



The Primacy of Affect

A summary of the article: ***The Attuned Therapist: Does Attachment Theory Matter?***

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I. Introduction

A. “From the beginning, psychotherapy has been primarily about using words—a left-brain process—to bring the light of calm reason and insight to the dark chaos of untamed, unconsciously generated emotionality. . . For many decades, particularly after the so-called ‘cognitive revolution,’ the major focus of therapy was helping clients think rationally about their irrational, emotional impulses.” (Wylie & Turner, 2011, p. 6)

1. “Of course, therapists have always realized that emotions, particularly negative emotions, are elemental facts of human life and the reason why people seek out psychotherapy in the first place.” (Wylie & Turner, 2011, p. 16)

B. Emotional Revolution

1. “For the past 15 years or so, according to Allan Schore and other neuropsychological scientists and therapists, we've been in the throes of an ‘emotional revolution,’ which seems to be sweeping all before it.” (Wylie & Turner, 2011, p. 16)
2. The 1950s and before – dominated by Freud and psychoanalysis, unconscious conflicts from childhood
3. A behavioral model dominated psychology during the '60s and '70s,
4. “In the 1970s and early '80s, the groundbreaking innovations influencing clinical practice came . . . from the iconoclastic rebels promulgating the gospel of family systems theory. Figures like Salvador Minuchin, Murray Bowen, Jay Haley, Virginia Satir, and Carl Whitaker became the role models for a generation of clinicians, followed during the '80s by more schematic, minimalist, and pragmatic therapies, like brief solution-focused therapy and Cognitive-Behavioral Therapy. . . what united the new generation of innovators, whether the whirling dervishes of family therapy or the mild-mannered, systematic interviewers of solution-oriented work, was a focus, not on the ancient past, but on what they could make happen in sessions right then.” (Wylie & Turner, 2011, p. 3)
5. Cognitive models in the '80s and '90s dominated psychology,
6. “And now ‘affect and psychobiological processes are taking center stage.’ Buttressed by the intense, research-driven interdisciplinary study of emotion, psychobiology, development, and relationship (attachment theory, front, and center) are transforming both neuroscience and psychotherapy.” (Wylie & Turner, 2011, p. 16)
7. “Both researchers and practitioners have come to appreciate the limits of exclusively cognitive approaches for understanding the initiation and regulation of human behavior. . . More practically, cognitive interventions that do not address motivation and emotion are increasingly proving to be short-lived in their efficacy and limited in the problems to which they can be applied.” (Wylie & Turner, 2011, p.17)
8. Neuroscientist Jack Panksepp asserts they are being forced to "relearn that ancient emotional systems have a power that is quite independent of neocortical processes." In our increasingly technological world, therapy seems to be directing our attention to the very core of our primal being, the "ancient emotional systems" that are the source of love, hatred, rage, desire, and compassion, of our unquenchable need for connection with others of our own species.” (Wylie & Turner, 2011, p. 18)

II. How did this Emotional Revolution Happen

A. John Bowlby and the beginning of attachment theory

1. Bowlby found “that the complex behavior of these children—not only their delinquency, but their anger, unpredictability, and rejection even of those who tried to befriend them—was directly related to their early emotional deprivation. As a young psychiatrist, he believed psychoanalysis emphasized the child's fantasy world too much and what transpired in the child's everyday life too little.” (Wylie & Turner, 2011, p. 3)
2. “In 1944, he prepared what would become a classic paper, ‘Forty-Four Juvenile Thieves, Their Characters and Home Lives,’ based on case notes made during a stint at the London's Child Guidance Clinic, in which he determined that the children who habitually stole had suffered the most maternal deprivation—most of them institutionalized or hospitalized for much of their early years and rarely visited by family.” (Wylie & Turner, 2011, p. 3)
3. “His work on delinquents brought him to the attention of the World Health Organization, which asked him to prepare a report on the mental health of the hundreds of thousands of children rendered homeless by World War II. Titled Maternal Care and Mental Health, it drew on interviews with child psychiatrists, pediatricians, and social workers in Europe and America who worked with homeless children (unlike the methodology of most analysts or learning theory researchers, who largely rejected Bowlby's conclusions).” (Wylie & Turner, 2011, p. 3)
4. “By this time, Bowlby's research was convincing him that humans developed not as individual monads, struggling against their own aggressive impulses toward civilization—the psychoanalytic view—but as members of interacting systems. . . Finally, the source of



psychopathology wasn't to be found in internalized Oedipal conflicts, but in failed or unavailable infant and early childhood attachments.” (Wylie & Turner, 2011, p. 4)

B. Mary Ainsworth and the Strange Situation.

1. “During the 1960s, she devised the Strange Situation experiments, based on his principles, which documented a series of separations and reunions between mothers and their young children in a controlled setting (see p. 31). Drawing inferences about the quality of mother–child attachment from these experiments, Ainsworth concluded that there were three types of attachment relationships: secure, insecure-avoidant, and insecure-ambivalent.” (Wylie & Turner, 5)
2. “But the word gradually spread through the research community that this research was a game-changer. *The Strange Situation* experiments, based as they were on exhaustive buttressing research (between 66 and 80 hours of observation of each mother–child dyad over the year prior to the experiment), for the first time provided empirical evidence for what had been purely an intuitive belief in the emotional significance of the mother–child bond.” (Wylie & Turner, 5)
3. “The Strange Situation became the most widely used standardized way of measuring what never before had been measured—the subtle, elusive quality of the shifting emotions between a mother and child throughout a short period.” (Wylie & Turner, 2011, p. 5)
4. Moreover, infants were not passive recipients of oral gratification—the Freudian view—but actively sought contact with their mothers and vigorously protested when denied. The mother–child dyad was a two-person, emotionally resonant relationship.” (Wylie & Turner, 2011, p. 5)
5. **So Ainsworth provided the evidenced base research for the critical role attachment plays in the development and the role of resonating attunement and affect.**

C. Mary Main and the Adult Attachment Inventory - Connecting Attachment to Adult Personality.

1. “Beginning in the 1970s and throughout the '80s, Mary Main, a protégé of Ainsworth and research psychologist at the University of California, Berkeley, began interviewing parents and studying their interactions with *their* babies. They found that attachment rejection or trauma in a mother's childhood was systematically related to the same attachment issues between her and her child. Main and her colleagues devised an interview method from this research - the *Adult Attachment Interview* (AAI). It contained 20 open-ended questions about people's recollections of their childhood.” (Wylie & Turner, 2011, p. 6)
2. According to psychology researchers Howard and Miriam Steele in *Clinical Applications of the Adult Attachment Interview*, the AAI was “*the single most important development in attachment research over the last 25 years.*” (Wylie & Turner, 2011, p. 7)
3. “*By the mid-1980s, 'attachment labs' had sprung up around the United States . . . There, social and developmental research psychologists not only observed mothers and babies but began to study the long-term effects of secure and insecure attachment on adolescents and adults.*” (Wylie & Turner, 2011, p. 7)

D. Beginning of the Clinical Applications Starting with Empathetic Attunement

1. “*It was one thing to provide a theoretical explanation of people's unhappy attachment experiences; it was another to develop therapeutic approaches by which clients could get beyond the limits of those early experiences. Bowlby himself, never an early-attachment determinist (he believed it was never too late to change), thought that a therapist could provide what the parents had not—a safe, dependable, compassionate. An attuned presence would enable the client to do some of the 'growing up' he/she could not afford to do in the unsafe early environment.*” (Wylie & Turner, 2011, p. 7)
2. Attachment theory seemed to suggest that what mattered most in this clinical relationship was the therapist's capacity for **emotional attunement**—the ability to hear, see, sense, interpret, and respond to the client's verbal and nonverbal cues in a way that communicated to the client that he/she was genuinely seen, felt, and understood. (Wylie & Turner)
3. Attachment research emphasized the **psychobiological core of attunement** between mother and child—the continual, subtle, body-based, interactive exchange of looks, vocalizations, body language, eye contact, and speech. As Daniel Siegel coined it, attunement—or “*contingent communication*,” was a **highly complex, supremely delicate, interpersonal dance between two biological/psychological systems.**
4. Of course, the idea that therapists should establish a close, empathic bond with clients—provide “unconditional positive regard” and a “corrective emotional experience” for clients—was old hat, at least for psychodynamic therapists. However, when brief, technical, pragmatic therapies were all the rage, attachment research seemed to offer **genuine scientific validation for a deeper, emotion-focused approach that took infancy and early childhood seriously.**

E. Neuroscience Provides the Final Piece – Enter Allan Schore

The Revolutionary NeuroChange Pathway to Transformational Change



1. Looking at attachment through the lens of neuroscience from the late '80s to the present, researchers found that the mother-child bond, in effect, began to knit together the neural filaments of the newly emerging baby brain—literally altering both the structure and activity of neural connections. In 1994, UCLA psychology researcher and therapist Alan Schore explained in his multidisciplinary book *Affect Regulation and the Origin of the Self* how the back-and-forth interaction between parent and infant regulates the swirling sea of intense, turbulent emotions registering in the baby's brain. In the process, the attuned parent helps the baby develop the neurological capacity to regulate his/her emotions.
2. UCLA psychiatry professor and psychoanalyst James Grotstein wrote in 1986, "*All psychopathology constitutes primary or secondary disorders of bonding or attachment and manifests itself as disorders of self-and/or interactional regulation.*" *Putting it crudely, the insecurely attached infant never got the maternal neural imprinting to help her learn to regulate her nervous system, thus making her susceptible to uncontrollable storms of inconvenient and unpleasant feelings throughout much of her life.*" (Wylie & Turner, 2011, p. 8)
3. **A new definition of pathology** – not distorted thoughts, oedipal conflicts, etc. but emotions that overwhelm a person. Does a person have a character structure so that natural or traumatic events that create emotions do not overwhelm them?
4. **Empathetic attunement builds attachment and emotional regulation structure:** The client experiences the “neurobiological-psychological repair from an attuned therapist, ready to meet her emotionally where she was—via nonverbal, affect-mediating, right-brain-to-right-brain communication—to help her undertake a kind of affective makeover.”

F. Daniel Siegel ties all of this to Empathetic Attunement on Steroids.

1. He was particularly struck by the fact that if adults could, **through therapy or other reparative life experience, learn to create a reflective, coherent, and emotionally rich story about their childhoods**—no matter how neglectful, abusive, or inadequate—they could "earn" the emotional security they had missed and still be able to form a good relationship with their children.
2. In 1999, in *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*, the book made a case for what Siegel termed "*interpersonal neurobiology*"—the idea that social relationships fundamentally shape how our brains develop, the way our minds construct reality, and how well (or poorly) we adapt to psychological stressors throughout life.
3. **Enter emotion:** He proposed that the oil that greases the gears of this grand, interpersonal neurobiological system is emotion—**it is through the communication of emotion that attachment experiences organize the brain.** Hence, an emotionally rich connection with a therapist can also change the brain and mind.
4. **The critical skill is Attunement:** But according to Siegel, the particular clinical model or approach used was much less important than the **attunement of the therapist to what he called the "critical micro-moments of interaction" with the client—including tone of voice, facial expression, posture, motion, eye gaze—that "reveal otherwise hidden states of mind."**
 - a. According to Siegel, the most crucial element in an attachment-based, neurobiologically intelligent therapeutic approach was "**that the therapist feels the feelings, not merely understand them conceptually.**"
 - b. This was, in a sense, a **hands-on, body-on, mind-on therapy, in which the therapist's whole self, vibrated like a tuning fork to every quiver in the client's being without, however, losing the essential emotional stability that the client needed to help regulate his or her own runaway emotions.**
5. **Power of Attunement:**
 - a. The right brain/limbic (unconscious, emotional, intuitive) interaction between the psychotherapist and client is more important than cognitive or behavioral suggestions from the therapist.
 - b. The psychotherapists emotionally charged verbal and nonverbal psychobiological attunement to the client and his/her internal triggers is critical to effective therapy.
 - c. Reparative enactments (e.g., “mismatching experiences” of memory reconsolidation theory) of early attachment experiences, co-constructed by therapist and client, are fundamental to healing.
6. **Attunement:** In attachment-based therapy, the therapist is asked to stay in the right brain and fully experience the client's feelings, no matter what comes up for her or what raw emotion is triggered from her history. In other words, the therapist is not just an observer of the client's emotional journey or even a disinterested guide but a **fellow traveler**, resonating with the client's sadness, anger, and anxiety. Rather than recoiling from the intensity of the client's experience, the therapist is providing—through voice tone, eye contact, expression, posture, as well as words—the stability, the ballast, so to speak, to keep the client feeling not only understood but safely held and supported.
7. **Need for our character development. More than some other modalities, this demanding work** requires therapists to have their inner act together. "*We are the tools of our trade, the primary creative instrument with which we do*



*the work," says California clinical psychologist David Wallin, author of *Attachment in Psychotherapy*. "Our core emotional vulnerabilities, therefore, inhibit our ability to use ourselves effectively in this intense work."*

8. **Role of Cognition:** Attunement is a right-brain-to-right-brain connection—what Alan Schore calls "*implicit nonverbal affect-laden communication [that] directly represents the attachment dynamic . . . primary nonverbal process clinical intuition.*" At the same time, the therapist must maintain a left-brain-to-left-brain connection to co-create a coherent narrative about the client's unarticulated, even formerly undefined, emotional experience. Therapists need a "*trinocular*" vision as they try to be in the client's mind, in his/her mind, and between the two minds, establishing and maintaining between him/herself and the client mutually resonant affective, cognitive, and physical states of being.
9. **Attunement leads to Great Emotional Regulation:** "*You use your sensitivity to the client to engage in contingent communication in a way that can establish new pathways in the person's brain that increase his capacity for self-regulation,*" he says. "*That means the client learns to tolerate emotions he could not handle before.*" Furthermore, by helping the client become more capable of self-regulation, the therapist is helping him coordinate and balance neural firing patterns and promote greater integration of different areas of the brain—right and left hemisphere, for example, and specific experiences.

G. Dan Siegal adds the Enactment Skill – “*Creating the Experience*”

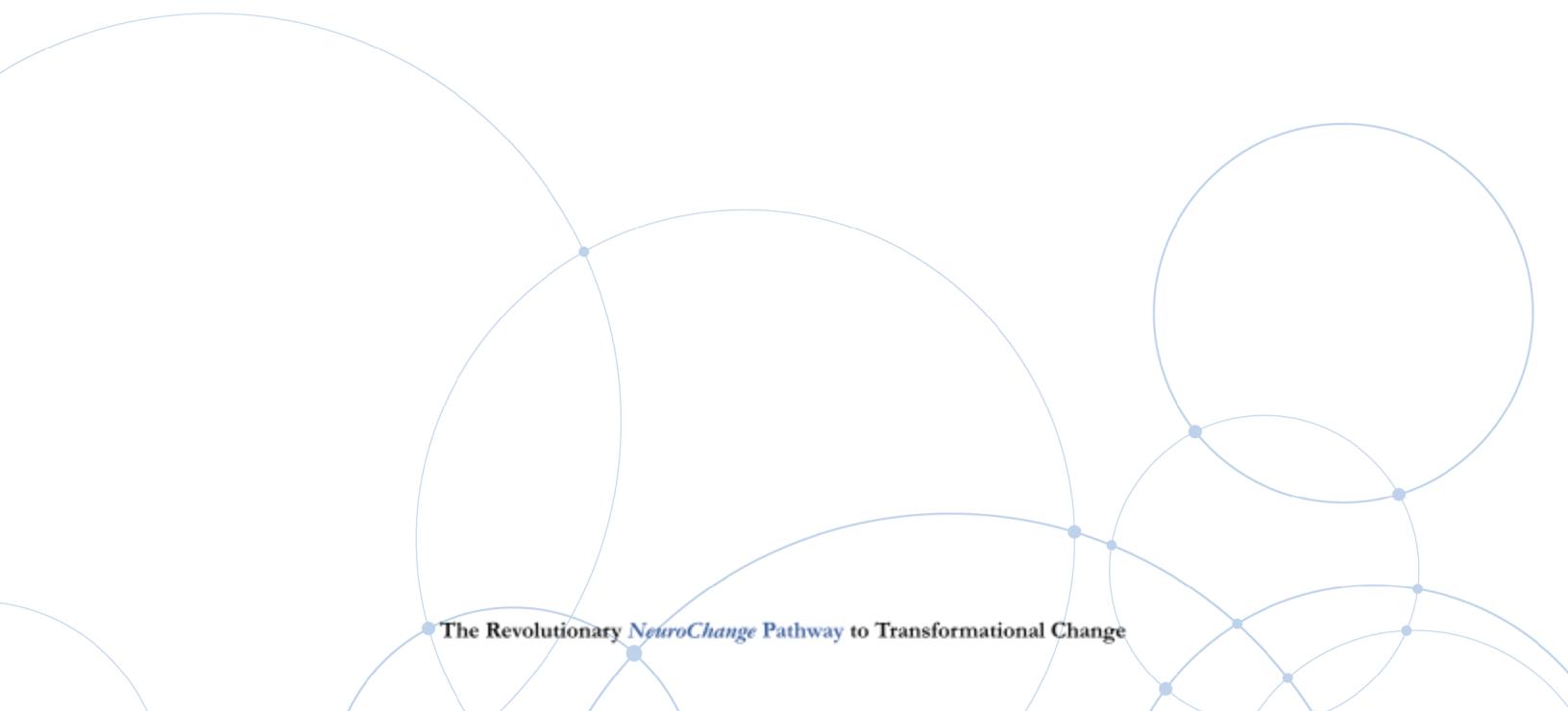
1. **Enactment and Creating the Experience:** In contrast to cognitive-behavioral work and in light of these recent discoveries about the brain and emotion, the most effective therapy is intuitive, played out in "*enactments*"—what Allan Schore calls emotionally charged moments between therapist and client that is "*fundamentally mediated by non-verbal unconscious relational behaviors within the therapeutic alliance.*" Through these behaviors, the therapist and client co-create a coherent story, or a chapter of a story, that helps the client make sense of his inner turmoil. As Schore puts it, "*Enactment is an effectively driven repetition of converging emotional scenarios from the patient's and the analyst's lives. . . . It is his or her chance to relive the past, from an affective standpoint, with a new opportunity for awareness and integration.*" According to Schore, the most critical "*enactments occur at the edges of the regulatory boundaries of affect tolerance.*" In other words, it is doing its best work when therapy feels worst. (Wylie & Turner, 2011, p. 13)
2. For the first time, mainstream therapists are trying, as it were, to fight fire with fire—to get at that vast, subterranean sea of effect as much or more through nonverbal resonance and verbal attunement.
3. From our first mother–infant bond, we look into each other's eyes, smile and gesture, touch, and stroke each other, make soft, friendly sounds, and breathe in each other. Through these ancient signs and signals, we come, as they did, to know each other, and by knowing each other, we come to know ourselves.
4. *They may forget what you said... but they will never forget how you made them feel. ~Carl W. Buechner*

H. David Wallin connects Attachment Research to Psychotherapy.

1. The **attachment relationship** that the therapist creates through attunement, containment, a mentalizing stance, an "experience-near" focus, and other relational strategies are essential to change.
 - a. It is not giving the client a new way of looking at the problem, convincing them their feelings are exaggerated, suggesting new behaviors, or finding a solution to their problem.
2. This attachment relationship creates a **secure base** (like the mother does for the securely attached child) that is "*the sin qua non for exploration, development, and change*" (Wylie & Turner, 2011, p. 2). This secure base can create the crucibles for experiences to build the structural piece into the client's character structure.
 - a. Clients begin to share experiences too painful to share with anyone or even for them to let themselves experience it. So, they keep it hidden through defenses or dysfunctional coping patterns.
 - b. Clients gain strength and support to describe these "disavowed or dissociated experiences."
 - c. "*Accessing, articulating, and reflecting upon dissociated and unverbalized feelings, thoughts, and impulses strengthen the patient's 'narrative competence' (Holmes, 1996) and help to shift in a more reflective direction the patient's stance toward experience [mentalization].*" (Wylie & Turner, 2011, p. 3)
3. All of this "facilitates the integration of disowned experience, [and internalization of missing structural pieces], thus fostering in the patient a more coherent and secure sense of self." (Wylie & Turner, 2011, p. 3)
 - a. "*Very much as the original attachment relationship (s) allowed the child to develop, it is ultimately the [experience of the] new relationship of attachment with the therapist that allows the patient to change. . . . The therapist's role here is to help the patient deconstruct the past's attachment patterns and to [experientially] construct new ones in the present.*" (Wylie & Turner, 2011, p. 3)
 - b. "*The therapeutic relationship is a developmental [and experiential] crucible within which the patient's relation to his own experience of internal and external reality can be fundamentally transformed.*" (Wylie & Turner, 2011, p. 3)
4. It is the "*transformation of the self through relationship,*" which then decreases the symptoms.



- I. **Raises the Prestige of Therapy:** The therapist, through the art of a particularly specialized form of relationship and attuned connection, is not just helping people feel better; they are changing a person's brain, which in turn leads to a more flourishing life.



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