Therapist, Heal Thyself

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I believe that not having a secure attachment is one of the worst things that can happen to a human being. Individuals with untreated attachment disorders typically suffer a great deal of lifelong depression and anxiety, and are at a minimum hampered by obsessive/compulsive or dissociative defensive structures. As the evidence mounts that insecure attachment disorders are traumatic and underlie so much of the pathology we see in our clients, it becomes increasingly important that we effectively and honestly inquire into the status of our own family of origin attachments. If we did not have a secure attachment with at least one of our own primary caregivers, and if we have still not had this paramount developmental need met, we owe it to ourselves, as well as to our clients to obtain effective help at working through the losses of our own initial abandonment.

One simple way of describing secure attachment in childhood relationship is that the child has liberal, safe access to at least one caretaker to whom she can bring her whole self-experience - good or bad, happy or depressed, trusting or afraid, succeeding or failing - without threat of being attacked, shamed or abandoned. Those who do not get a modicum of this in childhood risk spending their whole lives isolating themselves in a lonely, defensive position whenever they are in pain and most in need of empathy, support and connection. Sadly, this wound cannot be healed alone, no matter how powerful one’s capacity for introspection and self-processing, for the response to shut down vulnerability in relationship has been so practiced that it has become automatic.

I have met a small number of individuals who have been graced to heal this wound via connecting with evolved and relatively unwounded close friends or partners who give them the safety to gradually evolve into a more complete sharing of the vulnerabilities of their inner world. Unfortunately however, it seems that few of us are able to bypass our repetition compulsion to bond with partners who are similarly abusive and/or neglecting as our parents.

When repetition compulsion is sufficiently worked through, the possibility of real intimacy comes into being. Real intimacy directly correlates with the degree to which there is mutuality in the authenticity and vulnerability between two people - to the degree to which they do not have to hide from each other and reenact the now unnecessary superficial relating of their childhoods.

The greater our capacity for intimacy, the greater is the potential for finding soothing and healing for the pain of our loneliness - be it rooted in our original abandonment, or in the kind of existential loneliness that all human beings, even those with good enough parenting, have to periodically endure. For those who have not been fortunate enough to heal their developmental arrest around attachment in personal relationship, it seems that psychotherapy is the only recourse for overcoming unnecessary abandonment defenses and isolated suffering in abandonment fear and depression. By definition this therapy needs to happen with a therapist who can guide the individual through what attachment expert, Diana Foscha, calls the “pathogenic affects of fear and shame” that cause the insecurely attached person to automatically eschew vulnerability and hide from sharing their deeper feelings and experiences. She calls this type of fear and shame “the instantaneous layering of reaction on top of felt experience.” Hence when an individual, emotionally

abandoned in childhood, has an incipient upwelling of core emotional experience, like sadness, anger, depression, etc., the inner critic reacts to it instantly with fear and shame preventing the individual not only from expressing it, but often from even becoming aware of it in the first place. Tragically this prevents the individual from communicating from the deeper levels of vulnerable experience that are necessary for a deeper, more sustaining kind of relating.

Consequently, I heartily encourage those who are still stuck in the loneliness and isolation of this kind of hiding, to come to the aid of themselves by finding a therapeutic relationship where they can work through the shame, intimidation and abandonment that originally convinced them it would never be safe to connect vulnerably with other human beings.

In my thirty years in the field, I do not believe I have ever met a therapist who does not have some form of this wound - who has not sought out this profession from at least an unconscious desire to discover and work through the pain of the sad truth that s/he grew up in a family where there was no safe person go to at many of the most painful and crucial times when a kind and supportive connection was needed. Moreover, I believe a high percentage of us grew up in families where we were parentified in a tragic role reversal and required to give this kind of support to a parent without being able to expect any or much of it in return. If we have unworked through pain and defensive structure from an insecure attachment experience, we owe it to our clients…as much as we owe it to ourselves… to do this kind of work so that we can learn how to provide them with this kind of help. I believe this is true also for those whose childhood experience has taught them to be there in a reasonably passive empathic way for clients. As helpful as this may be, it is rarely enough to more actively help them

identify and work through in the moment of active relating all the processes of self-hate, toxic shame and self-abandonment that keep the lion's share of their pain and vulnerability hidden and locked away from significant others. So I say with great gratitude to my therapist and with empathy for the painfully isolated human being I was for thirty-five years: "Therapist Heal Thyself!"

A Final Note. It is only when the client, through our provision and modeling, finds this deeper kind of intimacy reliably with someone else, that therapy may successfully begin to enter the termination phase.