Attachment, affect regulation, and couple psychotherapy

Christopher Clulow

Psychotherapy might be defined as the application of developmental psychology to understanding and changing problematic ways of relating—to ourselves and to others. The aim of this chapter is to apply to the field of couple psychotherapy insights originating from perspectives that have enhanced our understanding of human development, paying particular attention to attachment theory.

Attachment theory

For Bowlby, the author of attachment theory, humans were innately social animals, motivated from birth to seek and maintain connection with others. It was through these connections—relationships—that development occurred. Combining ethology (the biologically based study of animal behaviour) with psychoanalysis (the clinically based study of unconscious processes) Bowlby asserted that what happened within the archetypal couple of mother and infant helped to shape patterns of relating in adult life. In consequence it had huge significance for the mental health of communities. Physical proximity and syntonic emotional responsiveness were what infants needed most from those who cared for them to protect them from painful or threatening experiences, and to instill in them a sense of security (Bowlby, 1969, 1973). This sense of security provided the foundations for good relationships in adulthood. Without it, experiences of separation and loss might turn out to be psychopathogenic (Bowlby, 1980). The central tenet of his theory remains as robust as ever: it is through relationships that we absorb our sense of security as human beings, our potential for development, and the kernel of our sense of self—a self that is essentially relational. It is also through relationships that we learn to regulate our own emotional states and to be alive to those of others.

Bowlby defined attachment in very precise terms as a motivational and affect regulating behavioural system:

> … any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world. It is most obvious whenever the person is frightened, fatigued or sick, and is assuaged by comforting and caregiving … for a person to know that an attachment figure is available and responsive gives him a strong and pervasive feeling of security, and so encourages him to value and continue the relationship. (Bowlby, 1988, pp. 26–27)

While attachment behaviour was most marked and visible in infancy and early childhood, Bowlby was clear that it could be triggered throughout a person's lifetime when he felt threatened or anxious. It is clear that in these terms not only parents but also partners and therapists have the potential to become attachment figures for those who turn to them for help. Patterns of relating in the original couple of mother and infant may also transfer to patterns of relating in adult couple and psychotherapy relationships (C. Clulow, 2001).

Affect regulation and attachment security

Affect regulation and attachment are linked in a circular manner: the experience of affect regulation contributes to the forming of attachment, and a central function of attachment is to regulate affect. Neurobiological research has shown us how important early parent–infant relationships are for developing the capacity of the brain to regulate emotions triggered by sensory stimuli arising from within the body and from the external environment (McGilchrist, 2012).

To talk of the brain as if it were a singular entity may be misleading, since we know that the brain is lateralised into two halves, each of which processes information in different ways. The right hemisphere of the brain is dominant in the first two years of life, before the capacity for language and symbolism comes on stream. At this stage of development, and, indeed, throughout life, it specialises in processing implicit information contained in facial expressions, vocal inflection, touch, and other sensory signals.

From two to three months onwards, when the visual area of the occipital cortex has developed sufficiently for the infant to focus on and follow objects in the environment, the mother's face and eyes are tracked with growing intensity. Her gaze conveys affective information that triggers biochemical changes in the infant's body responsible for developing and structuring neural connections in the brain. When she smiles and coos in response to her baby's half-formed smiles and sounds she amplifies the positive affective bond between them. This pleasurable exchange further excites her baby, activating the sympathetic nervous system and releasing endorphins associated with pleasurable arousal. This often becomes visible in the infant's behaviour, for example, in the uncoordinated waving of arms and kicking of legs. If the excitement becomes too intense her infant may break visual contact and turn away. His mother, picking up on this sign of hyper-arousal, will pull back from her role as stimulator and calm their interaction. When he re-engages with her she will cue into his signals and reactivate the cycle of playful arousal between them. When things go well these largely unconscious, emotionally

synchronised and regulated interactions, repeated over time, enable the infant to forge a secure attachment to his mother or other primary caregiver (Schore, 2003b).

While attuned mother–infant interactions result in regulated affective states that lay the foundations for secure attachment, misattunement can result in dysregulated states and insecure attachment. A mother who is depressed, anxious, or for other reasons unresponsive to her infant, may fall short in cuing into her infant's unprocessed emotional states, or "vitality affects" (Stern, 1985). Showing little emotion, and blocking the approaches of her infant, she may provoke protest and distress. If this pattern is consistently repeated over time the result may be a child, and later adult, who shows little emotion and avoids approaching others because of the expected response of rejection or neglect. The need for others, and protest at their unavailability, does not go away; it simply disappears from conscious awareness. Turning away from them offers some protection against painful feelings, and might also serve unconsciously to punish them ("you're as unimportant to me as I feel I am to you"). Avoiding eye and other contact becomes a self-calming strategy that aims to deal with the disappointed hope of receiving a soothing response from others. The parasympathetic nervous system involved in down-regulating activity, affect and interest takes precedence over the sympathetic nervous system that drives excitement and arousal. Over-controlled behaviour, low expressed emotion and excessive self-reliance characterise this way of being in the world. Repeated over time, this can result in the sculpting of neural pathways to support such internalised patterns and the down-regulating of affective states.

In contrast, a mother who over-stimulates her infant but shows little capacity for offering a syntonic calming response when his affective state becomes over-excited provides few opportunities for learning about regulating emotions. The combination of unregulated arousal and inconsistent responsiveness serves to leave him in an anxious state, constantly scanning her face, reading her moods and gauging his own emotional state in response to hers. The process of playing and exploring the world independently of her becomes inhibited. A pattern develops in which the child, and later adult, excessively depends on others to know about and regulate emotional states, states that may be over-animated to engage and maintain the attention of others. The ability to self-calm in stressful situations, to self-regulate emotions, remains underdeveloped. Here the bias is towards activating the sympathetic nervous system and deactivating the parasympathetic system. Over time, this may result in the kind of dendritic sculpting associated with under-controlled and impulsive personalities that externalise and up-regulate affective states as an unconscious means of recruiting others into regulating their emotions for them.

These two "organised" patterns of insecure attachment (organised in the sense that they provide strategies for being with others in less than optimal emotional circumstances) help the developing child and later adult in dealing with feeling emotionally out of step with others: they can either be avoided or pursued. More complex is the dilemma resulting from a mother who frightens or is frightened by her infant, or who offers no protection from other threatening experiences. What then follows is an overload of sensory stimulus that sends the sympathetic nervous system into overdrive—a kind of over-vigilant, fight/flight response to alarm. If this fails to restore emotional equilibrium the parasympathetic system takes over, shutting the organism's responses down in a frozen state of dissociation: a retreat from the terrors of the world. Dissociation is evident not only in infants who have been exposed to the over-arousal

of repeated trauma or abuse, but also to the under-arousal associated with extreme neglect (Schore, 2003a).

Regulated—and dysregulated—affective experiences between infants and caregivers become imprinted and stored in early procedural memory, outside consciousness. They constitute a model of the relational world that influences non-conscious expectations of future relationships. More than this, they shape the way neural connections are patterned in the infant's brain—growing and pruning dendritic pathways and firing synaptic connections triggered by environmental stimulus. Through the caregiving relationship a mother thereby "downloads" her own affect regulating processes into her infant's brain her own affect regulating processes. By the time her infant is a year old, this will have become installed as an internal representation of self-other relationships, something that Bowlby (1980) described as an "internal working model". The parallel with electronic communication implied by the term "downloading" is an imperfect one, for infants play a part in shaping their parents' responses; internal working models are shaped by relationships and not one-way transfers of information.

Bowlby described the function of internal working models in the following terms:

> Every situation we meet with in life is construed in terms of the representational models we have of the world about us and of ourselves. Information reaching us through our sense organs is selected and interpreted in terms of those models, its significance for us and those we care for is evaluated in terms of them, and plans of action executed with those models in mind. *On how we interpret and evaluate each situation, moreover, turns also how we feel.* (Bowlby, 1980, p. 229)

The crucial function of internal working models (highlighted by the sentence I have italicised) is to achieve and maintain an internal sense of security through regulating affect. The stress associated with a mismatch between inner world assumptions and outer world experience is not simply a matter of cognitive dissonance but also of affective dysregulation. The (unconscious) choice facing an individual in this position is whether to restore equilibrium through engaging with others and the otherness they present (a kind of reality testing that has the potential to encourage development), or retreating from such engagement because the threat is too great (deploying defences). Bowlby saw the task of psychotherapy as creating the conditions in which individuals might engage with others to review their internal working models in order that they might become better adapted to their environment (Bowlby, 1988).

In the course of normal development, the "downloading" of affect regulating capacity from mother to infant takes place initially at a pre-verbal level. The mother modulates her infant's emotional states by tracking and staying attuned to them. As he moves into his second year her role extends beyond being an auxiliary presence that augments his experience to one that incorporates a more prominent socialising function. This is achieved through disruptions in their symbiotic state of emotional attunement, which introduce for the infant the stress of being in an emotionally dysregulated state. While the sense of being merged with an attuned mother intoxicates the developing toddler with his own faculties and capacities—an identification that generates an illusion of omnipotence—he can separate from her, explore the universe around him, extend his achievements and return to her in an excited state that she will reciprocate

his pride and confidence. When she does not, the dysjunction between his experience and her response can feel like a narcissistic blow, challenging the illusion of their fused emotional state. This asynchrony between a self-admiring mental state and the awareness of another's negative appraisal is stressful. From around the age of eighteen months it can elicit feelings of shame—a primary emotion in the socialising process. Here, eyes are averted and excitement drops in the face of a reproving other. Shame functions as an arousal blocker, a down-regulator of the heightened emotional states of elation and grandiosity (Schore, 1994).

Breaks in affective synchrony are made tolerable when a mother does not leave her infant in a dysregulated state but restores the emotional connection between them. The rupture is then repaired, restoring a sense of emotional balance and relational synchronicity. Through successful outcomes to repeated experiences of relational disruption the infant learns to tolerate affective dysregulation and to ingest a confident expectation that it can be repaired and learned from. Subsequent breaks in emotional connection become less stressful, allowing greater fluidity and spontaneity into the relationship. This hopeful outcome is a sign of secure attachment. Insecure attachment is associated with less fluidity in relationships, more anxiety about and vigilance towards potential ruptures, or, conversely, a rigid disconnection from those who might initiate them.

Child development research has provided us with graphic evidence of these processes. Close examinations of infants' responses to being separated from and then reunited with their mothers show how linked their behaviour is to the behaviour of their caregivers. It is as if, from the outset, infants are using their attachment figures to regulate their own emotional states through figuring out the emotional states of their parents. Repeated encounters create patterns that can become visible in the behaviour of children (Ainsworth, Blehar, Waters, & Wall, 1978) and adults (Clulow, 2003), patterns that can later be captured in the ways people talk about their early family experiences (Hesse, 1999). Bodily arousal, behavioural enactments and linguistic representations all provide windows into the unconscious. They convey the degrees of internal freedom people have to explore and evaluate themselves in their environment, and the extent to which others can be relied upon to help them establish and maintain a sense of emotional equilibrium in the process.

Affect regulation and the adult couple

Part of a mother's affect-regulating capacity with her infant comes from her own emotional security, allowing her to know about and monitor her feelings as they are evoked by the relationship she has with her infant. In this she can be assisted by her attachment to significant others in her life, and especially, if she is in a couple relationship, her partner. Indirectly, as well as directly, a secure inter-parental relationship contributes to an infant's growing sense of security. Moreover, the parental couple can offer an affect regulating experience for each of the partners that is different from that which they grew up with, and so offers a potential buffer against the intergenerational transmission of insecure patterns of attachment. Here is an argument for supporting couple as well as parent-child relationships when seeking to promote the wellbeing of children (Balfour, Morgan, & Vincent, 2012; Cowan & Pape Cowan, 2009; Schulz, Kline Pruett, Kerig, & Parke, 2010).

If couple relationships contribute to the attachment security of children, what might be drawn from this understanding of the processes by which they internalise a capacity to regulate their own emotions that is relevant to adult partnerships? Are there parallels that can be drawn with processes operating in the attachment, caregiving, sexual and interest sharing systems that constitute adult romantic relationships?

Attempts to explore these questions from an attachment perspective suggest that the processes can be remarkably similar, but with one significant difference: symmetry. Secure adult partnerships are symmetrical in terms of the fluid and bi-directional ways partners relate to each other when under stress: for example, their freedom to give as well as receive care from each other, their awareness of their own and each other's emotional states, and their mutual capacity to repair ruptures when the emotional connection between them has been broken (Crowell & Treboux, 2001; Fisher & Crandell, 2001; Gottman, 1999). Insecure partnerships, in contrast, retain some of the asymmetrical features of parent–infant relationships. At the dismissing end of the approach-avoidance spectrum they are characterised by minimising expressions of affect and the significance of others who might be turned to for help. At the other, preoccupied, end of the spectrum, they are characterised by maximising expressions of affect to avoid the feared catastrophic significance of ruptures to emotional connection. In both cases, maintaining a sense of emotional connection can be fraught with difficulty. In the first, excessive self-reliance diminishes the potential of relationships to mend emotional fences; in the second, over-reliance on others discourages the development of self-regulation to restore emotional equilibrium.

It will be apparent that secure partnerships are likely to be more resilient than insecure partnerships when facing stress. Balancing a capacity for self-regulation with a confidence about approaching others for help increases a couple's capacity for meeting challenges without overtaxing the resources of their partnership. In contrast, partners who avoid seeking help from each other, or unconsciously recruit their "other half" to do this for them, may end up feeling isolated and overburdened when under pressure. Unconsciously they might rely on their body to signal the help they need, for example, through psychosomatic illness. Alternatively, those who rely too much on others to regulate their affective states may place an intolerable burden on their partnership. Either way, a rigid response may interfere with a much-needed adaptation. It is then that couples run into difficulties and may find their way to a therapist.

Affect regulation and couple psychotherapy

What pointers might be drawn from the preceding summary of processes involved in affect regulation and the development of attachment that might inform psychotherapeutic practice with couples? In answering this we might link the knowledge emerging from developmental psychology and neuroscience with Winnicott's seminal concept of maternal "mirroring" (Winnicott, 1974).

Winnicott proposed that infants discover their own emotional experience in their mother's face, because what she looks like is related to what she sees in her infant's face. Not only does the mother provide her infant with physical, bodily holding, she also "holds" her infant's affective experience, and so contributes to shaping her infant's existential sense of self: "When I look

I am seen, therefore I exist" (Winnicott, 1967, p. 114). His description of the therapeutic process was very much in terms of maternal mirroring:

> This glimpse of the baby's and child's seeing the self in the mother's face, and afterwards in a mirror, gives a way of looking at analysis and at the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and large it is a long term giving back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. (Winnicott, 1967, p. 117)

Throughout life we turn to relationships, as well as art, religion, and theatre, to mirror and give form to our emotional experience—we search, as do infants, for resonance (Wright, 2009). Psychotherapy similarly offers a relationship to provide resonance and give form to unprocessed emotional experience (Beebe & Lachmann, 2002).

Mirroring is a less than perfect term for what goes on between mothers and infants in either parenting or psychotherapeutic contexts except, perhaps, in its pathological form. It captures insufficiently the two-way co-construction of the mirroring process and implies that the mother offers an exact, if reverse, reflection of the infant's expression. It restricts the medium of holding and reflecting experience to facial expression when tracking changes in excitement and arousal, something that infant researchers have extended to other pre-verbal forms of communication (for example, the earliest language of "motherese" and the tactile contact involved in holding and being held—experiences that are evident in infant and romantic couple relationships alike). From Winnicott's perspective, what the mother does, in the best of all worlds, is to read accurately the cues of her baby and to respond in ways that are in tune with the baby's internal state, but not in ways that replicate it. When her responses are in tune with the infant's gestures they have been described as "contingent", but what she also does is to "mark" (differentiate) her responses, so that a distinction is drawn between what belongs to her and what belongs to her baby (Fonagy, Gergely, & Target, 2002; Gergely & Watson, 1996). Her success or otherwise in accurately reading and appropriately bounding that experience has been associated with different patterns of attachment. Secure attachment is associated with contingent and appropriately marked responses; insecure dismissing attachment with marked (differentiated) responses that lack contingency; insecure preoccupied attachment with contingent but unmarked (undifferentiated) responses (Holmes, 2001).

Clinical Example

How might this play out in couple psychotherapy? Let me introduce you to a couple, whom I'll call Tamsin and Tom.

Tamsin is an attractive mother of a five-year-old boy. Tom is her go-getting businessman husband. They came for help because they were arguing a lot. The immediate trigger had been an argument over Tamsin's mother, who occasionally minded their children and whom Tom was highly critical of.

Rather than take a full history I prefer to start with what couples bring, and I look for the core emotional experience that underlies their complaint. So I asked about their experience of becoming parents and heard about the considerable pressures they were under juggling

parenting and work commitments. In telling me they catalogued how they had felt either let down or criticised by those to whom they had turned to for help and support. This, along with other material about parent figures with shortcomings, left me feeling I must approach with caution how I offered myself to them in order not to join the line of people whom they felt had either been critical of or disappointing to them. The main thrust of my comments at this first meeting was to be generally supportive, saying that it sounded as if they had their hands full at the moment (contingent mirroring), much of what they were saying seemed to be concerned with them becoming parents (contingency with some marking), but I included one main couple interpretation that I hoped resonated with their shared emotional experience: it sounded as if each felt abandoned by the other in managing the pressures on them (marking with some contingency). I said nothing at this stage about their fear of being criticised or disappointed by those they turned to for help, including myself, which my countertransference was alerting me to.

When they came back for a follow-up consultation they told me that they had appreciated being listened to rather than advised, and that they wanted to have more sessions. Tamsin then described an ongoing problem she had with her mother, a woman she found it difficult to connect with. She said she would tell her mother what was going on in her life but felt that she either didn't listen or tended to be critical. She got annoyed when she found that her mother would subsequently tell her friends things she had told her, as if to boast about her, but never seemed to react much to her, or to offer her positive affirmation. She said her father was a much more rewarding person to talk to but someone who tended to stay in the background of family life.

Listening to this, Tom waded in saying that Tamsin's mother was indeed a very self-preoccupied woman, and that Tamsin needed to protect herself from her and not get caught up in her agenda. While he appreciated the childcare support she sometimes offered them, he felt she could sometimes stir things up between him and Tamsin when she handled their child in ways they didn't like. His response prompted Tamsin to become tearful. I asked what her tears meant, puzzled because Tom seemed to be echoing some of her sentiments. She said she didn't like her husband wading in like this because he painted a picture of her relationship with her mother as being worse than it was. She said Tom didn't recognise that she still needed something from her mother, and her tears were of frustration with him for not understanding this. She knew she was frustrated by her mother, and having become a mother herself was more than ever aware of what she longed for and had missed from her own mother. But she needed to protect her from Tom's criticism.

What seemed to have gone wrong in this exchange was that while Tom had picked up on and responded contingently to Tamsin's frustration with her mother, he had added some of his own frustration with parent figures (i.e., his response had not been adequately marked), so Tamsin was left with an experience of something alien or incomplete being attributed to her that she needed to resist. In attachment terms I thought Tamsin was describing a relationship with her mother that was on the preoccupied side of secure. She was describing an ambivalent involved relationship that continued to make her angry, and there was some indication of role reversal and projection in her wish to protect her mother from the anger and criticism that she attributed to Tom but also felt in herself. It seemed that Tom could then become either the non-understanding or the appropriating maternal object against whose intrusions Tamsin needed to protest against and protect herself from.

I was concerned that the relationship between Tamsin and her mother should not become the exclusive focus of attention, leaving Tom and their relationship out of the picture. So picking up the maternal relationship theme in terms of them as a couple I suggested that while Tamsin might feel she had to protect her own experience from being intruded upon by keeping Tom out, Tom's experience seemed to be that of an outsider trying to get in, and that this pattern might be connected with their experience of having become parents themselves. They recognised this as being a familiar pattern between them, Tom feeling particularly acutely that Tamsin shut him out as a father. This was a particularly sensitive matter for him as he did not want to repeat the family patterns he had grown up with, where his father was an outsider from whom he felt estranged and abandoned to become a "mummy's boy" at home.

Given the connections between preoccupied states of mind and enmeshed patterns of relating, where there is a tendency to define different relationships as if they are "psychically equivalent" (Fonagy & Target, 1997), my energy in this session was on establishing boundaries. I asserted that Tamsin's relationship with her mother was her business and not Tom's, and that managing their son was their business as a couple and not that of Tamsin's mother. Establishing this distinction, and supporting it, seemed to me to be a way of conveying that I understood Tamsin's anxiety that others might define her experience, and Tom's of feeling shut out, and that I wanted to reinforce the boundary defining them as a couple. This can be seen as contingent marking for them as a couple: cuing into a key area of their shared anxiety but reflecting back something that gave definition to what could become for them a diffused, undifferentiated experience. They both took encouragement from my drawing these distinctions, alleviating some of my anxiety that by coming in strongly about boundaries I might be the one to be perceived as defining and hence intruding upon their experience.

However the concept of mirroring is operationalised, it is clear that an important part of the therapist's role is to be an auxiliary presence to assist couples in managing their affective experience, to act as a container for unmetabolised emotional states, and to help them find an emotional equilibrium that enables both partners to feel secure with each other. When feeling insecure, anxiety closes down a person's capacity to attend reflectively either to themselves or to their partner. Couples seeking help are usually anxious because of a sensed threat to their relationship with their primary figure of attachment—their partner. So how can the therapist be this auxiliary presence and overcome the obstacle that attachment anxiety places in the way of restoring a sense of security? Here are eight attributes that might help couple therapists address this challenge:

1. The therapist as the "safe haven" and "secure base"

Bowlby's description of the key role a parent plays in providing someone to whom a child can turn when feeling frightened or distressed (safe haven), but who also provides a platform and motivation to explore (secure base), maps well on to attachment conceptions of the therapist's role. The basic requirement of any psychotherapy is to provide a safe, predictable, encouraging environment, a framework within which behaviour, feelings and experience can be engaged with and reflected upon. Every successful therapeutic endeavour relies upon the building of an

alliance between patient and therapist founded on trust and a shared understanding of what they are trying to achieve together. The therapeutic "frame" and "alliance" are essential to both "safe haven" and "secure base" functions, enabling learning to follow from experience and enhancing a sense of competence and confidence. In this process the therapist's role is not to explain, but to encourage exploration—as Bowlby said to his patients: "You know, you tell me" (Bowlby, 1988, p. 151). Whatever transpires from the relationship will be something that has been jointly created, with both patient and therapist standing to learn from the encounter.

In promoting exploration parents do not only calm anxiety by acting as a "safe haven", they actively stimulate positive emotions and are involved in the pleasurable exchanges generated by the achievement of their infants. This aspect of affect regulation may be overlooked in the therapeutic process. Because emotional intensity in sessions often clusters around painful feelings, the therapist's attention is most likely to be directed towards down-regulating affect, containing anxiety and restoring a sense of safety. But it might be worth remembering how exploration can be facilitated by actively stimulating affective arousal, and by amplifying emotions.

Strange as it may seem, establishing a secure base is not only a prerequisite for the therapeutic process but also a measure of its outcome. Enhancing the capacity of a relationship to act as a secure base—whether between partners or in their relationship with their therapist(s)—can be described as a goal of therapy. Once this has been achieved the developmental process may continue with or without the help of a third party.

2. The couple as the therapist's patient

For couple psychotherapists there is an additional aspect to functioning as a "safe haven" and "secure base", which is vital to the success of the endeavour. The "patient", while including each of the partners as individuals, is primarily the relationship between them. An objective of couple psychotherapy is to develop the capacity of that relationship to contain the partners (Colman, 1993): in attachment terms to enable their relationship to become a safe haven and secure base for each of them. Maintaining this focus requires an evenly balanced attention to be paid to the triangle made up by each of the partners and their relationship together as a couple, and for tracking what might account for any loss of balance in attention. This requires of the therapist a capacity to move between the dyadic mind-set that features so much in attachment thinking and the triangular relational configurations that can generate rivalrous and competitive anxieties. It involves a sense of security in moving beyond choosing to focus on *either* the individual *or* the relationship to incorporating each of the partners *and* the relationship they create together as a couple.

3. The therapist as the repairer of affective ruptures

In maintaining this balance there will inevitably be breaks in the emotional connection established with the partners. Rather than seeing this as a constraint in the therapeutic process it may be the very means by which this and the couple's relationship develops. The aim of the therapist is not to achieve a state of detached neutrality, but to encourage emotional engagement and to make it safe. Identifying and recovering from "mistakes" is an authentic way of bringing about

change. Regulating affect through weathering emotional disconnections requires the ability to feel and to think when tracking the affective course of a session.

4. The therapist as a "mirror"

As we have seen, attachment theory pays special attention to the developmental significance of the first two years of life in learning to regulate affect, a period during which attachment security is developed through the non-verbal cues and responses of others. It is also a period in which the infant is struggling to recognise experiences emanating from his body as well as the world outside. The mother helps in this process by being receptive to emotional signals, unconsciously attuning to their significance and providing a response that gives form, and ultimately recognition, to the infant's self, a self that is first experienced as embodied emotion.

Drawing the parallel between maternal mirroring and the role of therapists, as I have done, implies that non-verbal cues and responses will be of particular significance when communicating about emotional experience. Facial expression, tone of voice, body posture, heart rate, and other sensory communicators become channels through which affective signals are transmitted and received. These are not subject to conscious control, but they are open to being experienced and thought about by an attuned caregiver. In applying this to the couple therapist's role approaches will vary between focusing on mirroring of affect between the partners (Clulow, 2010) and in relation to the shared emotional climate generated in the session (Clulow, 2007).

5. The therapist as "corpus callosum"

Being available to unconscious intersubjective communications requires therapists to attend to their own affective and bodily states, for it is here that non-verbal signals are most likely to register. When emotions are embodied it may be that this is where attention must first be focused, encouraging an awareness of bodily states—a "bottom up" approach to containing affect—before linking this with a "top-down" interpretative approach that relies on higher levels of cortical functioning. Neuropsychoanalysts tell us that embodied emotions are transmitted unconsciously between people via the right hemispheres of brains, by-passing language and other forms of symbolic processing.

Transference and countertransference communications are also thought to be the product of right brain interconnectivity, providing opportunities for therapists to make the link between what is experienced and what is known about, often by offering a name for the experience and a context within which it might be understood. This can be a differentiating as well as connecting function (distinguishing between the self and its representation as an object of transference), performed in the service of integration. In neurobiological terms it is as if the therapist acts as a corpus callosum, the tissue connecting right and left hemispheres of the brain that acts both to inhibit the transfer of data (protecting each hemisphere from being flooded by the other and allowing them to perform their different functions) while also, paradoxically, allowing communication between the two. This enables the holistic processing of the right brain and the narrower abstracted focus of left brain processing to be both differentiated and

connected. The psychiatrist and philosopher Ian McGilchrist quotes from a Hindu text to describe the paradoxical significance of the role of the corpus callosum for the two hemispheres of the brain (for "heart" he would substitute "brain"): "In the space within the heart lies the controller of all … He is the bridge that serves as the boundary to keep the different worlds apart" (McGilchrist, 2012, p. 213). Encouraging this process has been described in the attachment canon as "mentalization" (Fonagy, Gergely, Jurist, & Target, 2002).

6. The therapist as decoder

Psychoanalysis is often referred to as "the talking cure", implying that language is central to the mechanism that makes it work. While neuropsychoanalysts suggest that it might be time to rename the process as "the communication cure" (Schore, 2012), language can convey affect and anxiety unconsciously, as do non-verbal forms of communication. The Adult Attachment Interview (AAI) is perhaps the best known illustration of this (George, Kaplan, & Main, 1985), a research instrument specifically designed to "surprise the unconscious" and tap into a person's state of mind with regard to attachment—their internal working models. What therapists can take from this procedure is the potential of language not simply to convey information (content), nor, more subtly, to conceal emotions within a narrative framework that relies on interpretation to be uncovered (hermeneutics), but also to reveal states of mind through the syntax, coherence, and manner of the discourse. This perspective allows language itself to be thought of as a form of affect regulation, denying access or coercing others into the emotional world of the speaker. Variants of the AAI have been developed for use with couples (Alexandrov, Cowan, & Cowan, 2005; J. A. Crowell & Waters, 2005), and therapists might want to consider what scope there is for using these directly as part of the therapeutic process.

7. The therapist as narrative builder

We have already seen that Bowlby regarded the process of accessing and reworking the internal representational worlds of patients as lying at the heart of psychotherapy, and I have emphasised the function of these as regulators of affect. Cognitive therapists work on the assumption that if you change the way you think you can change the way you feel. Attachment therapists are more likely to reverse that equation, seeing the accessing and reprocessing of affective experience as the key to effecting change. Whatever approach is adopted, the telling and retelling of life experiences with an attachment figure—someone who is interested, respected, and has the capacity to tune into affective content—paves the way for freeing expression, revising narrative structure and telling a different story. Since stories provide frameworks of meaning they serve to regulate affect. Revising stories allows for the revision of meanings that help regulate emotional states (Holmes, 2010).

With couples this process involves both partners, and therapists will differ in how they manage this dual dimension of reprocessing feelings through narrative. Emotion-focused therapists are likely to position themselves primarily as consultants to the couple, encouraging the partners to speak directly to each other about their feelings (Johnson, 2004). Psychoanalytically-orientated therapists may focus primarily on the transference of each partner to the other

and to their therapist, and on the therapist's countertransference to the individuals and the relationship they have created (Ruszczynski, 1993). Relational psychoanalysts might privilege group process, attending to the intersubjective experience jointly created by the couple and their therapist from whatever primary source (Poulton, 2013), and all will vary in terms of privileging current and past "stories". Whichever approach is taken, the affective focus comprises the common core, and reworking narratives plays a part in regulating unprocessed emotion.

8. The therapist as the environment

Bowlby's insistence that the internal world of the infant, and later the adult, resulted not from innate unconscious phantasies but from real life experiences has especial resonance for couple therapists. The environment can place extreme pressures on the best of couple relationships—poverty, illness, bereavement, and other events originating from outside the couple can destabilise their emotional balance, however flexible and reciprocal their relationship together might be. The cultural revolution in sexual and gender assumptions that has taken place in the western world over the past fifty years has transformed assumptions underpinning couple relationships. They may need attention in their own right, and not just as externalisations of the internal theatre of object relations that every couple brings to therapy.

We therapists, too, are part of the couple's environment, as well as being potential transferential objects for them. Be we black, white, male, female, rich, poor, secure, insecure, partnered, parents, single, gay, bi-sexual, or whatever combination of these and other descriptors, we serve as reminders of environmental realities that provide external as well as internal reference points. If the unconscious is interpersonal, as all the evidence indicates that it is (Scharff & Savege Scharff, 2011), then it is also likely to be social, cultural, and political. What implications this has for attachment-informed psychotherapy with couples is to be discovered in each case, but implications there will be.

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