separation and loss. The implications for psychotherapy in general are becoming clearer, and in this article specific attention is paid to ways in which it may be useful for Gestalt therapists to be mindful of key attachment concepts, how they may emerge in our work, and how they may be used therapeutically.

Key words: Attachment theory, Gestalt therapy, therapeutic relationship.

Introduction

Recently, I was intrigued to hear from a client that she thought she might have a pattern of 'avoidant attachment'. Having reminded myself of her sophistication as a conceptual thinker, and of her own significant experience as a therapist herself, I began to ponder her communication. My experience of my work with her as therapist, was that when I focused on issues of environmental and self-support she often responded by rapidly withdrawing, and that I was then left with a sense of increasing distance between us. Somehow we did not develop a thriving, lively, therapeutic alliance. Often we seemed to be dancing around each other and the heart of the work, instead of grappling with the issues. On one occasion we discussed her response to a break in the therapy. She had booked two sessions with a chiropractor which coincided with our two planned appointments following my return. She reflected with apparent amazement and amusement on how she had made this arrangement without realising the consequence. She had let me know in a letter, the tone of which was 'shirty' and abrupt, but she was not in touch with the anger I sensed in the words.

I wondered how this might fit in with her concept of attachment, and how my own reflections on, and understanding of, attachment might best serve the therapy. What was the nature of her attachment to me? What fixed gestalten might become figural in our work as a result of her experiences with past attachment figures? What implications were there for the way in which I worked to support her, and her ways of supporting herself? How might my own feelings about her and the work be related to this aspect of our relationship?

In this paper I present my thinking about attachment as a concept which has central implications for the practice of Gestalt therapy, at the same time as agreeing with Gary Yontef (1993, p. 454) that, 'Gestalt therapy is an art based on clear, phenomenologically based awareness and dialogic contact and any suggestions based on group data, such as diagnosis, are only suggestive and helpful for the therapist's growth in perspective'. In the hope that I can make some helpful suggestions, I trace, briefly, the historical development of attachment theory, discuss relevant recent thinking and research findings, particularly in the area of adult attachment patterns, and consider in more depth the implications for client and therapist of the pervasive presence of attachment patterns in the therapeutic field.

What is Attachment?

In the 1950s – in part as a development of, and in reaction to the descriptions of relationship provided by analytic theory, and partly as a consequence of observations of children's relationships made during

periods of stress and separation in the Second World War – a new paradigm for understanding the patterns of our early relationships was developed. Central to this was the thinking of John Bowlby. The scion of an upper-class British family, in which his parents were distant figures, (at least in our modern Western view of family relationships), and in whose early life much mothering was provided by nannies, and parenting of a sort by boarding schools, Bowlby was influenced by the writings of Charles Darwin and the ethologists such as Konrad Lorenz. Having worked as an army psychiatrist in the war, he subsequently became a key figure at the Tavistock Institute and set up the child psychotherapy training there. The war's legacy of separation and loss was a profound feature in the field from which attachment studies emerged as one figure.

He worked with children, families and their mothers, and helped film the distress of a two-year-old in reaction to his separation from his parents when admitted to hospital. One consequence of this work was that visiting patterns in hospital were revolutionised and the desirability of maintaining close contact between children and their key adults at this time was supported. He also drew on evidence from studies of the institutional rearing of young children (e.g. Spitz 1945, 1946) which was making increasingly clear the serious and long-term adverse effects on children's emotional well-being of the lack of a close nurturing relationship. Subsequently, based on Bowlby's theoretical approach, workers such as Mary Ainsworth and Mary Main (e.g. Murray Parkes *et al.* 1991) have delineated the qualities of relationship that have to do with attachment. These are qualities which, when impaired, are factors leading to difficulties making satisfying contact and distinguishing figure from ground, and which lead to impaired self-support (the very reasons, in fact, that many clients seek help from us as psychotherapists).

Attachment has to do with the capacity to feel secure, safe, held and nurtured when in proximity to the person who is the attachment figure. For young children this is represented by a literal searching for closeness to the secure base from which exploration, interest in the environment and the challenge of new experiences can be undertaken. One of two basic patterns will be established; when attachment needs are appropriately met, 'secure attachment' will result; when they are not, the child is said to be 'insecurely attached'. With healthy development comes the capacity to carry internal working models of security, to become our own secure base. (Holmes 1993, p. 67).

What Distinguishes Attachment Relationships?

There are some key features of the behaviour that infants show, that are particular to attachment relationships. To aid their interpretation, they may be extrapolated together with information from our own subjective experience about safety, security and willingness to 'try the new':

- Proximity seeking – a child can be observed to explore his or her environment within a protective range. The size of this range varies both as a function of age and mobility, and also as a function of the child's sense of security. Children may already carry introjects about the relative safety or danger of the world and about specific risks that there may be 'out there'. While exploring within this range, if they encounter something that provokes their anxiety, they will return to the person whom they regard as secure, their attachment figure, to regain a sense of security. They seek proximity to this person when they feel scared, worried, confused, or embarrassed, shy and ashamed.
- Secure base effect – the presence of an attachment figure fosters security, so that when the child returns to his or her secure base, there is a reduction in arousal, a feeling of satisfaction and then a preparedness, after a while, to venture out into the world once again. There may be a cyclical pattern of interest, exploration, anxiety, returning to the base, and relaxation. Of course, it is important to bear in mind that the 'base' is in fact a person, and the child's preparedness to leave the base and explore is linked to trust in the security of that person. The pull to return to that person for comfort seems to increase in proportion to the physical distance from that person. If the person is perceived as not secure or reliable, then the radius in which the child is prepared to explore is smaller and the child's world is physically more restricted.
- Separation protest – when a child is separated from his or her attachment figure, he or she will complain, often vociferously, sometimes quietly but nevertheless intently. They demand the return of the person and they may fight the person who is enforcing the separation.
- Elicitation by threat – when the world is a frightening place, or when the children perceive it as such, attachment behaviour will figure prominently. They will stay close to the person who provides a sense of security and their exploration will be curtailed.
- Inaccessibility to conscious control – the pattern of moving away to explore, moving back to feel secure and the interference with this that anxiety and other strong affects lead to, are universal experiences. Yet they are ones that for the majority of people, the majority of the time, function out of awareness. They constitute a basic configuration of the field, the original map of which develops in the first few months of life. They become major determinants of the way in which we encounter the environment, our style of seeking support and being self-

supporting; the roots of our contact style.

- Persistence – attachment behaviour does not wane through habituation. In the ideal world the child experiences repeated need for security and returns to the attachment figure who makes a supportive and protective response. However, the experienced urge to be close and safe does not diminish and attachment in long-lasting relationships seems as reliable as in newly-established relationships. In addition, if a satisfactory response by the attachment figure is not forthcoming, attachment behaviour and a longing for secure attachment wanes only extremely slowly if at all. In fact the child or adult may then continue to pine for the attachment figure in a general outlook of despair, a new introject about the impossibility of getting this need met having been established.
- Insensitivity to experience with the attachment figure – a child's search for secure attachment persists despite abuse and neglect. There may be an intense ambivalence about the attachment figure, and there may be associated feelings of anger or a realisation of the abuse that is occurring, but under conditions of threat the proximity of the attachment figure will be sought because this still carries the possibility for the child of security. The field has been etched by early needs and experiences and is dramatically slow to modify with experience.

Various criticisms have been repeatedly levelled at Bowlby's work, not least of which is the feminist critique. What is objected to is the way in which Bowlby focused on the mother-child dyad and consequently implied that it was necessarily a deficiency in the care provided by mothers that led to poor attachment and subsequent impairment in psychological functioning. More recently it has become clear that it is not inevitable that the major attachment figure is the child's mother; most children form a network of a few relationships with adults in which attachment qualities are important. For individual children, the patterns of attachment which they show may be different in different attachment relationships.

Attachment in Adulthood

Attachment theory has broadened to address some facets of adult relationships, and the way in which attachment relationships are renegotiated through adolescence. The stage of 'disembedding' (McConville, 1995) in early adolescence marks the beginning of a reduction in the intensity of attachment to the attachment figures of childhood and a search for a revision of these relationships in the outside world. Weiss (in Murray Parkes, Stevenson-Hinde and Marris, 1991) puts forward the view that 'attachment relationships and relationships of community make distinct contributions to well-being'. Most adults have a few relationships that are an important part of their sense of well-being, of being understood and known, of being secure; when separating couples have been studied, the great majority show indications of persisting attachment. It would seem likely that the working models for this type of relationship are established in the attachment relationships of childhood. Bowlby says (Bowlby 1979, p. 105), 'A healthily functioning person is capable of exchanging roles when the situation changes. At one time he is providing a secure base from which his companion, or companions can operate; at another he is glad to rely on one or another of his companions to provide him with just such a base in return.' He also points out that because of the emphasis on autonomy 'stemming from the values of western culture, the requirement of adults for a secure base tends often to be overlooked, or even denigrated'. (Bowlby 1979, p. 104).

What Attachment is Not

The attachment relationship is *not* a mutual relationship in that there is not equality in the nature of the roles. One person is the attachment figure, ideally acting as a secure base for the other. The other seeks security in proximity and, from a position of security, is able to explore their environment. As Mary Main says (1996), 'The attachment relationship is an asymmetric relationship in which one individual seeks and the other, hopefully, provides. It is not a relationship of mutual emotional regulation'.

Attachment relationships are *not* relationships in which the concept of dependence and independence are useful. These concepts are replaced by those of trust, reliance and self-reliance. In this way I think that attachment theory supports the idea of the healthy relationship functioning well at the contact boundary, and a goal of self-development being the capacity to both give and receive support and to be self-supporting.

Attachment does *not* imply an infantile quality in a relationship. Bowlby says, (Bowlby 1979, pg. 116) 'involuntary separation and loss are potentially traumatic over many years of infancy, childhood, and adolescence, and at appropriate degrees of intensity, the propensity to show attachment behaviour is a healthy characteristic and in no sense infantile.' However, it is also worth emphasising that attachment relationships are usually formed in the first seven months of life.

Infants do *not* show a 'strong' or a 'weak' attachment. 'Strong' may perhaps be equated with secure, but some children who are said to be 'very attached' to a parent, when observed clinging to them and having difficulty separating, for example when going into school, are in fact *insecurely* attached and are showing marked separation anxiety.

Patterns of Attachment in Childhood

The attachment behaviours of children were found to show variations on a theme. In order to refine these observations, techniques were developed to differentiate the responses of children undergoing separation from an attachment figure. A test has emerged which has been used in studies that number in the hundreds. It is called the Strange Situation (Ainsworth and Wittig, 1969). This takes twenty minutes and starts with the mother and her one-year-old child in a playroom with the observer. The mother leaves for three minutes and then there is a reunion. Then the child is left alone for three minutes and this is followed by a further reunion. Whatever comment we might make about the ethics of this experimental approach, the results are interesting. As individuals, in a way that is stable over time, children tend to fall into one of four patterns of attachment:

Secure. These children are usually distressed on separation. On their parent's return they greet their parent, receive comfort and return to their play. About 60% of children fall into this category. They generally have parents who respond appropriately and consistently to their distress.

Ambivalent. These children become very distressed when they are without their parent and cannot be pacified when the parent returns. They are observed both to seek physical contact and to resist it. They alternate between anger and clinging and give most of their attention to maintaining attachment. About 10 - 15% of children fall into this category and the adults with whom they are observed tend to be inconsistently responsive.

Avoidant. These children show few overt signs of distress on separation from their attachment figure. They ignore the adult with them when they are reunited and remain watchful. Their return to play is inhibited, but they have a pattern of giving most of their attention to the environment, and have difficulty moving flexibly from this to giving attention to the attachment figure. About 20% of children fall into this category and the adult who is their attachment figure seems unresponsive to their needs for reassurance and security.

Disorganised. These children form a small group who tend to come from families in which there is gross breakdown of appropriate caring relationships such as happens when there is physical and sexual abuse of infants and young children, or when children have been in frightening situations with caregivers for which they have had no solution. They show a 'frozen' style of lack of interaction and watchfulness. They exhibit stereotyped behaviours, repetitive behaviours lacking in apparent purpose and give the appearance of being confused about the world and events. In stressful situations later in life, these children will be more vulnerable to dissociation, and the profound loss of contact that this implies.

Patterns of Attachment in Adulthood

Attachment styles have also been investigated retrospectively in adult life by means of a structured interview, the Adult Attachment Interview (AAI), which assesses the inner world or working models of adults with respect to attachment (Fonagy *et al.*, 1994).[1] It has been found that responses can be assigned to one of four categories: *autonomous-secure, dismissing-detached, preoccupied-entangled, and unresolved-disorganised.*

Those in the *autonomous-secure* group give accounts of secure childhood attachments and they are able to relate their story in a way that is coherent and internally consistent. They are able to experience and contain painful events and to overcome them. *Preoccupied-entangled* responders give accounts which are inconsistent and seem to be caught up in unfinished issues from their past with an impression that the struggle continues. The *dismissing-detached* group find difficulty in giving a full account of themselves. They will say that they have few childhood memories and idealise their childhood with simple remarks like 'Everything was fine'. The *unresolved-disorganised* group refer to traumatic unresolved events such as childhood abuse, or major experiences of loss.

Patterns from parents' responses on the AAI tend to correlate highly to the patterns found in the Strange Situation in their children. Thus autonomous-secure adults tend to have secure children; preoccupied-entangled parents tend to have ambivalent children; and dismissing-detached parents tend to have avoidant children. However, these categories should not be seen as categorical or deterministic! If we look at all the children of mothers rated as insecure by interview when they were pregnant, then 20% of their children will be securely attached (but 80% of infants of mothers rated as secure on the AAI will be rated as secure in the Strange Situation).

So, by using this particular map, it can be demonstrated that there are important features of the infant-parent relationship which can be consistent in some way across generations. Features of this relationship which have to do with attachment are also descriptive in some way, of the psychotherapeutic relationship. I want, now, to look at this in more detail with particular reference to the Gestalt model of relationship and experience.

Styles of Therapeutic Relationship

Underlying a consideration of the therapeutic

relationship is the knowledge that the key quality of secure relationships is active, reciprocal interaction (Holmes, 1993). In studying the relationship between infant and caregiver, Stern has used the image of 'attunement', an active and mutual process in which the earliest maps of the intersubjective field are laid out and 'contoured', the parents' intersubjective responsivity acting as a template to shape and create corresponding intrapyschic experiences for the child (Stern 1985, p. 207 ff.). As Holmes points out, 'Passive contact alone does not promote attachment' (Holmes 1993, p. 107). Consider the active quality of relationships that foster secure attachment, with the person representing the secure base actively promoting this and the other seeking both safety and then support in exploration. This quality is part of a description of the Gestalt therapeutic relationship, with its attention to environmental and self-support, the therapeutic dialogue, and the possibility of a mutual meeting in deepened contact.

Questions arise concerning the therapeutic task and its goals. Does attachment imply that, as therapists, we attend to attunement with our clients, and take as our focus an intersubjective responsivity, in order to undertake a kind of 'reparenting'? Do we have an aim of helping our clients move from a pattern of insecure attachment to a secure pattern? Or do we acknowledge the client's repetitive patterns of relating and interrupting their relating, and work to bring these patterns to awareness? Lynne Jacobs and Steven Tobin (e.g. Jacobs 1992, Tobin 1990), amongst others, have written on the relationship of intersubjectivity theory and self-psychology to Gestalt theory and practice. I would suggest that attachment theory can contribute to the rationale for holding these theories in mind when working as a Gestalt therapist, as it adds colour to the picture of the intersubjective field (Jacobs 1992 p. 27) that supports 'the development of "self-structures" or the capacity for self-regulation'. Following Gordon Wheeler (Wheeler 1991 p. 118), I would see attachment relationships as one of the structures of ground that is a major condition of figure formation, and that the kind of figure achieved is dependent on the type of attachment relationships that lie in the client's history.

A helpful model may be to view disturbances of attachment as lying on a spectrum or continuum. This is the continuum of severity of the impact that they have on our capacity to form relationships on which we can rely, and which nurture our self-reliance. We all may be able to recognise our own movement up and down this spectrum, at different times and in different relationships, and the range of ways in which we express our attachment patterns. When working with clients who are basically able to be securely attached, we may actively choose to support the client's developing awareness of their patterns of relating. With clients who are insecurely attached, this may be possible but we will need to acknowledge to ourselves that the 'parenting function' is always in the therapeutic field, and to proceed with more emphasis on empathic attunement. We may then move to work on awareness of attachment patterns as and when we judge this appropriate in view of the client's developing capacity to use support and to support themselves. With clients whose attachment patterns are seriously disturbed, we may need to 'shelve' much of our direct approach to awareness and to accept that the work of providing a secure base and attending to this in whatever way we can may take precedence for much of the therapy. I am suggesting that attachment theory supports a 'both/and', rather than an 'either/or' model for these therapeutic approaches. Attachment theory predicts that this will need to be a consideration in the majority of therapeutic relationships, but especially in those that are sustained in time, or intense in terms of the client's level of disturbance and lack of psychological maturity.

If we view secure attachment as the establishment of the capacity to aggress into the environment from a position of security and self-support, and as the development of a healthily functioning contact boundary, then as therapists we need to give attention to the attachment qualities of the therapeutic relationship, and the goals of therapy. From the child's point of view a developmental goal may be to develop a solid enough sense of self that differentiation and awareness can occur, and thus the possibility of contact. Equally, this can be a therapeutic goal. Just as children reveal their predominant attachment style in play, clients may do the same in therapy, especially in experiments to do with separation and reunion, and around breaks in the therapy. Those with a history of ambivalent and avoidant styles may replay a repetitive pattern of interruptions to contact that were creative adjustments designed to maintain as good an attachment relationship as the infant could, in the face of unanswered needs. More specifically, how can we use our awareness of attachment patterns to refine our work with clients who show secure, or insecure, attachment?

Working with the Client Whose Predominant Experience has been Secure Attachment

Working with the client who has had an early experience of secure attachment, I may well find that quite quickly there is a sense of a therapeutic alliance. In coming to know something about this person's story they will talk about themselves coherently and fully, with the sense of a lifeline that is continuous and rich and with which they are relatively familiar.

The quality of their communication is that of consistency, coherence and collaboration. Main (1996)

shows how this linguistic analysis of people's discourse concerning their relationships with their parents or key caregivers, is strongly associated with a history of secure attachment.

In 'attuning' myself to them I may experience a relative ease in generating an empathic response. Positive affects as well as negative are more likely to be expressed fully, with a sense of real contact. Their secure attachment style may express itself in a facility for completing gestalten, and to more experiences of satisfaction and withdrawal. Experiments will seem to emerge with less effort and planning and they will work at a higher apparent level of personal risk than with the client who does not carry a story of secure attachment. I can find myself describing them as 'likeable', 'committed', 'creative', 'self-reliant'.

Example 1: Sally.

Sally is a woman in her mid-forties who is the mother of two children in their mid-teens. She has been married to Trevor for eighteen years. He has a steady work as a plumber and they have been living in their present home for the last eight years. When I first meet her she is quick to acknowledge her anxiety about coming to the appointment and says that she never expected to be seeing a therapist, but a friend suggested she approach me to discuss some issues which are worrying her at the moment. She has been preoccupied, sleeping badly and uninterested in her home which has previously been a focus for much of her energy. She seems settled into the chair and her posture looks comfortable, her breathing even and regular. She makes direct eye contact in way that is not intrusive. When I ask her what her concerns are she says that her mother died suddenly and unexpectedly from a brain haemorrhage a year ago. Though she feels that she is coming to terms with her sense of loss, rather than feeling optimistic about the future she is noticing that she feels cramped and frustrated at what she sees as her prospects. We agree to meet in an open-ended way to explore these issues.

As the work unfolds a fuller story of her childhood emerges and I hear about the contrasting style of her parents. Her mother was very competent at organising family life and attending to her children's basic needs. Sally remembers how she felt she could rely on her mother always to be there at the school gates at the end of the day, and tells me of a time when she cut a finger on some broken glass when playing outside the house. Her mother had comforted her and told her a story about a wise woman who made potions that healed all hurts while she cleaned and dressed the wound. But Sally, the younger of two daughters, never felt a real warmth from her, more a straightforward, practical caring. She would turn to her father for light-hearted games, practical jokes and the enjoyment of being squeezed in his strong embrace. However, he had a job which took him away from home for periods of a week at a time. Her sister lives close to him and is now frequently involved in supporting him, and paying regular visits to make sure that he is well, fed, and safe.

Sally works quickly and spontaneously, taking in my suggestions about how we might work. She seems prepared to focus on her current awareness and to discover how she has never felt complete about expressing her disappointment that her mother was never more fully emotionally available for her. However, when she replies to herself as her mother, she expresses the power of the consistency of caring that she experienced from her mother, the sense of predictability and safety, reliability and presence. She realises that she has herself been able to express this in her own style of mothering, but that now her mother is dead, she has been thrown back on the realisation of the lack of easy spontaneity that her father used to display. When I need to introduce a break in the therapy of several weeks, at short notice, she experiences, and is able to reflect on, her mixed experience of me – as predictable in my meetings, availability and style, yet going away suddenly just as her father used to do when she was young.

On my return, she is quick to tell me that she feels that a momentum has been lost, that she has felt uncertain about whether she needs to come, and that her husband has been attentive and listened well to her frustration. She tells me this in a lively, sparky and refreshingly confrontative way. She has been exploring possibilities for training in horticulture and found a course that is running within reachable distance of home. In fact, as I point out, many positive changes in her outlook and discoveries about the possibilities of support in her current relationships have occurred while I have been away. We work for a few more sessions to consolidate this and bring more of her own spontaneity into her awareness. Then the therapy comes to a mutually-negotiated end.

In my work with her I have experienced her basic solidity, and her capacity for healthy self-reliance in conjunction with her readiness to turn to others for support. She not only experiences the separation as frustrating and a disappointment, but is able to let me know this at the same time as acknowledging the gains she has made as a consequence. She is able to describe her mother in terms which contain both the positive – 'consistent, caring, competent' – and the negative – 'lack of real warmth'. While reflecting on the past, she is able to work in the 'here-and now' and I have the sense of a lively therapeutic alliance with a person who is largely 'up to date'.

As a client she modulates contact in a way that is flexible and readily permits our creative interaction,

fluidly moving from her internal experience to the environment and leaving me with a sense of a playful and spontaneous engagement.

Working with the Client Whose Predominant Experience has been Insecure Attachment

Not all our clients will come to us with the capacity to move into a relationship that has the qualities of security for them. While we might attend dutifully and appropriately to the contract, to the boundaries of therapy, to issues of the safety of client and therapist and to all the features of good, professional environmental support, some clients will have had an early experience of relationship in which their 'attachment map' predicts certain creative adjustments to separation and loss, perceived or real. Within the group of clients who have not experienced secure attachment, (and remember that this describes about a third of the general population, and, we might suppose, a higher proportion of those seeking psychotherapy) I propose that it is worth differentiating the attachment styles I have described above. This is important because of the implication for us as therapists that the way that we choose to work, to support and to suggest experiments can be usefully informed, and that the map can help us achieve 'better' therapeutic outcomes.

A: The Ambivalent Style

People who as infants would have shown an ambivalent pattern of attachment in the Strange Situation, both protesting and clinging and slow to recommence play, may appear to me when they are adult clients as rather constrained and clumsy and prone to a chronic low-level dependence. (The *preoccupied-entangled* group on the AAI). Though they tend dutifully to comply with suggestions they may seem less able to engage in free creative thought or experiment. As I enquire about their story they may tell me of parents who were intrusive in responding to their distress, or panicked, or were over-involved. As adolescents they fitted into their family in the 'underbounded style' described by McConville, with boundaries separating and defining individual selves becoming confused, and a resulting confusion over 'ownership of and responsibility for the experience of self' (McConville 1995). They may still be struggling to find a sense of themselves as separate from their family, as a distinct person in their own right. Confluence will feature as a major modulation of contact with me. As they endeavour to tell me about this, many major incomplete gestalts from the past will emerge, and these topics may preoccupy them in such a way that I find it difficult to feel a sense of energy at the contact boundary in the present. Perhaps they will have seen other therapists and have acquired a jargon-ridden language with which they describe their 'issues' and the attempts they have made to resolve them. They tell me at great length about the intricacies of their relationships with caregivers, and in the telling the present often blurs with the past. Are they telling me about the frustration they felt in the presence of their mother last week-end or is this about a time when they were a young child?

Between sessions or, perhaps more obviously, around the time of a break in the therapy, they may re-experience that sense of being abandoned and then under-nourished on my return, and I will experience them as clinging – perhaps they will make extra phone calls to me between sessions. The need for some sort of object or letter as a reminder to them of the continuity of our relationship may be necessary on occasion. Questions I need to ask myself are, 'Am I over-involved with this client? Do I have a wish to "get away" from him in a way that would seem unpredictable to him? Is my sense one of moving in and out, towards and away, to and fro with her?'

B: The Avoidant Style

When I meet a person who had an avoidant style of attachment behaviour as an infant, they may well have difficulty in telling their story because of a lack of coherence and an impaired sense of their own personal continuity. (The *dismissing-detached* group on the AAI). Their story may be brief, leaving me with the sense of unrecorded years, intrigue, gaps and missing data, and sometimes I may feel confused about detail and come to realise that the story has changed. They may, however, tell me of parents who did not seem to notice or respond to their distress and at the same time struggle to find examples to flesh themselves and their history out. The feeling that I might initially expect to be linked to this story seems to be buried or absent. Their style of interruption may in fact be one of profound desensitisation and retroflection, particularly of angry and aggressive feelings, or their protest may be projected, with others experienced as angry or protesting or aggressive. The depth of their retroflection might be expressed in acts of self-harm, for example in superficial laceration.

They may comply well with our contract about attendance but when I am away or there is a break in the therapy they will make little reference to it, and display little feeling about it. They 'keep themselves to themselves' and feel 'hard to reach'. When I wonder about their environmental support in terms of relationships outside the therapy, they may tell me that they have few friends, even that they do not feel a need for friendships and prefer their own company. In their

isolation they actually find it hard to keep themselves differentiated, and as adolescents they may have had an 'overbounded' style in McConville's terms (McConville 1995, p. 105), having taken up a polarised position of separation and rebellion, in order to attempt the differentiation that they find difficult. They may be understandably cautious about 'trying the new', and need a lot of support to move into action and experimentation, 'watchful' and alert to potential loss of security.

Example 2: Ian.

Ian is a man in his late twenties who comes to see me at the suggestion of his general practitioner. He says that several times a week, when he is in a public place, he experiences a growing tightness round his chest and a feeling of fear. He then goes into the back of a shop and finds a place by himself. Usually the fear subsides and he is then able to continue with his day, but on one occasion, when the shops were closed, his feelings of fear escalated and he had to ask a passer-by for help. An ambulance was called and he was taken to the casualty department of a local hospital where he was checked over and reassured that he was physically well. He taps his mouth with his fingers as he speaks and his eyes dart around the room. The fingers of his right hand are deeply nicotine-stained, and his fingers have faded self-inflicted tattoos on them with the letters M - U - M. He tells me that he is currently separated from his partner, Sarah, with whom he has a son aged three called Daniel. He says that she wished to have a second child, but that he could not face the extra demands, and because of the profound disagreements, he decided to leave for the moment. Since the separation the episodes of fear have started.

I ask about his family. He shrugs and says that he doesn't see much of them, though they live in the same town. He tells me that he had 'a good time' as a child; his father was 'firm but fair', his mother 'all that a child could want'. Yet at another time he suggests that he might be helped 'by the sort of tablets that my mother used to take for her nerves after she had her breakdown'. He also says that he left home at sixteen 'to get away from them'. He seldom refers to others in his life unless I directly enquire and, however I ask, I am left with a picture of him as elusive. It is as if he is camouflaged against a background which is out of focus, with few firm points of reference. I experience difficulty in being fully present myself, becoming vague and somewhat confluent with him. Establishing a definite *modus operandi* for the work is never straightforward, and he continues to define the goal as 'to get rid of the fear'.

He is very cautious about paying attention to any of his gestures, seeming to want directive advice and a rapid solution for his symptoms. When I draw his attention to the gesture that he makes with his fingers he says, 'Sorry', and immediately stops. It takes many sessions of gentle work establishing a therapeutic alliance before we can talk about, and attend to, his breathing patterns in our sessions and begin to discover how these are related to his feelings of anxiety. Sometimes he tells me that his experiences and our discussions about them, 'don't really make sense'. At times I feel a sense of frustration at the pace of the work, and when I try to find a way to introduce this, he is quick to perceive this as a criticism of him.

When there are breaks in the therapy, of one or two weeks, he discovers that he has several bouts of 'the fear'. On a couple of occasions he misses the next appointment, leaving no message and saying that 'something came up' and that he was busy when he next attends. Finally, he tells me that he has decided to attempt a reconciliation with Sarah and because his symptoms are less troubling that he decided to stop coming to see me. I am left with a strong sense of incompleteness of our work, and a feeling that I have never really got to know him.

Reflecting on the work, I notice again the paucity of his story, the gaps, the conflicting statements and the way he superficially idealises the experience. I have not got any sort of picture about the way his parents responded, or not, to his emotional needs, and he does not convey either the past or his current situation with any strong feeling. He seems to deny the breaks even occur, but when I have been away he seems to turn his attention outwards, to be 'busy' when we would have been meeting. Even within the sessions he keeps his attention carefully on the environment, seeming wary and unsure. I try to grade experiments with care, but even what I consider to be low-risk attention to sensation seems to be too uncomfortable for him. As 'caregiver' I have not really registered his distress, somehow I have kept it from impacting me. Being fully attuned, practising inclusion, have been difficult for me with him. Now, in retrospect, I wonder what his experience was, how he may have felt dismissed by me, and I have regrets that I did not find words to make this explicit in a way that he could experience as supportive.

C: The Disorganised Style

People who have experienced disorganised, unpredictable, confused or even abusive attachment relationships may be hard to engage, show little expression of positive feelings, have difficulty sharing an emotional language, and to leave the therapist with a sense that boundaries are hard to maintain, and that there is incipient or actual chaos or risk, either for the client or themselves. Though for some there may have been healthier attachment relationships that mitigate some of the deleterious consequences of their less-than-adequate

early care, for others this will have been the sum of their early experience, and their needs as clients are great. A discussion of therapeutic options, dilemmas and possibilities in this situation could be the subject of a separate article. Many of the issues are laid out with considerable clarity by Yontef (1993), in his chapter 'Treating People with Character Disorders'; it would seem that the creative adjustments that individuals make in the face of gross under-provision for their attachment needs lead to pictures of functioning that may be described as 'borderline'.

Further Implications for the Therapist

The importance for me, as therapist, of being aware of my own predominant attachment style will be an obvious consequence of viewing the therapeutic relationship in this way. What are my own responses to separations and loss? How coherently can I tell my own story? Where are my attachment needs currently met and how do I support myself in this respect?

We may recognise all of the traits I have described within ourselves at different times, just as we may have been able to make a DSM-IV diagnosis of most of the personality disorders for ourselves when we are reading a diagnostic manual! I suggest that this might reflect our different attachment relationships with different caregivers, and that therefore we need to pay close attention to these in our own therapy and training in order to maximise the potential of the therapeutic relationships that we forge with our clients. At the same time, we need to recognise how we become attached to our clients. I think it is generally recognised that we come to the work as therapist in part to foster our own development and to heal our own hurts. My experience has been that though I can emerge from the fire of work with a character-disordered client a more integrated person, my capacity to experiment with the new, to be playful, occurs first in work with clients like Sally who are secure and solid enough for me to rely on them to take responsibility for themselves. They represent a secure base for me as therapist.

When we pay attention to support, one aspect we need to consider is the possibility of a client experiencing the place and ourselves as a secure base, and the therapeutic relationship as attending, amongst many things, to his or her attachment needs. My view is that we may work towards our clients' individual capacities to experience themselves and their current relationships as a secure base, and that clients' explorations can take place in the knowledge that they have their own secure havens to return to when they have moved beyond familiar limits and expectations. A client can then be an attachment resource for him/herself from which, and with which, to expand his or her experience of contact with the world.

We also need to bear in mind the preverbal nature of the experiences that configure these aspects of the field, and understand the consequent struggle that clients may bring as they attempt to articulate their need to feel secure and safe, or to communicate the distress, both historical and in the present, that is the result of attachment needs unmet.

Conclusion

Our awareness as therapists needs to include the possibility that we may be drawn into a dance of repetition of early attachment relationships, one in which we take the part of the attachment figure, and that while the client re-enacts their familiar pattern of modulations of contact which were forged when they were an infant, as a creative adjustment to their caregivers' styles, we the therapists take up the role of caregiver. As Gestalt therapists we may notice this especially in terms of characteristic modulations of contact, styles of self-support, and variations in creativity and capacity to experiment. We may then act in ways that may be relatively unfamiliar to ourselves, but *familiar to our clients*. Not inevitably, of course, but attachment is pervasive, one of the currencies of life, and its map had better be in our bag of skills, resources and knowledge when we set off adventuring in the landscape of psychotherapy. There will be needs beyond attachment and other possible goals, and for those, of course, we need other maps.

Note

1. Answers to the interview are rated along eight scales: loving relationship with mother; loving relationship with father; role reversal with parents; quality of recall; anger with parents; idealisation of relationships; derogation of relationships (an attitude of being dismissive of the importance of key relationships); and coherence of narrative (being able to tell one's story in a way that has internal sense and consistency). This has implications for the way in which we ask our clients questions about themselves, and emphasises the importance of the process of their responses, as well as the content.

References

Ainsworth, M. and Wittig, B. (1969). Attachment and the Exploratory Behaviour of One-year-olds in a Strange Situation. In Foss, B.M. (Ed.) *Determinants of Infant Behaviour*, **4**, pp.113-36. Methuen, London.

Bowlby, J. (1979). *The Making and Breaking of*

Affectional Bonds. Routledge, London.
Fonagy, P., Steele, M., Steele, H., Higgitt, A. and Target, M. (1994). The Theory and Practice of Resilience. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, **35**, pp.231 - 257.
Holmes, J. (1993). *John Bowlby and Attachment Theory*. Routledge, London.
Jacobs, L. (1992). Insights from Psychoanalytic Self-Psychology and Intersubjectivity Theory for Gestalt Therapists. *The Gestalt Journal*, **15**, 2, pp.25 - 60.
Main, M. (1996). The Emmanuel Miller Lecture, Association of Child Psychologists and Psychiatrists. In press.
McConville, M. (1995). *Adolescence: Psychotherapy and The Emergent Self*. Jossey-Bass, San Francisco.
Murray Parkes, C., Stevenson-Hinde, J. and Marris, P. (1991). *Attachment across the Life Cycle*. Routledge, London.
Spitz, R. (1945). Hospitalism: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood. *Psychoanalytic Study of the Child*, **1**, pp. 53 - 74.
Spitz, R. (1946). Anaclitic Depression: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood. *Psychoanalytic Study of the Child*, **1**, pp. 313 - 342.
Stern, D. (1985). *The Interpersonal World of the Infant*. Basic Books, New York.
Tobin, S. (1990). Self Psychology as a Bridge between Existential-Humanistic Psychology and Psychoanalysis. *Journal of Humanistic Psychology*, **30**, pp. 14 - 63.
Wheeler, G. (1991). *Gestalt Reconsidered: A New Approach to Contact and Resistance*. Gardner Press Inc., New York.
Yontef, G. (1993). *Awareness, Dialogue and Process*. Gestalt Journal Press, New York.

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