

## EDITORIAL

### Routes to Relationality: An Attachment Theory Perspective

Since our inception in 1989, what is now the Centre for Attachment-based Psychoanalytic Psychotherapy (CAPP) has had its own particular theoretical integration, which drew selectively from those writers who had emphasized the role of the external world in shaping our sense of personal identity. They included Ferenczi, Fromm, Horney, Winnicott, and Alice Miller. This was combined with the growing trauma literature: for example, Judith Herman and Bessel van der Kolk. There was the child development literature and the work of Dan Stern on the development of intersubjectivity, and feminist writers exemplified in the work of Susie Orbach and Luise Eichenbaum. John Southgate, a central figure in the founding of CAPP, always held the view that there was a radical psychoanalysis to which we were entitled to belong, hence our provocative title in those days, *The Institute for Self Analysis*, a reference to Freud's own self analysis in his correspondence with Fleiss. We were also very involved in the recognition of the extent of childhood sexual abuse and allied ourselves with the emerging survivor groups and the self-help movement of that time. To this was added the study of attachment theory, which we felt brought a clear, distinct, and researched account of human development and the centrality of relationship.

We had thoroughly studied and were using attachment theory as a guiding framework to our clinical work at CAPP. The centrality of understanding our clients' difficulties as arising from trauma and misattunements in early attachment relationships, separations, loss, and mourning were key components to informing our work. We had Bowlby's later writings on clinical practice to refer to, and his humane and sensitive approach to often complex and challenging therapeutic relationships.

A patient's way of construing his relationship with his therapist is not determined solely by the patient's history; it is determined no less by the way the therapist treats him. Thus the therapist must strive always to be aware of the nature of his own contribution to the relationship which amongst other influences, is likely to reflect in one way or another what he experienced himself during his own childhood. (Bowlby, 1988, p. 141)

These clinical writings were, however, espousing principles of practice illustrated by vignettes, not extended clinical accounts. There was a gap in the detailed and nuanced clinical narrative we were aware of at the time.

Another area of development we were seeking was about issues of power in the therapeutic relationship. There is a powerful argument in John Bowlby's work about the impact of the social world on the emotional lives of children and their parents, but what was missing was addressing directly how the inequalities of power relations structures our internal and external world. This was an area we felt needed addressing within the clinical encounter where issues of patriarchy, racism, and heterosexism for example, need to be acknowledged openly and sensitively.

So to my bookshelf – Greenberg and Mitchell (1983), my copy signed and dated May 1993. In conversation with Bernie Laschinger, we remembered that it was in the early 1990s, when she was preparing some teaching on object relations theory and a course on transference and countertransference for the coming term, aware of the limitations of Attachment Theory, that she had found the book *Object Relations in Psychoanalytic Theory* by Greenberg and Mitchell . . . that set us off on this relational journey.

Having rejected the narrow Freudian drive–conflict model as a self-referential defence of a psychoanalysis that viewed itself as largely independent of its social, cultural, and political context, we were even more excited by Mitchell's next book, *Relational Concepts in Psychoanalysis* (1988). Here we were to find someone introducing us to another world within a psychoanalytic context: relational conflict theory. Here Attachment Theory was identified as an integral part of the relational matrix, rather than out on the fringes; reconnecting Attachment Theory to its psychoanalytic roots.

However, what was exciting to us were the clinical accounts: Mitchell saw the therapeutic relationship as one where there are two people who co-create the process and the meaning and the narrative. The paradigm shift we were espousing was here. There is not a subject who knows (the analyst) and an object who struggles to understand (the analysand), but two subjectivities who bring their experience, values, attitudes, and feelings to a human and yet uniquely asymmetrical relationship. The emphasis on countertransference and relational re-enactments, recognition, mutuality, and the bi-directional impact of therapist and analysand on one another in which both are changed, was congruent with our approach and core values.

Where else do you find titles like Mitchell's 'You've got to suffer if you want to sing the blues: psychoanalytic reflections on guilt and self pity' (2000b)?

Here was a rich and textured clinical theory: accounts of clinical work in which I could recognize my own way of working being validated and expanded; issues of power and inequalities being addressed in the radical and impassioned ways to which we, too, were committed. It was with such relief

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that I read Jody Davies' work in 1994; finally I felt I had come home. Here was the complexity and compassion I had been searching for, and I felt recognized in my work with those traumatized by early attachment failures, where I, too, was part of the co-created relationship, my subjectivity part of the relational field with all its vicissitudes.

Little did I realize what a watershed this was to be, and when in 1997 I read Mitchell's *Influence and Autonomy* and *Hope and Dread* (1993), that was it! I could now see, as if for the first time, or so it seemed; it made so much sense of my experience, both personal and professional.

Looking at my rather battered copy of the first *Psychoanalytic Dialogues* I bought was fascinating. It was mid 1994 and there were two articles that had an enormous impact on me: Bromberg's ' "Speak! That I might see you": some reflections on dissociation, reality, and psychoanalytic listening', and John Lindon's 'Gratification and provision in psychoanalysis; should we get rid of "The rule of abstinence?" ', a paper I treasured as it addressed all those questions in a thoughtful and humane way, giving me a new perspective from which to think about them more clearly and to discover the arguments from all sides presented by a variety of discussants – challenging what is orthodoxy with the question of what is facilitative of, or obstructive of, the analysis.

It was then the task of the next few years to review our curriculum at CAPP to reflect these crucial developments – the challenge of producing a coherent integration of a study of attachment theory with relational psychoanalysis.

An example of how we did this was to produce what we have called 'The spine of the relational world' (see the section at the end of this paper).

We also invited Stephen Mitchell to give the 5th Annual John Bowlby Lecture in 1998 – *Attachment Theory and the Psychoanalytic Tradition* (Mitchell, 2000a). It was at this lecture that he quoted Bowlby as saying, in the 1980s, 'the pressures against looking at real life experiences were something ferocious', and Stephen, who was his discussant at this meeting, said at the time:

At a time when psychoanalytic theory often seems to be growing more and more jargonised and arcane, Dr Bowlby's work has been an inspiration for those hoping to see psychoanalytic theorizing remain open to other intellectual disciplines and informed by advances in research and clinical observation.

### **The spine of the relational world**

1. The psyche is experienced from our bodies in relation to the other.
2. There is an inner world, conscious and unconscious, developed in relationship to the other.
3. We seek relationship with others.
4. Our sense of self is continuously shaped by inter-subjective experience.

5. The self develops within differing cultural contexts and inequalities of power relations.
6. Trauma disrupts attachment relationships and emotional development.
7. We continuously re-enact our working models of relationships
8. We re-engage these internal working models throughout life.
9. Understanding is co-created within the therapy relationship – making unconscious conscious.
10. Cure comes from mourning, the rediscovery of meaning and the liberation of desire, subjectivity and creativity within the self–other relationship.

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