

Attachment, Alienation, Addiction and Gestalt Therapy

I cried and you did not come.

I was hungry and you did not feed me.

I smiled at you and you did not smile back.

I reached out for you and you were not there.

The pain broke my heart.

Tears fell from my eyes so that I swam in an ocean of grief.

Terror filled me so that the death energy came and inhabited my heart like a great poison.

My longing for you became deep and endless.

I atrophied inside myself and knew a profound loneliness.

Hunger and pain became inextricably entwined in love and nurturing.

I went out into the world shattered and starving.

The hunger and the shards of glass became the experience around which everything else existed.

Endlessly and desperately, I searched for the shattered pieces of myself, and tried to put myself back together.

I tried to feed myself as best I could, but found that I could ingest only poison.

I looked for you everywhere...

in liquor, in pills, in food and in men.

I did not know what I was looking for, because I had never experienced it.

I mistook an anaesthetised illusion for love, ...for soothing...for the sweetness of intimacy,

And most hopelessly,...for mother and for God.

I did all this to survive, but instead began to die.

And then, in a moment of grace, the gold of the divine shone into my world.

I did not know it was the divine then.

It came in a form that did not look like the light.

A wise woman later said...it had been the darkness before the dawn.

A porthole into another world appeared.

In that world, people had eyes and ears.

Parts of me that had lain silent and invisible were seen and heard.

I was no longer alone.

And one, wrapped me in her arms, held me close and looked into my eyes,... the way I had always yearned for, ...and loved me.

In her love I bathed until I was sated, my wounds began to heal and I grew strong and wise.

I walked forward to be with others as she had been with me.

And the light of the divine infused my life so that I finally knew that this was my world too
And I inhabited it with my full being.

The above piece of poetry captures the essence and reach of attachment. It acts as a map for this paper and a metaphor for the journey from a poor attachment history, through alienation, addiction and recovery. This is the ground out of which I emerge as a gestalt therapist and the experience that has impassioned me so in working with clients through an attachment frame. I have opened with poetry because poetry and love are of the same essence, and love is a central theme of this paper. We do not often talk about love in psychotherapy, but attachment theory begs us too, since it is essentially "a theory of love and relatedness and its central place in human life" (Karen, 1994, p.3). As such, the theory has profound implications for us as a society – as parents, children, lovers, spouses, teachers, friends, carers and perhaps most poignantly, as therapists. As therapists, an awareness of attachment–related phenomena cannot be over-stated, and tending to that phenomena through an attachment frame can be of enormous value to our clients. As gestalt therapists, the relational nature of our modality makes the study of this relational theory essential.

This paper will explore attachment, with a focus on the relationship between attachment and addiction. It will discuss the origins and scope of attachment theory, the innate biological process of attachment, the neurobiology of the developing brain, and the co-creative, relational nature of attachment and childhood development processes. It will

describe secure and insecure attachment

processes, identify some of the consequences of impoverished attachment experiences, offer gestalt perspectives on insecure attachment and explore the way the relational phenomenon of shame (Lee, 2007) is a chronically present and organising experience in insecure attachment. This paper will demonstrate the way attachment research and gestalt field theory both conceive of subjectivity as relationally co-created. It will argue that human beings self-regulate through relationships, that addiction is a disorder in this capacity to self-regulate, and that as so it is an attachment disorder (Flores, 2004). It will illuminate the profound alienation that is experienced in the addictive process.

In the latter part this paper, addiction treatment in gestalt therapy will be discussed through an attachment frame. It will be argued that the primary task of therapy with addictive clients must be to offer them a secure attachment relationship, and to develop their capacity for healthy mutuality through an attuned, empathically responsive therapeutic relationship (Walant, 1995). The extraordinary capacity of gestalt therapy to provide such an opportunity will be demonstrated, and some insight provided on ways to achieve this - most particularly, through a special type of immersive holding of the client and way of working with idealising transference (Walant, 1995). It will be coloured by examples from my own therapeutic journey as a client and my clinical experience as a therapist. In my discussions on these, I hope to also demonstrate the systemic elements of this work, and illuminate the wider context and cultural field that currently informs it. I will begin with a brief discussion of the origins and scope of attachment theory.

Attachment Theory originates in the 1940's out of the work of John Bowlby, a British psychoanalyst, research scientist and philosopher. Bowlby was initially interested in the impact on children of maternal separations and abandonment, however over the course of his career the scope of his work grew to encompass "the quality and strength of the parent-child bond, the ways in which it forms and develops, how it can be damaged and repaired, and the long-term impact of separations, losses, wounds and deprivation" (Karen, 1994, p.3). As the attachment movement grew, its theorists became interested in questions such as

How do we learn what to expect from others? How do we come to feel the way we do in the context of an intimate relationship? How do we come to use certain futile strategies in a vain effort to get the love we (often unconsciously) feel was denied us as children? How do we pass on our own parenting style to our kids? (Karen, 1994, p.7)

The rich theory that has grown up in answer to these questions will be explored in the following paragraphs.

Attachment describes a natural and innate biological process of bonding between an infant and its primary caregiver/s. The nature and quality of the bond formed is thought

to be determined by the degree of caregiver sensitivity or responsiveness to the infant's innate attachment behaviour and needs. Babies and young children require close proximity to a loving other who they are totally

dependent on to protect them and meet their needs. Innate proximity-seeking behaviours - crying, reaching, sucking, looking, smiling, clinging, following... are designed to keep the other close, for this very purpose. When the other responds to this behaviour with an attuned, sensitive and empathic responsiveness, and is consistently available to engage with and meet the child's needs, the child feels loved, worthwhile, protected, secure and confident of his ability to get his needs met. The other becomes his secure base, from which he can confidently explore the world, play, grow and build relationships. Over time, children internalise their primary attachment relationship and it becomes an "internal working model" - a blueprint for the child's relationship with self, and others. It is a lens through which all relationships are filtered and experienced, past experience is generalised and summarised, present cognition and perception influenced, and future events and what is likely to happen next anticipated and created (Seigel, 1999, p.71-72). Attachment bonds therefore dramatically impact childhood development, and have far-reaching consequences for the emotional and relational life of that child, well into adulthood. An understanding of the neurobiology that underpins the interdependent processes of attachment and childhood development illuminates this area further.

Research on the neurobiology of the developing brain has found that the human brain

develops in relational interactions. These findings highlight the co-creative and intersubjective nature of attachment and childhood development processes. Philippson says "during these first eighteen months to two years, the infant brain overproduces neural connections, which are then whittled down on the basis of use" (Philippson, 2006, p.61). If a baby predominantly experiences love,

pleasure, security and holding in his early relationships, he develops rich neural connections for these experiences, and will experience these states more acutely because he has the wiring to process them. If the baby experiences predominantly pain, rejection and frustration in those relationships, the brain develops in a way that allows acute experiences of these (Philippson, 2006, p.61). Flores says of this process "in the newborn infant's brain there is a high initial sprouting of neural synapses" (Flores, 2004, p.110). The brain waits for certain experiences. If they are provided, the neural synapses bloom. If they are not, pruning occurs. Pruning is neuronal death. Tentative connections that are not reinforced by early experience are eliminated. The capacity for attachment is one of these connective areas (Flores, 2004, p.110). In light of this information, the importance of healthy attachment bonds and attuned relationship in our earliest experience has never seemed more crucial.

Robert Lee stresses the critical importance of attuned relationship in brain development in the first and second year of life, arguing that a primary task of the attachment relationship is the regulation of the infant's levels of elation/arousal (Lee, 2007). He says

...this process is highlighted by caregiver-infant mutual gazing, coordinated with auditory vocalisations, tactile contact and body gestures... Caregiver and infant become an energy resonant system with the caregiver reflecting, and in essence holding and amplifying the crescendos and decrescendos of the infant's psychobiological state

(Schore, 1998; Stern, 1990)... infant neurological growth literally requires brain-brain interaction occurring in the context of an intimate (positive) relationship between caregiver and infant...All of this underscores that psychobiological attunement is the mechanism that mediates attachment bond formation. Again this highlights the gestalt principles of the primacy of co-constructed, inter-subjective contact and the importance of the field and support in development (Frank, 2001; McConville and Wheeler, 2003) (Lee, 2007, p.40).

As Lee illustrates, the science of attachment dovetails effortlessly into gestalt's field-theoretical view. The inter-relatedness of all phenomena is a central tenet of our field paradigm. People and things emerge out of and exist in relationship with their environments or contexts, and cannot be viewed in isolation from them. Everything is co-created, including the self, which is seen, not as a fixed entity, but as a fluid changing process that comes into being relationally through contact with it's environment,

manifesting afresh with each new contact. The self is therefore an organism-environment field. We come into being in relation to each other, and whatever else is currently in our field, constantly engaging in a dance of mutual and inter-dependent influence and creation. As Lynne Jacobs notes "one of the most compelling implications that Perls et al. (1951) offered the therapeutic community was the assertion that our being is a constant process of configuration and reconfiguration in the organism/environment field, relational, contextually derived, emergent phenomenon" (Jacobs, 2005, p.43). Complicit with this understanding of the

self and co-creation, gestalt therapy has also long been aware that self-regulation occurs relationally. Of course it must if the self is a co-created process. Optimal health or self-regulation is thus perceived as the ability to "move fluidly from a state of need arousal to a state of need satisfaction"...engaging flexibly and creatively with one's environment in this process (Mackewn, 1997, p.24). On inter-subjectivity and selfhood, Jacobs writes

...we might want to hold in mind that the "environment" is another person (or persons), for whom the "organism" is their "environment"! In other words, we are all constantly engaged, as environments for each other, in a continual process of mutual, reciprocal regulation, especially emotional regulation...from birth onward, we are engaged in mutual, reciprocal regulation of each other's emotional and energetic states. We might say that inter-

subjectively speaking, organismic self-regulation is really organismic mutual regulation of self and other (Jacobs, 2005, p.47-48).

The implications of these perspectives are clear. Who we are in relationship with, and how, are incredibly important in shaping our selves. In a relational therapy like gestalt, this concept has profound meaning. Who our clients are and who they become is inextricably tied up with our own subjectivity and vice versa. Whatever is going on in my experience will inevitably affect what my client experiences. Our clients' capacity for self-regulation is intimately tied up with our own. The discovery of mirror neurons further supports this idea, with scientists discovering that these

neurons fire when 2 or more brains are in relationship, mirroring and reflecting experience back and forth between open feedback loops in the brain. In this way consciousness is inter-subjective rather than 'in us' (Philippson, 2006, p.60). As a therapist, this knowledge leaves me with a profound sense of responsibility - in terms of my own self-process. Self-care, self-awareness, self-regulation, self-support take on new meaning in such a paradigm and the importance of seeking and existing within nutrient and support-rich fields becomes paramount.

Given that we so are profoundly created by our relationships, right from our earliest experience, what of children who grow up in a climate of ill-attuned and unempathic parenting, or worse? What happens when the relational field is impoverished? "At the

most primitive level, failure of attachment may carry with it severe deficits in the early organization of the self" (Flores, 2004, p.111). Some of those deficits include - low self-esteem, impaired relationships, difficulty making friends or sustaining meaningful connections, inability to effectively seek help, indiscriminate friendliness, anxiety, depression, lost hope, isolation, addiction, chronic temper tantrums and behavioural issues, impaired intellectual functioning, and in severe cases – sociopathic or psychopathic pathology (Flores, 2004). Attachment theorists have identified 2 main styles of insecure attachment – insecure-ambivalent and insecure-avoidant. Both types arise out of impoverished attachment relationships but manifest in different ways and in response to different relational environments. For details on these categories, please see Appendix 1.

As a gestaltist, I am less interested in these categories and more interested in the behaviours,

developmental outcomes and relational capacities held along the continuums they form.

For example -

anxious attachment _____ secure attachment

isolation _____ belonging

shame _____ support

worthlessness_____sense of own

value

out of relationship_____in

relationship

stuckness_____flexibility,

creativity

frustration_____satisfaction

Viewing these capacities along sliding continuums of experience is field-theoretical and recognises the contextual nature of things, allowing for the possibility of change according to context. This is an important perspective for gestalt therapists given what we know about co-creation, and in light

of neurobiological research that has shown that in psychotherapy the brain builds new neural pathways and psychic structure. Thus, attachment style and relational capacity can change

according to environment. In a relationally nourishing, empathically attuned environment a client's insecure attachment style can become more secure, however this is an

incredibly slow process, and it defies the tendency for attachment styles to endure throughout time, as has been documented by huge amounts of attachment research. A gestalt perspective on this fixedness sees insecure or anxious attachment as a creative adaptation to an under-nourishing relationship with one's early environment,...or to an impoverished organism/environment field, forming a fixed gestalt. An exploration of the relationship between fixed gestalt formation and the relational phenomenon of shame further illuminates insecure attachment from a gestalt perspective.

When we have a yearning to connect with someone/something in our environment and we perceive that we will not be received, shame pulls us back (Lee, 2007). Lee says...

Ironically, we experience shame as information about our self (as being inadequate, worthless, unlovable, inappropriate, too much, too little and so on) when in reality it is information about the field around us (others being preoccupied, disapproving, disinterested, uninformed, not knowing how to respond, absent or the like)... If the experience of lack of reception is too severe (as in abuse, neglect or significant loss) or it is consistent enough over time, then shame will link with the experience that we have

of not being received such that every time we have a yearning to be in the world in that manner, shame will automatically be activated to pull us

back from mobilising in the direction of that yearning...This, in effect, represents a hardened belief, a fixed gestalt, that our yearning would not have a chance of reception under any circumstances (Lee, 2007, p.39).

This "ground shame" informs our sense of our relational field (Lee, 2007, p.39) in fixed ways, so that long after we have left the impoverished relational environment where this shame developed, we are still relating to our environment as we did in our earlier experience. It is little wonder then that insecure attachment styles tend towards the shame-bound experiences of lower self-esteem, worthlessness, social isolation, issues with belonging and accessing support, and that these dysregulations in self-process tend to be persistent and enduring through time. Nowhere is this clearer than in addictive process, where the relational field has ruptured so significantly that the addict has pulled right back from the field of human relationships, and become chronically stuck in the creative adjustment or fixed gestalt of attempting to self-regulate through their drug of choice, rather than through relationship. Philip Flores sees addiction as a disorder in self-regulation and thus, conceives of addiction as an attachment disorder (Flores, 2004). The neurobiological research explored in previous paragraphs supports his argument that "it is biologically impossible to regulate our own affect for any extended period of time. Individuals who have difficulty establishing emotionally regulating attachments are more inclined to substitute drugs and alcohol for their deficiency in intimacy" (Flores, 2004, p.7). He says, these

individuals “cannot regulate their emotions, self-care, self-esteem and relationships” (Flores, 2004, p.xi).

Flores is essentially saying that when a person fails to develop the capacity for satisfying relationships (insecure attachment), they are forced to find ways to regulate their affect outside of human relationships. It is essential to acknowledge that this phenomenon does not only apply to substance abuse. The same process underlies all addictions – work, sex, gambling, drugs, alcohol, spending, food, computer games. They are all obsessive–compulsive compensatory attempts to self-regulate. However, neurobiological research has shown that particularly in the case of substance abuse, the longer a person does this for, the more they impair an already fragile capacity for attachment.

Prolonged substance abuse...gradually compromises neurophysiological functioning and erodes psychic structure. Consequently, the interpersonal skills that abusers possessed early in their substance using careers depreciate even further. Managing relationships becomes increasingly difficult, leading to a heightened reliance on substances, which accelerates deterioration and addictive patterns (Flores, 2004, p.2).

Hence, the addictive cycle. Flores argues "until substance users relinquish their dysfunctional attachment styles... and develop the capacity for healthy interpersonal

affect regulation (secure

attachment and mutuality) they will forever remain vulnerable to substitute one obsessive addiction... for another" (Flores, 2004, p.3). This is a well-documented phenomenon that therapists need to be aware of. For example, one of my clients is a recovering love addict, but is currently battling a food addiction. Food was one of her earliest attempts to self-soothe and this creative adaptation is very much alive in the present. This client is at the awareness stage of the experience cycle with this addiction. In therapy, she has connected the behaviour in the present to its historical field, and touched on the longing, sadness, loneliness and anger that she experienced in relation to her absent father and engulfing mother. To the degree that she was not met in these feelings by her mother and father, she swallowed and squashed these parts of herself, simultaneously silencing and soothing herself with food. These parts of her self became very hidden. This client's capacity for relationship and ability to engage support is still fragile. Despite her chronic dissatisfaction in this area, from an attachment frame, until she develops greater relational capacity, which we are working on, she is likely to continue to struggle with this addiction. Recognising the creative wisdom of this adaptation, and its self-supportive function, has helped her come into more compassionate relationship with herself around this behaviour, and alert her to her support needs in her current field. She has also found relief and soothing in giving a voice to these silenced parts of herself and having them received.

My client's struggle with food is a classic example of Karen Walant's perspective on addiction and attachment. Walant argues that in the absence of consistent, attuned, empathic parenting children learn to self-soothe through inanimate objects - food, television, blankies, teddy bears,

rather than through relationships, and then grow up to use drugs, alcohol, food, sex, shopping, work, gambling in a similar way. In a secure attachment relationship, the attuned caregiver represents a powerful transformational object to the child. For example - when a baby cries because he is frightened, and mother goes to him, picks him up and soothes him, he is powerfully transformed in their contact, as is mother. Walant refers to these experiences as merger or immersion experiences, and argues that our early attachment relationships must be filled with abundant immersions of this kind. When they are not, and our needs go unmet, we are vulnerable to addiction. The baby that is left in his fear, or offered a teddy bear instead of a cuddle, is not only forced into a self-soothing relationship with an inanimate object, but he learns that his fear is unacceptable, ...that it will not be received. The authentic parts of us that go unmet in this absence of attuned and responsive parenting become very hidden, or pulled away in shame, and exist in isolated alienation. Walant refers to these parts as the lost or alienated self. (Walant, 1997) The idea of an enduring lost or alienated self is not terribly field-theoretical, but what is important to illuminate here is the deep and pervasive loneliness and sense of isolation that infuses our inner life when we turn away from human relationships, ...the way we cease to be known in a satisfying way. This is what I attempted to capture in my opening poem in the line: "I atrophied inside myself and knew a

profound loneliness.” This is the alienation of addiction.

In addiction, often the alienated parts of self can be contacted, experienced or find expression through contact/relationship with the drug. For example - perhaps someone who has powerful introjects around expressing anger, and retrofects all their anger in their waking life, is able to give

it a voice when intoxicated. The drug becomes the addict's transformational object and he is powerfully transformed by his contact/relationship with it. (Walant, 1997) This experience is poignantly reflected in the following excerpt...

...he knew instantly why men drank. It was, he knew, one of the great moments in his life...it was greater than all the music he had ever heard; it was as great as the highest poetry. Why had he never been told? Why had no one ever written adequately about it? Why, when it was possible to buy God in a bottle, and drink him off, and become a God oneself, were men not forever drunken?

(Walant, 1995, p.127).

What is particularly problematic here is that these transcendent experiences are not integrated into the self, ...into the psychic structure of the brain. As soon as the person is sober again he returns to his previously impaired capacity to experience his own power and omnipotence. The transformation as he experienced it is impermanent, and thus in

many ways, an illusion. (Walant, 1995; Flores, 2004)

From an attachment frame, because of the transformative power of this relationship, if treatment is to be successful, addicts must detach from their drug of choice and re-attach to therapy/recovery. Walant suggests that what is required to achieve this is an experience of therapy/recovery that is equally as immersive as the addict's relationship with the drug - often

this involves a combination of rehabilitation, 12-step meetings, relational therapy, and the consistent availability of the therapist (both inside and outside the therapy room).

Walant argues that this total immersion experience must hold the client in a similar manner to the way an infant would be held within loving and secure attachment bonds in infancy. She argues that this period of immersive holding, and of total dependency, is an essential developmental stage that addictive

clients have been denied. She argues that it is not only necessary for maturation, but that if these dependency needs are provided, individuation occurs strongly and naturally in a later developmental stage (Walant, 1995). The paradoxical theory of change can be seen at work here. I relate strongly to this experience. My own recovery began when I was totally immersed in the holding environment of rehab. My inability to access my usual methods of self-regulation meant that I was forced to attach to recovery - to 12-step meetings, therapy, and to the therapeutic community around me. In a sense, that hospital held me the way I had needed to be held in infancy. There was intensive 24-hour support there. At any time of the day or night I would be responded to if I needed

something. Beyond rehab, this immersion experience continued. I could call my therapist any time, access 12-step support anytime. This was my first taste of a secure attachment experience.

Both Walant and Flores argue emphatically that this is the primary task of therapy with addictive clients - to provide them with an opportunity to experience secure attachment and to develop the capacity for healthy mutuality through an attuned, empathically responsive therapeutic relationship. In so many ways, gestalt therapy could not be better placed to provide such an

opportunity. Gestalt's relational approach, and the value it places on presence, inclusion, confirmation and I-thou dialogue puts gestaltists in an excellent position to offer this. Of "care, inclusion and openness to dialogue" Lynne Jacobs says that "each of these practices is a manifestation of what Buber called 'dwelling in love'" (Jacobs, 2000, p.43). This "dwelling in love" is very much the essence of how babies and children need to be held within their attachment

bonds and it is very mirroring of the therapeutic immersion Walant recommends for addictive clients. She encapsulates this immersion in this statement..."The affective experience of igniting an empathic connection between two separate beings is the magic of love, the holiness of spirituality, and the miracle of humanity" (Walant, 1995, p.103). For clients who have not experienced such holding before, such an experience can be incredibly healing. In my own therapeutic journey being held in this way has been a transcendent experience, as I attempted to capture in my opening poem:

“And one, wrapped me in her arms, held me close and looked into my eyes, ...the way I had always yearned for, ...and loved me.

In her love I bathed until I was sated, my wounds began to heal and I grew strong and wise”.

More than any other learning or intervention, the felt sense of being held in this way has healed my wounds. I have engaged in a relationship with a consistently available other who has attuned to me and responded to me with empathic sensitivity. Much as a nourishing early attachment might be, she has held me and attuned to me no matter what - when I was needy, when I was

angry, when I was in pain, when I was simultaneously hungry and rejecting. When I cried she came, when I was hungry she fed me, when I smiled at her she smiled back, and when I reached out for her she was there, in session and out. Through phenomenological inquiry and dialogue, she has entered my world and understood me, been there with me, and wholly embraced me as I am. In this powerfully confirming experience, I have internalised transformative messages - that I am okay as I am, no matter what. That there is support for me, no matter what. And most poignantly, that I am understood, that I belong, that I am of this world. In the ultimate experiment - an attuned relationship with a well regulated other (who comes into being within rich fields of support), I have been created anew. In this relationship, I have learnt how to self-regulate effectively, I have found connection and resonance, the chronic shame that bound me has diminished hugely so that I can now see and access support more readily, I have become more flexibly and creatively engaged with my environment and I

am now well-nourished by the increasingly nutrient-rich fields that I create and am created by. In keeping with the paradoxical theory of change, being so wholly embraced as I am has allowed me to transform. From an attachment perspective, this relationship has become a secure attachment, my secure base from which to explore the world, play and grow.

In many ways, my experience has been of being mothered anew. This mothering aspect of the therapy has generated strong transference that is incredibly important from an attachment frame. Arguing for a gestalt therapy embrace of self-psychology's insights on self-object functions and transferences, Jacobs says of this process:

Selfobject refers to an object experienced subjectively as serving certain functions...for maintaining, restoring or consolidating the organisation of self-experience...Kohut described 3 major self-object needs which became apparent to him in the transference in therapy: mirror needs, idealising needs, twinship needs (Jacobs, 1992, p.4).

These self-object functions and transferences, which are essentially I-It relationships with the therapist, express and contain important self-regulatory functions, developmental needs and strivings, and opportunities for maturation. Jacobs says that in light of this, therapists should not be so quick to move things back into an I-thou relationship. Walant agrees, saying of the idealising transference for example that being

in dependent relationship with an idealised other is an essential developmental stage of very early life (as discussed above). This idealisation should be supported and held for as long as it is necessary for the client to experience the therapist this way. As the client matures, they will move through and beyond this developmental stage, and this self-object function will not be so necessary, and the therapist can be engaged in a more I-Thou relationship. To the degree that I have felt mothered by the longed-for mother, I have at times entered strong idealising transferences in therapy. My therapist has held that transference for me, and attuned into the actual needs it is expressing - such as my longing for my own mother, my grief around her absence, my need to be held and immersed. This has been incredibly healing. I have been allowed to grow up in this experience, and have come into very authentic I-Thou

relationship with my therapist. The part of me that was most unreceived by my own mother - my anger - is being spontaneously expressed, allowing for ruptures and repairs within the therapeutic relationship. This relationship is secure enough to hold me in such a process, and in this way is supporting me to come into my own power, authenticity, creativity and spontaneity - into robust, resilient and satisfying self-process.

Of my journey as a therapist, nothing has shaped me more than the experience of being held in this way. I have experientially learned this way of being with, ...this immersive holding. From a field-theoretical view, whatever happens in the therapeutic relationship filters out into the rest of my world in ripples of inter-subjective experience. As I have been held, I am learning to hold. In the systemic flow of this work, there are orders of

love, ...therapeutic constellations that shape and create the work I do with my clients.

The following clinical example demonstrates this. Jack's early attachments were punctuated by chronic abandonment and neglect. He has traveled a journey from intense isolation, shame and loneliness, through drug addiction, and then love/avoidance addiction. He began therapy in a state of starvation (his words), having not engaged in a relationship or sexual encounter for most of his adult life. His only aim in therapy was to learn how to have a relationship. In gestalt therapy, he is learning about relationship experientially. What is most figural to me about our time in therapeutic relationship is my sense of the immersive holding our relationship has provided him. I have entered his world, seen and mirrored him, understood him, shared parts of myself in I-Thou dialogue and related to him. I have supported him to be where he is at, and provided a sensitive, attuned, empathic relationship.

Jack is having his first taste of secure attachment and he is responding like a parched plant to water. He has said of our therapy that he has found the love and acceptance he has yearned for all his life, and that in that, his sense of self-worth, his relational capacity and his sense of belonging are all increasing. At times he reports a sense of expanding out, limitless possibilities, an increase in his capacity for creative choices and solutions in his relationships, ...and a sense of his own potential. In the fertile ground of our therapeutic relationship his self is transforming. He is being co-created anew. As am I. As a therapist, I have been powerfully transformed and created anew in this relationship. It has redefined the therapist that I am. The essence of this transformation is detailed below.

Jack has experienced strong idealisation transference in our relationship. Earlier this year, I entered into a strong counter-transferential dynamic with him, and felt overwhelmed and engulfed by his contact with me outside of session. This is a support that I had offered him at the beginning of therapy, but his level of contact had increased. I addressed this in dialogue in session with him and on my supervisor's suggestion, suggested that his contact with me outside of session might be best kept to crisis contact. This was profoundly rupturing for Jack. He felt abandoned, ashamed and alone (as he had in his childhood). The trust between us was shaken. His sense of being held collapsed. We worked through this for many sessions. Fortunately, the therapeutic relationship we had established was strong enough to weather the storm. I had very good supervision, worked through my counter-transference, and worked with Jack both on his loss of trust and safety in the here-and-now relationship, and on the emotional memory that had

been triggered from his childhood. Some very good work came of this, but I was left sitting with an intuitive sense that my intervention had been damaging, ...and continued to be damaging in some way. Jack was talking about not needing therapy anymore, about going away. My sense was that he had gone away from me. During this time, I was researching attachment. The more I read, the more I understood the way that my intervention had been damaging. It was Karen Walant's work that crystallised it for me - the idea of immersive therapy - of holding a client as if within early attachment bonds, of understanding the developmental needs that are being expressed through the

idealisation transference, of supporting such idealisation and dependency as a distinct developmental phase in therapy, and knowing that by providing such immersive holding, being sensitive to and meeting those developmental needs, eventually my client would move past this phase. I understood that his need was not endless. I would not be swallowed up in meeting it. If anything, in meeting it, it would diminish over time as he matured. I realised that this was how I had been held in therapy, and that this was what my client needed. In expressing to Jack how rupturing my intervention had been, and moving back to a space of expanded availability and immersive holding (even outside of sessions), we repaired this relationship rupture. He is now more securely attached, the work has deepened and he is pushing new edges. He has just had his first experience outside of session of asserting boundaries in order to stay in relationship when he is feeling engulfed. The systemic flows continue on.

The systemic aspects of this work are incredibly important, in the ways that I have described above but also from a wider field perspective. We exist within a wider cultural field that celebrates

independence. Dependency and neediness are frightening and bad. Even our children are encouraged to individuate long before they are ready. In troubling acts of normative abuse, children are denied their natural dependency needs, rushed through developmental stages and forced to self-soothe in non-relational ways, ...because parents are too busy with 21st century life, ...because of the low value we place on relationships in this society. Many of these parents are engaged in their own addictive

processes, desperately trying to regulate themselves in a chaotic world, with a deeply impaired capacity for attachment. This is a cultural phenomenon. We are a society obsessed with things - the making, getting and buying of things, ...transformation through things (Walant, 1995).

And yet there are many who can feel the pervasive emptiness and longing at the core of such a society, who can see the desperation, and testify to the impact of such a system on people, couples, families, and society as a whole. Therapists have a privileged view on the reality of such a world. What we see and hear and feel in our therapy rooms is in so many ways a product of this society. There is an awesome responsibility in this, as Bowlby said “on knowing what you are not supposed to know and feeling what you are not supposed to feel” (Flores, 2004, p.126). As gestalt therapists we are in an incredibly privileged position to attend to the wounds of impoverished attachment relationships, and to offer clients an experience of secure, attuned, empathically responsive relationship to heal through. In our work with addictive clients, an attachment-conscious frame allows therapeutic choices that nurture our clients and provide the immersive holding they so desperately need to recover. In working this way we are recognising the huge implications of attachment theory for our society, but also recognising our own power and creative potential for nurturing strong attachments, and a relational society.

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Securely Attached	Avoidantly Attached	Ambivalently Attached	Securely Attached	Avoidantly Attached	Ambivalently Attached
Mother (or primary caregiver) is warm, sensitively attuned, consistent. Quickly responds to baby's cries.	Mother is often emotionally unavailable or rejecting. Dislikes "neediness," may applaud independence.	Mother is unpredictable or chaotic. Often attentive but out of synch with baby. Most tuned in to baby's fear.	Teachers treat in warm, matter-of-fact, age-appropriate ways.	Teachers become controlling and angry.	Teachers indulge, excuse, and infantilize.
Baby readily explores, using mother as secure base. Cries least of three groups, most compliant with mother, and most easily put down after being held.	By end of first year, baby seeks little physical contact with mother, randomly angry with her, unresponsive to being held, but often upset when put down.	Baby cries a lot, is clingy and demanding, often angry, upset by small separations, chronically anxious in relation to mother, limited in exploration.	Age 6 with parents: Warm and enthusiastic. Able to be open and to engage in meaningful exchanges. Comfortable with physical contact.	Age 6 with parents: Abrupt, neutral, unenthusiastic exchanges. Absence of warm physical contact.	Age 6 with parents: Mixes intimacy seeking with hostility. Affectedly cute or ingratiating. May be worried about mother when apart.
Strange Situation: Actively seeks mother when distressed, maintains contact on reunion, readily comforted.	Strange Situation: Avoids mother when distressed, seems blasé.	Strange Situation: Difficult to soothe after separation—angry and seeking comfort simultaneously.	Middle childhood: Forms close friendships, and is able to sustain them in larger peer groups.	Middle childhood: No close friends or friendships marked by exclusivity, jealousy. Often isolated from the group.	Middle childhood: Trouble functioning in peer groups. Difficulty sustaining friendships when in larger group.
Preschool: Easily makes friends. Popular. Flexible and resilient under stress. Spends more time with peers. Good self-esteem.	Preschool: Often angry, aggressive, defiant. May be isolated, disliked. Hangs around teachers. Withdraws when in pain.	Preschool: Fretful and easily overwhelmed by anxiety. Immature, overly dependent on teacher. May be victimized by bullies.	Secure Adult	Dismissive Adult	Preoccupied Adult
			Easy access to wide range of feelings and memories, positive and negative. Balanced view of parents. If insecure in childhood, has worked through hurt and anger.	Dismissing of importance of love and connection. Often idealizes parents, but actual memories don't corroborate. Shallow, if any, self-reflection.	Still embroiled with anger and hurt at parents. Unable to see own responsibility in relationships. Dreads abandonment.
			Usually has securely attached child.	Usually has avoidantly attached child.	Usually has ambivalently attached child.