

## Editorial

# The multi-layers of attachment\*

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W elcome to Volume 17 (issue 2) of *Attachment*. This is the first issue under my editorship that has been entirely generic. And as such I found myself struggling to pull together the current issue, as I was pondering the themes of the superb articles and book reviews I had the pleasure of reviewing over the coming months. First, I have been impressed with how skilfully and creatively authors have made use of attachment theory and applied it to their various fields of expertise. It was a pleasure to read such a wide variety of papers and second, that the theme I kept returning to, was how wide the net had spread to the utilisation of attachment. It was this wide scope that made me ultimately settle on the multi-layers of attachment and how this linked to the way many have organised the various psychotherapies. This organisation perhaps feels quite accessible to my mind with my various core therapy professions, first in clinical psychology, then in family/systemic practice, and finally in the world of psychoanalysis. It almost inevitably makes me think of the individual, the interpersonal, and the world.

### The individual

Many therapies have been frequently criticised for focusing on the individual such as cognitive behavioural therapy (CBT), for example; which has long received the sometimes-necessary critique of being an overly Eurocentric model locating far too much in the individual (Harper, 2016). I always understood this critique from clinical psychologists, in a sense I always felt they were to some extent critically reflecting on themselves, but was always more curious when this came from psychoanalysis, as the traditional intrapsychic models of psychoanalysis could be accused of much the same, epistemologically speaking at least. But I rather like CBT, particularly the third wave approaches, so it shouldn't surprise you then that I find the intrapsychic approaches useful too.

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The articles presented by Dr Greenberg, Mr Neves, and Ms Etherson, focus respectively on developmental trauma, compulsive sexual behaviours, and shame. Whilst they very astutely describe their field of expertise and apply attachment theory to them, and in fact describe very attuned relational therapy, I find myself equally recognising that such presenting difficulties are so felt at the intrapsychic level that a focus on the inner world is not only useful but indicated. As Dr Greenberg describes, developmental trauma can make language difficult let alone any other kind of relating and shame-based difficulties are often rooted in such painful experiences that a focus on the self is entirely justified. What I mean by that is many of us will have endured various traumatic experiences and those particularly traumatised may have had a lifetime of not being seen, not being heard, and crucially may have had to see and hear those around them in hypervigilant ways for survival. The last thing a client like that needs, until a certain time perhaps, is to be burdened with the therapist's subjectivity. In this regard I have a high degree of respect for both CBT approaches and more object relations classic psychoanalysis. Providing there is skilled attunement in the therapeutic relationship and acknowledgement of the therapist non-neutrality which can be taken to supervision, these therapies, albeit with very different foci and aims, potentially offer these clients a place where it is just about them, the individual self, for once.

### **The interpersonal**

When I think more about relational therapy, the immediate person who comes to my mind is Steven Mitchell. I must confess that I feel quite good at third-wave CBT and object relations approaches in psychotherapy or perhaps I should say "good enough". And feel very comfortable with the systemic approaches, which I view as at the other end of the epistemological spectrum. I perhaps feel less comfortable with relational psychotherapy. Steven Mitchell's work could be seen as the integration of common themes within many neo-Freudian psychoanalytic theorists such as Klein, Winnicott, Sullivan, Kohut, and others and their marked departure from Freud's instinct/drive theory (Mitchell, 1988). I feel somewhat reassured as in that sense I am entirely relational but rather than focus on relational psychotherapy and how it has evolved since early Freudian drive theories, my main concern now is more about what relational psychotherapists do with attachment and what does attachment-based relational theory add beyond the object relations theorists?

One ingredient of relational psychotherapy for me is the notion that there are two subjectivities in the room, the shift from the individual to the interpersonal (Sullivan, 1953) and this is often more explicit than in more classical approaches it would seem. The article by Dr Bugliani "A kind of love" reported so vividly his own countertransference experience of a difficult client and aspects of love for this client that it took on a different type of interpersonal relating in the room or had the potential to depending how much the therapist chose to self-disclose. Equally the article by Dr Clulow, with his expertise in couples' work, was implicitly relational

in a different sense as one had two subjectivities with the clients in the room to begin with. The “couple” as the client altogether requires a different kind of relational thinking and feeling, even if one is attempting to help the couple reach the third position as one might in individual therapy to create room for the analytic third (Morgan, 2019).

So, what exactly is the move away from the internal world, towards the interpersonal actually about. Is it that countertransference becomes our subjectivity and therefore altogether a different conceptualisation of this phenomena? Or is it simply a matter of praxis and how much we self-disclose what we make of such experiences in the room, as well as ourselves more broadly? Which I think will depend very much upon our own attachment styles, making relational psychotherapy potentially very distinct from attachment-based relational psychotherapy.

As someone avoidant leaning as my more core/default position, I frame it like this as I believe our attachment styles are contextual, just like “there is no such thing as a baby” (Winnicott, 1960), there is no such thing as an attachment style without the other. In some relational contexts I have been far more anxious and even disorganised by the other. But I wonder if my own default avoidant leaning style is precisely what makes me less comfortable with relational therapy. Bringing myself into the space feels intrusive in some cases and dangerous in others.

It is no surprise to me that both articles here touch on themes of love and perhaps my own experiences of love in the consulting room has felt disorganising. The therapist’s love and how this manifests in the consulting room can be both therapeutic but also tragic. At times relational therapy can feel messy and enmeshments can leave a vulnerable client feeling more disorganised, such a model requires great skill and self-awareness, if ever there was a therapist that got themselves in a real pickle it would no doubt be in a relational approach.

Having experienced both a classical object relations therapy and an attachment-based relational therapy, the endings of both felt profoundly abrupt and painful and in my reminiscence of these much-loved therapist objects, I sometimes ponder the difference. The object relations therapist really helped me and made me feel understood but when she left, I felt I was just a client. Perhaps I was more to her than she would ever let me know. The attachment-based relational therapist quite frankly left me feeling used, more distressed, and, at times, too frequently burdened with their personal context, but when she left, I knew she loved me and I knew I was more than “just a client”, that it was indeed a real relationship. I really do not know which served me better, perhaps both, perhaps neither. All I can offer at this point is to ponder along with Dr Clulow and on Larkin’s concluding words: “what will survive of us is love” (Larkin, 1964).

## The world

Systemic and family psychotherapists are no doubt some of the best clinicians at naming the sociopolitical context (Dallos & Stedman, 2006) and its impact on

psychological well-being, such that the focus is not to gain insight but indeed “outsight” (Hagan & Smail, 1997). It is particularly refreshing to see how attachment has also entered this sphere. Whilst the article by Dr Ezquerro and Dr Cañete aims in part to support attachment and relational therapists to work better with older clients, the significant theme of their article reflects the systemic reality of an ageist world and they walk us through how older adults indeed do deserve better in society.

Post-structuralism and further influences from social constructionism and narrativism (White & Epston, 1990), have also shaped systemic therapies. One such model of relevance is narrative therapy. An obvious practice error clinicians tend to make when working with narrative therapy is to focus on different narratives/stories as though the different stories themselves were the point, when in fact a key element of narrative therapy is thinking precisely about which stories hold power and dominance vs which ones do not (White & Epston, 1990). It is a model intrinsically about power. In his conversation starter Mr Partridge has managed to broaden the remit of attachment even further through to an anthropological lens addressing exactly the concept of power and positionality and its utility in self and group agency. Although Mr Partridge draws on his experience of boarding school trauma, a much-acknowledged area in attachment therapy communities in part due to Bowlby’s own history of separation and boarding, the expansion of his work to culture and power more systemically is perhaps the further development for attachment and indeed a conversation starter.

We end this issue with a contribution from Dr Turp, which feels distinctly apt, as what could be more relevant to the world than the topic of climate? In her unique take on attachment she explores attachment to things other than human. And the current very relevant topic of climate is likely to impact us all regardless of where we locate ourselves in this conversation. It occurred to me whilst Dr Turp explores more the attachment to nature and climate, that these very significant systemic issues in many ways remind us of our attachment to each other in a more global sense. This was particularly live during the recent pandemic and such global events although experienced very differently by different groups and communities of people, entirely due to social injustice and inequality of power, they do also ultimately remind us of the fragility of attachment to ourselves, to each other, and the world.

## Conclusion

In my final thoughts I am brought back to my place of origin feeling somewhat troubled at attempting a coherent and editorial summary to the vast reach of attachment and its application in the current issue, and noticing that the struggle comes from a need to organise, therefore categorise, almost overly split off, when in fact the works presented here are so much more interconnected.

For example, I was impressed with Dr Greenberg not only describing the mechanism of psychodynamic practice and its application in developmental trauma, but

the very skilled way he then integrates this with the very real social injustice that is racism. Similarly, whilst compulsive sexual behaviours and shame are so individually and privately experienced, I felt the bringing of systemic realities of homophobia was particularly significant, and the article's focus on the relational origins of such difficulties by both authors were particularly poignant. Demonstrating that the individual, the interpersonal, and the world remain intrinsically hard to split off, from each other.

Couples who bring two subjectivities directly into the room and those client-therapists who embark on relational work of this kind where they might explore directly their feelings for each other, they too navigate the world's impact on their lives and their own internal private experiences despite the focus on something more directly relational, needless to say the themes of the individual inner world and the external world are equally at play.

And many a therapist will have encountered individuals who attend therapy entirely due to systemic power struggles, that is, racism, homophobia, and concerns around several other social inequalities and global events and again, whilst these things are very real in the external world, they profoundly impact our individual mental state and therefore our relationships and vice versa.

Perhaps then it is not so much the multi-layers of attachment after all, but rather the interconnectedness of attachment.

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