David Wallin on Attachment

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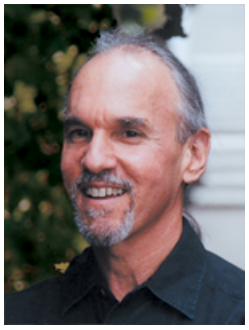

David Wallin, PhD, is a clinical psychologist in private practice in Albany and Mill Valley, California. A graduate of Harvard who received his doctorate from the Wright Institute in Berkeley, he has been practicing, teaching, and writing about psychotherapy for nearly three decades. Attachment in Psychotherapy, his most recent book, is presently being translated into nine languages. He is also the co-author (with Stephen Goldbart) of Mapping the Terrain of the Heart: Passion, Tenderness, and the Capacity to Love. A lively and engaging speaker who combines a scholarly perspective with unusual candor about his own experience as a therapist, he has lectured on attachment and psychotherapy in Australia, Europe, Canada, and throughout the United States.

Serge Prengel, LMHC is the editor the *Proactive Mindfulness* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: This is a conversation with David Wallin. Hi David.

David Wallin: Hello Serge.

Serge: So David, at this stage of your career and your life, what's really of strong interest for you, what's moving you?

David: Well just to kind of lay it out very, very briefly, I think what's most compelling to me of late is the whole matter of the psychology of the therapist, and the impact of our own history, our own attachment history in particular, the impact of those early relationships and subsequent relationships on who we are as people. And speaking for myself, who I am as a person profoundly affects my efforts to be of help to my patients. That's what's most compelling to me, and you know I think we've touched upon this briefly, previously, but you might say another piece of that picture, the psychology of the therapist, is the therapist's stance towards experience, or you might say the stance of the self towards experience, and that's a way that I think about what I bring to my work with my patients. It's also a way I think about my patient's strengths and vulnerabilities. And when I say the stance of the self towards experience, I guess I'm thinking primarily of three possibilities...

Serge: Maybe, let me just slow it down because it's very rich, and there's a lot in it, and, in a way, I love that phrase, "the stance of the self towards experience," but I want to first simply repeat it and invite people who are listening to us even to not necessarily try to understand it intellectually, but kind of get into the rhythm and the beauty or the images that it might evoke, and to have the curiosity of seeing the rest of this conversation unfolding as maybe giving it some dimension. And, that what we're doing in this experience, this conversation, is kind of meditating through you sharing some of your experience about the concept of the stance of the self towards experience.

David: Yes, Yeah. You know, I was feeling appreciative of your saying, let's kind of slow it down, and also the idea that maybe rather than trying to grasp these matters just intellectually, that we also in a sense try to embody these ideas as you and I speak. So I heard what you were saying as an invitation to be mindful, or an invitation to be present, an invitation to be in the moment with you, as we share a half hour or so of our time together. Yeah, I really appreciate that.

Serge: So, in a way, this exchange and then this sharing, we are, in some way, practicing the stance of the self towards a shared experience we're having, whatever that means, but you know in some way we're doing part of that.

David: Yes, that's exactly right. And especially the mindful piece. So, you know for me, this gets a little theoretical, but I find it helpful to think in terms of three different stances toward experience. To begin with, I think we can have a stance towards experience which is one of what I call embeddedness, and that's a stance in which we're kind of on autopilot. We're, you might say, believing everything we think and feel. We're not taking a step back from experience in order to try to make sense of it, which is what we do when we're in a reflective stance towards experience. Taking a step back, and trying to understand it, by questioning, you know, what's the context? Or what does it mean? Or how does it add up? And why might I be experiencing this moment, or this relationship in the particular way that I'm experiencing it? That's a reflective stance. And then there is a mindful stance, which is one in which we're present deliberately, we're present on purpose, and we're trying to be aware of our experience in the present moment, we're just in that experience as fully as we can be. And, for me, all three of those stances, a stance of embeddedness, a reflective or as it's called in the attachment literature, a mentalizing stance, where we try to make sense of experience in terms of underlying mental states, like what we believe or what we feel, all three of those stances, a stance of embeddedness, a reflective or mentalizing stance, and a mindful stance, they all have a place. Embeddedness might be just fine, say, when we're making love, or listening to music, or making music, or getting out of the way of an onrushing truck. In those situations a reflective stance, or a mindful stance, might not be exactly what's called for. In those situations, you just want to be in the experience, and spontaneously do what's called for. But I think a lot of the trouble that you or I, or the people we're trying to help, or the people we relate to get into, I think a lot of the trouble comes up when they're, you might say, stuck in a stance of embeddedness, and they're believing everything that they think and feel. And they can't take a step back from that, and they can't try to make sense of it, and, in a way perhaps they can't even be entirely present for the experience because the past is so gripping, and what they believe, what goes on inside, you know the lens through which they take in what comes in in the way of experience is so fixed. I guess what I'm saying is that, for all of us, being embedded in experience can at times be problematic. It's a real resource at times to be able to step outside of our experience to try to make sense of it, that is, to reflect. Or, to deliberately try to simply be present for our experience, in which case you might say the past is, subjectively speaking, kind of sheared away, and the future, subjectively speaking, is kind of sheared away. Then we're mindful of being just right here right now. I think all three of those experiences can be fine in their place. The key is flexibility and that's a big part of what I am trying to cultivate in myself and the people who come to me for help.

Serge: So, David, what I find very wonderful in there is (1) you're not saying there's one thing that's good and others that are bad, there's a time and a place for it, and you're talking about having that flexibility and that flow of finding something that's appropriate. And another part is there's something very visual about your using the word embeddedness, and embedded is say, you know,

the journalists who were embedded in army during Iraq war and things of that nature, you disappear in it, and you're swallowed by it, and you lose your perspective, because you're all-surrounded by it, and in contrast to that, the mentalizing and the mindfulness are a way, to actually, not just be swallowed by it, and there's gonna be a difference between the mentalizing and the mindfulness, and maybe we can come back a little more to it, but the first part is really that sense of not being swallowed, it's more just being in the experience, having said as you did that sometimes you do want to be swallowed by the experience.

David: That's right. That's exactly right. You know I was just thinking that part of the problem with embeddedness, if you will, is that we lose a sense of ourselves as initiators, creators of experience, agents, people who make things happen. If you're embedded in the experience, it's as if experience is happening to you. When you take a step back from experience in order to try to make sense of it, you're taking a hand in shaping your own experience. It widens, it seems to me, the scope for a certain kind of mental freedom. And I think actually, by a different route, mindfulness too expands the scope of mental freedom, it creates mental space. I think whether one chooses to reflect or chooses to try and be present, one is making a choice about how one is going to respond to one's experience. A deliberate choice. I'm going to try to make sense of this experience, or I'm going to really try to be present for this experience. There's a choice there, there's a decision about how we're going respond, rather than just react reflexively to experience. We're deliberately choosing, one way or another, to shape our stance toward our experience, either in the direction of greater understanding, trying to make sense of it, or in the direction of greater presence, trying to really be right here right now for our experience.

Serge: So I want to reflect that part of the invitation of the conversation was exploring the stance of the self towards experience, and we're right in the middle of it, and so what you pointed out is the difference embedded, we're actually not in a position of taking a stance because we are carried by events we're in. And the mentalizing and the mindfulness, are actually, we are taking a stance, and there is a difference in both cases to try and maybe get some kind of a visual or embodied analogy to it. The mentalizing part is a little bit like it in a battle, the general is on a hill, and watching the armies on the plane that are fighting, and has that overview, and from that place is able to make decisions because he sees the situation as a whole, and he's able to see from afar, and decide. And maybe mindfulness is the part where, instead of, in a way having that overview from the outside, the bird's eye view, it's a sense of… actually getting a sense of it, which is different from being caught in it, powerless… but maybe having a sense of oneself being fully alive in the experience. And this sense of the resonance in the self of what the experience is.

David: Yeah. You seem to be quite fond of these martial metaphors, Serge. But you know, just now I'm aware that I was feeling, in some ways, embedded in our conversation, kind of on autopilot. And so I caught myself and decided I wanted to take a step back from the immediate reality of our conversation, which I'm enjoying, and taking that step back, I had a sense like, well, I want to do some talking now about something a little bit different. I want to return to that whole matter of the therapist's attachment history, and the therapist's own attachment patterns. You know that I wrote a book, I guess it came out in 2007, called Attachment in Psychotherapy, and so, you know, as the author of that book I have to say something about attachment. I mean I'm very, very persuaded that it's in the context of our formative attachment relationships that we first start to become who we are and then in the context of our new attachment relationships in psychotherapy or perhaps marriage, that in these subsequent profoundly important relational contexts, that's where we have the potential to change. But what I find really compelling, as do many other people do obviously, is

the analogy between what we attempt to provide as good parents on the one hand and good therapists on the other. I think there's a certain kind of, there's a lot of overlap. Both the relationship of a parent and a child, the relationship of a therapist and a patient, these are both relationships whose purpose, largely, is to foster development, is to make healthy development possible. You know, in childhood we want to make it possible for the first time, and in therapy we want to make possible, you might say, the resumption of healthy development. And it seems to me, that it is a relationship of attachment where the therapist is kind of like the parent, to the child, the therapist is a kind of stronger hand or wiser other to whom the patient yearns hopefully for an experience that will be reparative, or healing, in some way an improvement upon the initial relationships that left us, you know, with certain strengths of course but also certain vulnerabilities. And I think when you pay attention to that analogy, between what we provide as good parents and what we try to provide as good therapists, when I pay attention to that analogy, a major part of what I see is the following: just as the parents own attachment history has been shown, and the parent's relationship to his or her own attachment history, has shown to be incredibly powerful as an influence upon the psychology of the developing child, it seems to me in very much the same way the history of the therapist and the therapist's relationship to her or his own developmental history, that's an extraordinarily powerful influence on the therapist's ability to create a developmentally facilitative relationship with the patient. In a nutshell, the research shows that secure parents tend to raise secure kids. Insecure parents raise insecure kids. Traumatized parents typically retraumatize their kids. And I think much the same thing is true in psychotherapy, in other words that the therapist's security, insecurity, trauma is going to be manifest in one way or another, recognized or unrecognized, as an influence on how that therapist relates to the patient. And I guess, I'll just say one more thing, just that what seems really key here is the therapist's ability to recognize that her or his attachment history and patterning will inevitably, unavoidably, affect her or his ability to provide a healing relationship for the patient. In this connection, think of yourself as a parent. You might have criticisms of your own parents' parenting, but, as a parent you can often find yourself, with subsequent regret, kind of channeling your own parents. In other words, you do as a parent a lot of stuff that you wouldn't necessarily purposefully choose to do, but you do it anyway. And I think exactly the same thing is true of our conduct as psychotherapists. We relate to our patients, it seems to me much of the time, kind of on autopilot, we're just doing our thing as therapists, and sometimes that's quite constructive, but sometimes what we're doing is a function of our own history, our reactions to our history, our own psychological needs, and sometimes that's not just unfolding, as I say automatically, but to the detriment of the patient. It's an interference in the therapist's own efforts to be of help to patients, and I guess I'm suggesting that that stuff is going to happen, it's going to unfold sort of automatically, and then the question is, can the therapist, you might say, adopt something other than a stance of embeddedness as he or she does the work of therapy. Ideally, I guess what I would suggest is that we aim to cultivate the ability as we work with our patients both to be present, to be right here right now and notice what are we actually doing with our patients, that's number one. And number two, to be able to adopt a mentalizing, a reflective stance, so we can take a step back from our sense of what we're doing with our patients in order to try and make sense of it. And I think those efforts to be mindful and to reflect on the experience that we are now able to be aware of, label, describe, when we're able to take a step back from that experience and reflect on it to try to make sense of it, those efforts first to be mindful and then to reflect have two benefits. First they give us more freedom with regard to how we conduct ourselves. We're no longer on autopilot. And second open a window not only on our own psychology but also the psychology of the patient. This is because the relationship we co-create with our patients is a dynamic system. I'm influencing the patient, who is influencing me, who is being influenced by me in turn and so forth. Because the therapeutic relationship has this

dynamic systems aspect it means that when I become aware of what I'm doing with a patient, typically that behavior of mine bears a meaningful relationship to what's going on in the patient. In other words, the quality of my participation in the relationship is not solely a function of who I am as a person, it's as if the parts of me that are manifest as I relate to the patient are activated by something that's going on in the patient, it's in the chemistry between the two of us, and so when I become aware of what I'm doing, usually it opens a window on what might be going on, not only in my psychology, but also in the psychology of the patient and in the relationship that we're creating together.

Serge: Yes, yes. So, maybe I want to play it back a little bit to check that we're on the same wavelength. In a way, you know parenting, is not just about having the good intentions about parenting or reading a parenting book, but you're gonna be, you know, influencing and creating and shaping your children based on what's gonna come out from acting out what you have in your self. And so, knowing yourself and having that ability to both reflect on it and be mindful about it, is gonna make you make it possible for you to actually be a more effective parent, and, in the exact same way, as a therapist, if you just try to be a good therapist, you're actually going to be playing out a lot of your dynamics, that you don't know, so you have to know yourself in both a mentalizing and mindful way in order to be able to influence a relationship, to make it one where it's possible to actually change.

David: Yeah. And I would put it in very much the same way. You know, that our parenting, it may be shaped by what we read or what we hear about good parenting, but a lot of it just kind of unfolds, and plays itself out as a function of who we are as people and how we've ourselves have been parented. And so if our parenting's going to change, we have to become aware of what we're doing as parents, and try to make sense of it, and try not to be so gripped by it. And I think very much the same thing is true of us as therapists. It's who we are that ultimately is decisive for the therapy relationship's potential to be healing. It's not so much our theories, or the techniques we've learned, it's who we are as people. And who I am as a person is going to manifest both for better and for worse. The key to using my history and my own psychology in the patient's interest is to be mindful and to mentalize. The key, in other words, is to deliberately attempt to become aware of what I'm actually doing with the patient, not simply to remain on autopilot. And having become aware of what I'm doing, then I need to try and make sense of it, in a fashion that informs me both about myself and about the patient.

Serge: And so, you know, as I'm hearing you actually, what feels like slowly coming back is in a sense the obvious part of, but that feels very profound, that a parent is not a robot, that if we're talking about attachment and we're talking about relationship, we're talking about human beings, and so that the parent is not a robot or a machine, but it's wholly the quality, the human qualities, of the parent, and also the ability of being not embedded, but both mentalizing and mindful, and have these human qualities that are going to affect the parenting, and in the very same way as a therapist, you know we're not providing treatment, but, you know, we are very much creating an experience. We're present in that role of parent slash therapist.

David: Yeah, that's right, that's right. Maybe I could give just a quick example here to try to make this all more vivid, bring it to life a bit. This is an example that involves the relationship with a patient I had seen already for a couple of years and, you know, I'm sitting with this guy, the hour's gone on for five minutes or so, and I realize that I'm starting to feel a little drowsy, and that caught my attention. Now generally when I notice I'm starting to feel drowsy I try to ask myself, you know,

what's going on around here? Or even more specifically sometimes I'll ask myself why might I be shutting down? And what am I actually doing? So when I asked myself with this patient, why might it be that I was shutting down, and what was I doing, I realized that what I was doing with the patient was absolutely nothing, I was letting myself disappear. This in a way is the mindful piece, to try to get present. When I was shutting down, when I was getting drowsy, I wasn't present. But as soon as I asked myself about my shutting down and about what I was doing, I started to wake up. I asked myself, what am I actually doing here? Which is a big part of what I do when I meditate, just paying attention, noticing what's coming up, labeling what am I doing. Thinking. Feeling. Sensing a pain in my back. I was doing something similar in the therapy. It's like, what am I doing? And again, what I realized was that I was doing absolutely nothing, and this was sort of billed as I was making room for the patient to think his own thoughts, feel his own feelings. But then, I tried to reflect, to get to the meaning of my doing nothing. And usually when I reflect I ask myself two questions. The first is, what might be the implicit meanings of what I'm doing? So, what might it mean to me, what might it mean to the patient, that I'm doing absolutely nothing, that I'm keeping my mouth shut? And then the second question is, what might be my motivations doing what I'm doing? And so, what I realized as I asked myself, what's the meaning of what I'm doing, I realized that beneath the surface meaning, which was just making room for the patient, was the fear that were I to say anything at all, the patient would experience it as an interruption, as a destructive, hurtful incursion on his experience, his thinking his own thoughts, his feeling his own feelings, and I became aware that, I was fearful that he would get angry at me. And then when I asked myself what were my motivations, what might be my motivations for saying and doing nothing, for being so fearful of his anger at me, what I realized, what I tuned into, was just kind of an abiding fear I have as a person, you know generated no doubt largely in the context with my relationship with my kind of Dr. Jekyll and Mr. Hyde-ish mother, you know what I was afraid was seeing myself or being seen as I was seen by my mother at times as selfish, destructive, bad... and what's interesting is that for me, going through that kind of process of getting present, noticing what I'm doing, trying to make sense of what I'm doing, checking out my motivations, what does my psychology have to do with all of this? Yeah, it often opens up a whole range of possible interventions. In this particular instance what I chose to say to the patient was something like, "I'm sure you're going to experience this as an interruption, but I feel like I'm caught on the horns of a dilemma. If I say anything, you'll experience it as disruptive. But how can I be helpful if I don't say anything?" And I was enormously relieved when the patient said something like, "You know I know where you're coming from. Because I can be quite prickly, and I've encountered a whole bunch of shit, and misattunement, and so if you're not exactly on target, you know I can feel really pissed off." And then he said "you've got your dilemma, but I've got my own dilemma," and the way he put it, this was his metaphor, was, you know, "Should I come out of my room?" Because in his childhood, retreating to his room was safety. So he says, "if I come out of my room, you know my experience tells me, I'm just gonna bump into the three-headed monster" which was his code for his very narcissistic father, his very seductive mother, his physically abusive older brother. And so, I guess what I'm trying to illustrate here is that when the therapist starts to notice, gets off autopilot, gets mindful, pays attentions to what's unfolding in the moment, asks what is the therapist actually doing, and then when the therapist reflects on what he or she is doing, it opens things up in a way that is not only important in terms of allowing a therapist more freedom so that the therapist can loosen the grip of his or her own history, his or her own psychology, but I think it also makes possible a kind of deepening of understanding of what's going on with the patient, and often a deepening of connection to the patient. I mean in this instance what followed basically opened up a whole new terrain, which had to do with the fact that my patient felt like he could either be a member of the audience and listen to my monologue, or he could deliver a monologue and I would be relegated to the status of

audience member, but what he felt like he had such a difficult time doing was, actually it was what he came to call mind jazz, that's what he was aiming for, where we could riff off each other, we could improvise, we could create something together.

Serge: So it's such a beautiful, beautiful, beautiful example because it's like, you see the interplay of all these elements, and so I want to play back a very, very small version of it, you know that doesn't capture all the richness of it. But, you're showing first the difference between, you know like an embedded mode. You can't, you know, essentially there's no room for you. And so, you make room for you, including what about me, and you showed the way, the what about me both in a mindful way and a mentalizing way. And the "what about me" is actually something that goes into the deep wound of if I put myself in, it's inappropriate or I get reprimanded, or I get you know, so there is, it's a big step to actually, at that moment, fight, you know, that heritage of attachment. But what's happening, is at that moment you are actually making the ghost of attachment past visible in the room. And your mother, which was kind of hiding, and just manipulating things, suddenly becomes visible, and you have some action on it, and as you do that, you are actually in a position where you overcome that dominance of your past, and you make it possible to actually break free, and instead of both the patient and you being prisoners of your past and the all-or-nothing, or monads, basically there suddenly is a possibility of human beings in a dialogue or in a jazz improv, and it feels so beautiful you know the way that all of these things work together

David: That's such a lovely, lovely restatement. Maybe it's in the “great minds think alike” department, but you know I just found myself thinking about two things that I've said often, when I teach. One is, for the patient to heal, the therapist must change. And somehow, what I heard you saying was something about how, as in the vignette that I just presented, how I kind of loosened the grip, became less a prisoner, of my own past. I changed in that moment. And I think that opens something up in the relationship that made it possible, ultimately, for my patient to begin to change. That was one thing. The other thing that I talk about a lot in my teaching is how, in a secure state of mind, a relationship is experienced as a setting in which there's room for two. There’s room for two minds, two wills, two sets of desires. But when we're in an insecure state, by contrast, then a relationship is a context in which there's room for one and one only. I don't know if the attachment lingo is familiar to you, but in the attachment framework we talk about a "dismissing state of mind," and that's a kind of cut-off, sort of obsessive or narcissistic or schizoid state of mind, you might say, quite shut-down. And in that state of mind there there's only room for one and that one is the self. Or, there's what attachment researchers call a “preoccupied state of mind.” This involves the kind of a hyper-activated, hyper-emotional style that conventional diagnostic frameworks tend to associate with hysteric or borderline states. And here too a relationship is a setting where there's only room for one but here that one is the other. Perhaps with my patient I was gripped by a preoccupied state of mind, because there was only room for one there and that one was the patient. But that didn't serve him, I couldn't be helpful in that imprisoned state, and so I had to change in order to make something new possible in our relationship.

Serge: Yeah, yeah, and again, so rich there, but what I think is really important, that part where it's a little different, from, say, the part that says therapists must do their own work in order to be able to be good therapists. That dimension that you're saying is not just they must have done their own work, and it's done, but it is happening in the session. It's not that you had done it in the past, because of course you've done it, but what's beautiful in it is the therapist is changing in the session in the moment, and that's what is creating the possibility of change.

David: I certainly see it that way. I mean for one thing, I don't subscribe to an image of, you know, healing that is ever complete, ultimately. I think we are, most of us who choose this work, almost all of us probably, wounded healers with a more or less problematic past, and I think that the work of our healing is life-long. We're going to continue to manifest in our intimate relationships with spouses, kids, patients, and others, we're going to continue to manifest some of our woundedness. But as therapists, the key, the important thing, is to be open as possible to an awareness of the manifestations of that woundedness as we work with our patients. And to do a little, perhaps you might say, to do a little healing on the spot. Which I think has the potential to open things up, both for the therapist and the patient.

Serge: Yeah, yeah. This is a great place, to maybe, just to wind down, and just, it feels like, that sense of you know, both the therapist and the patient are wounded, and are engaged in a process of healing.

David: That's right. You know there's a very well-known writer, an analyst in the relational psychoanalytic tradition, a guy named Irwin Hoffman, who recently said something like this about therapists who make the mistake of seeing themselves as very different from their patients: "Let's not forget this simple truth: "We" are also the patients. This is a large self-help group."

This conversation was transcribed by Amanda Fisher.

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