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# Exploring in Security

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Towards an attachment-informed  
psychoanalytic psychotherapy

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# Preface

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For followers of attachment, the past decade has been an exciting one, with many significant theoretical and empirical advances. A number of seminal volumes have been published summarising the latest research and clinical applications (Cassidy and Shaver 2008; Wallin 2007; Fonagy et al. 2002; Brisch 2002; Carter et al. 2005; Obegi and Berant 2008). In particular, the concept of mentalising (to be fully expounded in Chapter 2) has come to the fore, with far-reaching ramifications for psychotherapy generally (Allen 2008). At the same time psychoanalysis has undergone a period of soul-searching, out of which have emerged new approaches to: its evidence basis (Leichsenring and Rabung 2008); links with neuroscience (Zeki 2008); scientific status (Wallerstein 2009); competency assessment (Tuckett et al. 2008; Roth and Lemma 2008); and modifications for working with difficult clients (Bateman and Fonagy 2008). The aim of this book is to weld together these new attachment and psychoanalytic ideas in the service of improving everyday psychotherapeutic practice.

The book's title reflects one of the simple yet profound ideas attachment has brought to our discipline: the mutual incompatibility of insecurity and exploration. This leads to the paradox, whose unravelling is central to the business of psychotherapy, that until safety prevails, care-seeking people – i.e. a 'patient' or 'client' – cannot begin to explore themselves, their life situation and their feelings; yet it is that very insecurity that brings them for help. As one client said in response to the annunciation of Freud's (1912) 'fundamental rule' – 'say whatever comes into your mind, however irrelevant, embarrassing or impolite' – 'if I could do that I wouldn't need to be here in the first place'. The task of therapy is both to *explore insecurity*, its origins and ramifications, and to provide a space where a person can *explore in security*. Much psychoanalytic practice, to which the clinical part of the book is devoted, consists of working with that dialectic.

For my subtitle I am indebted to Arietta Slade's elegant formulation (2008, p. 763):

attachment theory and research have the potential to enrich (rather than

dictate) a therapist's understanding . . . Understanding the nature and dynamics of attachment informs, rather than defines, intervention and clinical thinking.

In the spirit of that gloss, what is presented here is a particular angle on psychoanalytic work, imbued with attachment ideas but still broadly within the psychoanalytic framework, especially the more relational, independent stream. Setting up a psychoanalytic psychotherapy training *de novo* over the past five years has brought home to me the need for greater focus than is traditional on the 'infrastructure' of psychoanalytic technique, and how it relates to the theoretical superstructure.

Freud's papers on technique (Freud 1911–1915), although still indispensable, are now a century old. Attachment theory, with its primary interest in the vicissitudes of intimate relationships, has a vital contribution to understanding the health-promoting (and, sadly, sometimes health-diminishing) aspects of the therapist–patient relationship. Recent attempts by the UK Department of Health (Roth and Lemma 2008) to look behind professional titles at psychotherapeutic competencies (including psychoanalytic competencies) – what therapists actually do and say with their clients in the consulting room – is consistent with this project.

## **Psychotherapy as art, craft or profession**

Psychotherapists enjoy debating whether what their discipline is an art or a science (Holmes 1992) – a discarded title for this book was *What Do Psychotherapists Do All Day?*. It is perhaps best seen as a craft (cf. Sennett 2008), drawing on both art and science but distinguishable from both.

Craftsmanship/craftswomanship has a number of features relevant to psychotherapy. First, a craft is something that cannot be learned from books alone – as anyone who has tried to master skiing, carpentry or playing a musical instrument will attest. Second, acquiring a craft invariably involves apprenticeship – watching and practicing under the tutelage or supervision of a 'master'. Third, unlike science or art, at least as they are constituted in capitalist societies, craft is largely non-competitive. We admire master-gardeners or chefs, try to emulate and learn from them, but that does not diminish the value of our own horticultural or culinary efforts, however modest. It is to everyone to cultivate their garden or kitchen to the best of their ability and resources. Similarly, each psychotherapist–patient relationship has its own unique quality deserving of honour, however much it differs from or falls short of the ways in which the psychoanalytic pantheon perform. Fourth, professional craftspeople typically form relatively homogeneous communities, or guilds, of varying degrees of esotericism, with their own rites of passage (initiation, graduation, admission to senior status, etc.) values, ethics and traditional practices. Finally, in its modern usage, the

related word ‘crafty’ implies subtlety, finesse and skilfulness, and occasionally a degree of showmanship or benign deceit.

The etymology of the craft/profession dichotomy neatly captures the public and private faces of psychotherapy. The Anglo-Saxon, monosyllabic ‘craft’ derives from the Germanic word for power, ability or skill. The Latinate ‘pro-fession’ comes from the open declaration of faith required of Church supplicants. Many modern professions evolved out of crafts, just as the professions themselves were modelled on ecclesiastical hierarchies. In Britain, nineteenth-century barber-surgeons, no less than Harley Street grandees, became, by an 1858 Act of Parliament, ‘doctors’ – their craftsmanship as bone-setters and herbalists being transmuted, via the ‘grandfather clause’, into a common ‘medical profession’. Medical men (as they then all were), while retaining many of the autonomous features associated with a craft, were now subject to, but also protected and dignified by, a degree of state regulation, especially of the qualification procedures enabling practitioners to call themselves doctors. The parallels with the establishment of a state-regulated psychotherapy profession are striking.

A century later, following a series of medical scandals, postgraduation medical practice in the UK and throughout the world is now increasingly exposed to public view and external scrutiny. This further twist implies a degree of *de*-professionalisation as medical work is broken down into a series of technical procedures that can be defined, operationalised and performed semi-impersonally – in the case of medical robotics literally so. Many feel that vital ingredients have been lost in the process – the uniqueness of the doctor–patient relationship; holistic approaches encompassing the physical, emotional and spiritual aspects of personhood; continuing scrutiny and care through the life-cycle; the doctor’s role as witness to perennial existential themes of conception, birth, growth and development, sexuality, trauma, illness, death and renewal.

Psychotherapy is a natural home for what has been lost in this process of societal splitting and repression. But being thus thrust into a public role puts psychotherapy in a bind. On one hand it needs to remain true to itself as the champion of the individual life story and the healing potential of human relationships. On the other, in moving from cottage-industry craft to profession, it aspires to the advantages of public recognition, access to state funding (‘taxpayers’ money’) and the credence that confers. Medicine provides the inescapable template. Respectability for ‘professions allied to medicine’ requires conforming to medicine’s values and procedures. Cognitive behavioural therapy (CBT) has successfully accommodated to this ‘medical model’. CBT’s repute is as an ‘evidence-based treatment’, equivalent to a good drug, for psychological ‘disorders’, while remaining committed to the co-constructedness of the therapeutic relationship.

This in turn has led to further splitting and projection within psychotherapy. As CBT becomes increasingly standardised and packaged, the

unconscious as a locus where all that is unacceptable, inexpressible and shameful is located may be ‘Othered’, seen as irrelevant to the process of ‘treatment’. Long-term struggle with pain and suffering is jettisoned in favour of superficial solutions, with ever-present risk of relapse. The distortions of a life-trajectory associated with trauma and neglect that contribute to the formation of ‘character’ are overlooked, or seen as unreachable or irremediable. This remains the province of psychoanalytic psychotherapy.

A wider aim of this book, therefore – beyond initiating a conversation with colleagues about meeting points between psychoanalysis and attachment – is to begin to develop a framework for thinking about the role of psychoanalysis with the psychotherapeutic community. It can be seen as a contribution to the ‘common language for psychotherapies’ debate (see Holmes and Bateman 2002), exploring the implicit ‘language of thought’ (Cheney and Seyfarth 2007), which underlies the psychoanalytic school and dialect that happens to be any given practitioner’s particular vernacular.

### **The book’s methodology and structure**

The provenance of this book is a combination of theoretical synthesis and consulting room conjecture typical of the psychoanalytic approach. It draws on relevant research wherever possible. As well as psychoanalysis and attachment theory, the influence of theories and findings from primate ethology, child developmental research and, occasionally, neuroscience will be evident. A prime aim is to suggest that attachment thinking can help and guide psychoanalytic work, but what goes on in the consulting room can never be fully captured by any theoretical model, however well grounded. The therapist brings an implicit ethic to the therapeutic relationship whose components include: respect, attention, validation, reticence, spontaneity, trust, valuation of the articulation of emotional truths, boundedness, and acknowledgement of mistakes and the necessity for repair when they occur. Attachment can help theorise some of those ingredients, but in the end the therapist and patient are on their own with their relationship and the human qualities they bring to it. Part of the genius of psychoanalytic psychotherapy is to set constraints on a relationship and then work with the creativity and the limitations that flow from those constraints.

Acknowledging both theoretical bedrock and mysteriousness, the methodology of this book could be seen as ‘vignette and counterpoint’. The word ‘vignette’ comes from the French word *vigne*, and was originally a decorative embellishment of grapes and vine leaves used to fill in blank spaces between the printed matter in books. From there it has come to mean an illustrative miniature story that, like a parable or fable, conveys some wider truth.

The vignette is particularly relevant to psychotherapy, partly because psychotherapists have from the outset relied on case histories to communicate and underpin their theories. Psychotherapy is specifically concerned with

the unspoken truths, the ‘blank spaces’ between the official text of people’s lives. Helping to fill in those psychic spaces is a prime psychoanalytic task.

Nevertheless, for methodological, theoretical and ethical reasons, the ‘case history’ method is intrinsically problematic. Methodologically, there can be no guarantee that the reported stories and conversations are accurate – the intrinsic messiness of the consultation is easily glossed and polished in the telling. Clinical material is always open to a number of interpretations. My contention here is that the attachment ‘lens’ offers a useful addition to therapeutic discourse. I shall also argue that attachment provides a wider theoretical justification for the ‘polysemy’ – the ‘many meaning-ness’ – of psychoanalytic theorising. There is also the intractable problem of confidentiality, which can be tackled in a number of ways including ‘thick disguise’; pure (if there can be such a thing) fiction; composite cases; asking permission (Gabbard 2000); and using already published material.

The book is divided into two parts. Part I lays out the theoretical and evidential background to attachment-informed psychoanalytic psychotherapy. After an introductory chapter, I embark on the book’s main theme: mentalising as a meta-concept and its implications for therapeutic work. The succeeding three chapters are devoted to the three principal components of all effective therapies – forming a therapeutic relationship, meaning-making and promoting change – as they apply to the attachment-informed approach advocated here. I continue in Chapters 6 and 7 by expounding two further key concepts: empowerment and rupture/repair. Chapter 8, a transitional point, draws an analogy between psychotherapy and poesis.

Part II – ‘Practice’ – picks up these theoretical ideas and applies them to a variety of clinical themes: sex and sexuality, working with complex and disturbed cases, suicide, dreaming and termination. Throughout, the aim is to bring together theory, relevant research and consulting room experience. The tone changes here, being more personal, and in places has a valedictory feel, marking my retirement from psychiatric practice and move to part-time psychotherapist and teacher. Given my psychiatric background, some of the cases described may seem beyond the scope of normal office psychotherapy.

## **General psychotherapeutic practice**

Psychoanalytic theorising can be strangely de-contextualised. Money, class, gender, ethnicity and social context are, with honourable exceptions (Dalal 2002; Ruiz et al. 2005) driven to the periphery of what is sometimes presented as an abstract, universalised, psychoanalytic space. Since I adhere to the systemic (and Marxist) view that ‘material conditions’ – i.e. context – determine consciousness, mention should be made of the work setting out of which this book arises, and which forms the basis for the fictionalised clinical stories that illustrate the theoretical arguments of this book, to whose originals I am deeply grateful.



I define my practice, both in the public and private sectors, as ‘general psychotherapy’ analogous in medicine to ‘general practice’: i.e. an open access, non-highly-specialised, all-comers form of work.

General psychotherapy practice as I see it implies a particular approach to diagnosis, duration of treatment, technique and frequency. It includes:

- working with a range of clients (I use the terms ‘client’ and ‘patient’ interchangeably throughout; similarly he/she), from high-functioning people with relationship difficulties to those with major mental illnesses
- therapy of varying duration, from brief to intermediate (up to a year) to long-term (my current record is 22 years)
- striking a balance between interpretive and supportive approaches
- using predominantly psychoanalytic technique but borrowing occasionally from other disciplines such as psychodrama-influenced role-play, and CBT-style challenge and homework
- seeing most clients weekly; a few twice-weekly; some, especially towards the end of therapy, less frequently
- working predominantly with individuals, but occasionally couples and families
- in isolated instances combining drug prescription and psychotherapy.

I believe that this type of practice is not so far removed from the psychoanalytic psychotherapy norm. Whether general conclusions can be drawn from the particular attachment-informed theoretical and practical approach explored in what follows is for the reader to decide.

# Assuming

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Any activity, whether intellectual or practical, is informed by an ideology: a set of more or less conscious underlying guiding beliefs and principles. These taken-for-granted facts and theories form the seedbed from which new ideas arise, but, if unexamined, also trammel creative thought. The aim of this preliminary chapter is to foreground this book's basic assumptions, clearing the ground for what follows. I start with a brief orientation for those unfamiliar with attachment theory (and an update for the initiated), followed by a summary of the particular psychoanalytic perspective adopted.

### **A very brief history of attachment theory**

Since its inception nearly half a century ago, attachment theory's history, especially as it has developed in the UK, can be divided into three main phases (for a comprehensive account, see Cassidy and Shaver 2008). The starting point for Bowlby (in the UK) and Ainsworth (first in Uganda and then in Baltimore, USA) was the 'obvious' fact, somehow overlooked by psychological theorists, that individuals of whatever age, when threatened, ill, tired or vulnerable, seek proximity to a wiser, stronger 'secure base' for protection, and that until these attachment needs are assuaged, other motivational forces – sex, exploration, etc. – are in abeyance. In children, or severely stressed adults, physical proximity is sought. Where stress is less, or the subject is mature, vocal (e.g. cell-phone) or visual (e.g. through a photo) contact may suffice.

Ainsworth's Strange Situation enabled researchers observing reactions to a brief separation from care-givers to classify young toddlers into two overall categories: securely and insecurely attached. The latter were then further subdivided into two main patterns, now conveniently known as the deactivating (formerly avoidant) and hyperactivating (formerly ambivalent) pattern. The new nomenclature derives from the US-based self-report strand of attachment research, studying young adults and their romantic relationships (Mikulincer and Shaver 2008). Longitudinal studies have subsequently shown that these patterns remain relatively stable through childhood and

adolescence, although children can move from secure to insecure and vice versa under defined circumstances (e.g. mother becomes depressed – secure to insecure; mother's circumstances improve or she receives psychotherapy – insecure to secure).

Phase 2 of attachment theory's history, sometimes described as a 'move to the level of representation', was initiated by Mary Main and her co-workers at Berkeley, California (Main 1995). This refers to a shift from Bowlby and Ainsworth's ethologically influenced accounts of attachment *behaviours* in children and their parents to Main and Solomon's Adult Attachment Interview (AAI), which classifies adult's verbal *descriptions* of their childhood experiences of attachment, loss and trauma. The AAI taps into the respondent's narrative style, as a manifestation of how relationships are experienced, thought about, verbalised – 'represented' – in the subject's mind.

In another of her inspired contributions Main and co-workers also identified a third category of insecure attachment – 'insecure disorganised' – which is particularly associated with high levels of stress and disturbance, both in children so classified and in their care-givers (Lyons-Ruth and Jacobvitz 2008).

Phase 3 starts around the 1990s with a series of experimental, theoretical and clinical studies associated initially with Peter Fonagy and Miriam and Howard Steele at University College London. Using the AAI, they prospectively linked parents-to-be's 'state of mind with respect to attachment' with the subsequent attachment classification of their infants in the Strange Situation (Fonagy et al. 2002). Their 'reflexive function' subscale refers to the care-giver's ability to 'think about thinking': (a) to see their own thoughts and those of their infants for what they are, not necessarily accurate representations of reality, and (b) to comprehend others as autonomous beings whose emotional arousal is motivated by desires, wishes and projects, reflecting an 'inner' sentient Self. Parents' capacity to reflect on their own and their infant's mental states was strongly linked to security of attachment in their offspring. Attachment security or insecurity is thereby transmitted down the generations.

Experimentally measurable 'reflexive function' then formed the core of what, by the turn of the century, had become the guiding theoretical concept of this group – 'mentalising' (Allen and Fonagy 2006; Allen et al. 2008). Mentalising refers to the ability to reflect on thinking and thereby to grasp the perspectival nature of thought, and the experiential ground from which it arises. Portmanteau definitions of mentalising include: 'the ability to see oneself from the outside, and others from the inside', and 'thinking about feelings, and feeling about thinkings'.

Fonagy, Target, Gergely and their collaborators (Fonagy et al. 2002) see mentalising as a developmentally acquired skill, emerging in the first five years of life, gradually elaborated throughout the psychological life-cycle. They contrast mentalising with 'pre-mentalising' states of mind such as, in

their terms, ‘pretend’ and ‘equivalence’ modes of thinking that developmentally precede it, and that may persist in psychopathology. In the former the individual withdraws from reality into a world of subjective desire and play; in the latter the thought–reality gap is obliterated, and the way the world is assumed to be identical with, i.e. ‘equivalent’ to, the way one feels about it. Some may see in the contrast between mentalising and pre-mentalising modes of thought echoes of the Kleinian dichotomy of depressive and paranoid-schizoid positions. Whether the attachment perspective usefully adds to that dichotomy will be extensively discussed in Chapter 2.

The clinical impetus behind the elaboration of mentalising comes from trying to understand and help people suffering from borderline personality disorder (BPD), for whom ‘standard’ treatment approaches have had, at best, only modest success. There is now accumulating evidence for the effectiveness of mentalisation-based therapy (MBT) in improving the prognosis and life-course of BPD sufferers (Bateman and Fonagy 2008). Other specialised therapies such as transference-focused therapy and dialectical behavioural therapy have also shown good results.

### **An attachment-informed psychoanalytic credo**

How do these attachment ideas link with the psychoanalytic viewpoint that is this book’s conjoined theme? A fundamental bridge between the two disciplines is modern evolutionary theory. Freud was a Darwinian (Sulloway 1980), seeing beneath the veneer of civilisation the mind’s earlier phylogenetic inheritance; emphasising adaptation as a mark of psychological health; and pointing to the necessary compromises that such contradictions entail.

Neo-Darwinism also underpins the science of ethology, one of attachment theory’s roots. Ethology shows that our near relatives such as baboons, living in close social groups, have a deep grasp of social relationships (Cheney and Seyfarth 2007; Suomi 2008). Non-human primates, if they are to flourish, must understand dominance hierarchies, social rank, sexual mores, security relationships, child-care arrangements and feeding precedence. Despite a limited and largely stereotyped *expressive* repertoire, non-human primates’ *receptive* ‘language of thought’ is manifest in subtle and varied behavioural ways – how they approach one another, whom they approach, how they react to threat, and in their feeding behaviours and mating preferences. Social relations, even though verbally inaccessible, are thus firmly represented in the primate mind. The psychoanalytic approach to infant observation (*infans* = without speech) similarly reconstructs a pre-verbal child’s ‘language of thought’ from observations of social context and behaviour, facial expression and affective communication. Psychoanalysis’ primary domain is this language of thought, and the capacity to give it voice.

Freud’s first great discovery, a theoretical one, was that in any intimate human relationship, two simultaneous ‘conversations’ are in play: conscious

and unconscious, or verbal and non-verbal (Freud 1911). In ‘normal life’ the non-verbal, biologically salient, aspects of communication are concealed or repressed. Telephoning a friend, I assume that I am just telephoning a friend – not counting on her to protect or feed me, wondering whether we might go to bed together or form an alliance against a stronger competitor. This leads us to the fundamental paradox with which psychoanalysis is concerned. On one hand, to become conscious of the sexual, competitive, hierarchical, security-seeking aspects of interaction is inherently disturbing. On the other, *not* to be aware of this domain means running the risk of sleepwalking into and through relationships, driven by forces of which one is largely unaware.

In order to think about this dilemma – to be aware is to suffer, and yet *not* to be aware may lead to even greater suffering in the long run – security is essential. Anxiety is the enemy of mentalising. An attachment figure is required to whom we can turn, and the more secure that attachment, the more capable we will be of exploring our true nature.

For Bowlby, attachment and love were synonymous. The secure base is his ‘good object’. A secure base-provider is accessible when needed and is uniquely capable of understanding the care-seeker. To be a good object one has to be able to put oneself in another’s shoes and to comprehend the nature of their experience. A secure base is there to carry one over the cracks and fissures – ‘ruptures’ – in human relationships. The secure base/good object is able to withstand the protest that separation evokes, while continuing to hold the loved one in mind.

Freud’s second great invention, a practical one, was that of the consulting room and the couch. The analytic relationship is an *in vitro* experiment in intimacy. The consulting room is a place in which the language of thought begins to be articulated – fear formulated, desire described, sorrow given words. The analyst is an attachment figure who provides the security needed for insecurity to be explored. Insecurity is precisely that which the analyst’s presence evokes – desire, rivalry, fear of rejection, humiliation, neglect, exploitation, and so on. What begins as ‘transference’ – unarticulated non-verbal relational resonance – ends up as ‘insight’, the ability to read one’s own ‘language of thought’ and that of others. In phantasy the analyst is the ‘one supposed to know’ (Zizek 2006), the expert on the ‘unthought known’ (Bollas 1987). As therapy proceeds the analyst disavows this, and, like an allergist, gradually helps the patient to expose themselves to manageable bits of their unconscious shames and fears.

## **Theory and practice in psychoanalytic psychotherapy**

I justify this book on the grounds that there is a *theory–practice gap in psychoanalytic psychotherapy* (cf. Canestri 2006). As Fonagy elegantly puts it (Fonagy 2006a, p. 76), ‘clinical technique is not logically entailed in psychoanalytic theory’. Psychoanalytic therapy cannot be assembled from

its theory in the way that a furniture flatpack arises effortlessly out of its instruction diagram (usually in my case with one or two screws loose!).

What goes on in sessions – verbally, non-verbally, interactionally, physiologically, consciously and unconsciously – is at best only partially captured by avowed theoretical positions. There is a need for a developmental-based, empirically underpinned meta-theory with which to study the minutiae of therapist–patient interaction. The contention of this book is that attachment theory can contribute to such a heuristic, with its clear account of what is and is not helpful in therapeutic relationships.

O’Neill (2008) usefully takes up Donnet’s (2001) notion of the psychoanalytic ‘site’. A ‘site’ is a geographical metaphor referring to the constellation of procedures, together with their theoretical underpinning, which constitutes the essence, location or ‘place’ of a particular cultural phenomenon.

Within psychoanalysis there are fierce debates about what constitutes ‘proper’ analysis. Given the plurality of theories and practices, the search for a ‘common ground’ has also proved elusive, seen as essential to psychoanalysis’ survival by some (Wallerstein 1990), an elusive chimera by others (Green 2005). In Tuckett et al.’s (2008) European Psychoanalysis project, analysts from different cultural, linguistic and psychoanalytic backgrounds examine one another’s work. They show how challenging it is for psychoanalysts from divergent traditions and nationalities to respect as valid ‘psychoanalysis’ methods of working that differ from their own. Faced with uncertainty, analytic charisma and arbitrary authority – and sometimes subtle contempt and denigration – replace exploration and open debate.

Tuckett et al. (2008) develop a framework attempting to understand and theorise what psychoanalysts actually do – as opposed to what they say, or think, they do. They classify psychoanalytic interventions in five broad categories:

- 1 ‘housekeeping’ remarks aimed mainly at maintaining the basic setting (e.g. ‘reminding you that I shall be away next week’)
- 2 brief ‘unsaturated’/‘polysemic’ (i.e. ambiguous) comments that further the analytic process (e.g. ‘walls!’, ‘a mouth without teeth?’)
- 3 questions and clarifications
- 4 various forms of interpretive comment either on the here-and-now relationship with the analyst or forging links between present and past
- 5 spontaneous ‘mistakes’ (possibly induced enactments) on the part of the analyst – e.g. inappropriately reassuring comments – whose later exploration may bear analytic fruit.

Using a related but simplified classification (Castonguay and Beutler 2006), in what follows I shall be guided by a tripartite division of psychoanalytic interactions. After an extended discussion of mentalising, these are expanded,

expounded, and explained in the three chapters that follow (cf. Holmes 2008a).

- 1 A *therapeutic relationship* with the following properties: (a) intensity; (b) ‘contingency’ in that the analyst is primarily responsive to the client’s initiatives; (c) a ‘secure base’ in which the client sees the therapist as able to contain and assuage her anxieties, however overwhelming; (d) once assuaged, enlivenment and ‘companionable interaction’ follow; (e) one that is continuously self-monitoring and self-repairing.
- 2 A primary task of *meaning-making* in which analyst and client begin to make sense of problematic or symptomatic experiences and behaviours. The primary data for this sense-making process are: (a) free association in which the ‘material’ brought to the session by the client is analysed as much for its relationship to the client’s inner world as for its manifest content; (b) dreams; (c) language, in which words are seen as manifestations of chains of unconscious meanings; (d) the therapeutic relationship itself, i.e. transference feelings and enactments evoked by the therapeutic process; (e) patterns in the client’s developmental history, in which the long-term implications of infantile and childhood trauma are explored.
- 3 *Therapeutic action* or change, brought about by inducing tension or a ‘benign bind’ that: (a) helps promote the client’s capacity to think about his own feelings and actions and those of others; (b) helps the client to reintegrate repressed, disowned or projected affects or parts of the self with resulting greater sense of vitality, efficacy and ‘real-ness’; (c) enhances emotional articulacy, including mourning and processing past losses and traumata; (d) replaces rigidity and transference-driven repetitiousness with more creative, fluid, interpersonal and narrative capacities.

Darwin showed incontrovertibly (but not uncontroversially) that evolution by natural selection was the best possible explanation for the origin of species, but until the advent of genetics he was in the dark as to its underlying ‘mechanism of action’. Similarly, we know for sure that psychoanalytic psychotherapy ‘works’ (see Chapter 5), but we do not know *how* or *what is it about it* that produces change – therapeutic charisma, accurate interpretation, secure attachment, instillation of mentalising capacity, or some as yet unarticulated factor. The aim of this book is to explore how attachment theory can help towards a better understanding of this elusive DNA of our discipline.