

## ATTACHMENT AND NEUROSCIENCE

### The Benefits of Being a Focusing Oriented Professional

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Over 20 years ago, fresh out of college, I witnessed my supervisor (at a residential treatment center for “emotionally and behaviorally disturbed” adolescents) be confronted by an aggressive and threatening adolescent equal in size to him. My supervisor took a deep breath, (maybe winced a tiny bit, as he was only human), paused, and began saying things to the boy like, “I will not let you hurt me. We will be safe here. You have been hurt very, very, badly and you didn’t deserve it. I don’t know what happened to you, but I know you were hurt and I know you deserve to be safe now and not be hurt again . . .” he went on in this way, and in a matter of moments, the boy was sitting down, and leaning forward. My supervisor sat across from him as if in a mirror.

People who practice Focusing, also referred to as ‘Focusing People’ by Eugene Gendlin, likely read the above passage with a *felt-sense-knowing* about the level of presence, attunement and acceptance that the supervisor holds in this scenario. We understand the analogy of the mirror. We understand that for the supervisor to create a space in which such a scared, ready-to-fight teenager felt safe enough to pause and engage in such a powerful interaction that the supervisor had to be aware of his own emotions, sensations and survival reaction. It is clear that he responded from a whole which allowed him a more therapeutic response than yelling, calling for staff and threatening consequences. Focusing people have a *knowing* that the supervisor responded from a place of presence, acceptance, and trust.

How do we develop the space inside us that can hold and contain not only our own affective states but also those of others? It is well known and accepted, through decades of research in the fields of psychoanalysis, psychiatry, and child development, that the foundation for optimal mental health develops within the attachment and bonding cycle between an infant and its primary caregiver. The sense of well-being that emerges from predictable and repeated experiences of care creates what John Bowlby, an attachment theory pioneer, called a *secure base* (a term which, for the purposes of this article, the writer has modified to a *secure-enough-base*, adapting early childhood pioneer, D.W. Winnicott’s phrase, “*good-enough-mother*”).

Perry and Szalavitz (2006) state that:

It is through the thousands of times we respond to our crying infant that we help create a healthy capacity to get pleasure from present and future human connection. Because both the brain’s relational and pleasure-mediating neural systems are linked with our stress-response systems, interactions with loved ones are our major stress-modulating mechanism. There is also a class of nerve

cells in the brain known as mirror neurons, which respond in synchrony with the behavior of others. This capacity for mutual regulation provides another basis for attachment. (p. 89-90).

The attachment cycle between caregiver and infant sets the stage for our emotional health. The regulation of emotion and affect play a significant role in how we learn, make decisions, and cope with our environments.

As explained by Allan Schore (2001),

Interdisciplinary research and clinical data are affirming the concept that in infancy and beyond, the regulation of affect is a central organizing principle of human development and motivation. In the neuroscience literature Damasio asserts that emotions are the highest order, direct expression of bioregulation in complex organisms (1998), and that primordial representations of body states are the building blocks and scaffolding of development. Antonio Damasio is an internationally recognized leader in neuroscience. His research has helped to elucidate the neural basis for the emotions and has shown that emotions play a central role in social cognition and decision-making (1994) (pp. 3-4).

Optimally, an infant develops an inner sense of well-being, a feeling inside their body which translates to “I am okay” or “I am safe”. This feeling develops within the consistent nurturance of the interactive relationship they have with their primary caregiver(s). The sense of a *secure-enough-base* develops, and the foundation for further growth and development is established.

Primary goals of parenting include providing a child with the capacity for self-soothing and the ability to form positive relationships. This allows the child to face the challenges of life and benefit from healing life experiences. The successful mastery of challenges throughout life leads to taking on even more complex challenges that will promote increasingly higher levels of neural network development and integration. When internal or external factors prevent an individual from approaching challenging and stressful situations, neural systems will tend to remain underdeveloped or unintegrated (Cozolino, p.30).

It is within this primary relationship(s) that we learn and experience that relating with others is comforting, fun and pleasurable. In the attachment relationship, we learn the beginnings of trust in another person. When our early experiences are filled with trusting reciprocal interactions with our caregiver(s), *the secure-enough-base* forms.

Thanks to the discovery of neuroplasticity, we know that developing and/or strengthening *secure-enough-base* is always a possibility. Not only does the research show that as we mature, the original attachment cycle supports attachment theory, but current interdisciplinary research is also finding that our brains are more flexible than it was once believed.

The brain's amazing plasticity at this stage [a child's developing brain] of development sets a lifelong template for thoughts, feelings, behavior and a variety of stress-related disorders. Moreover, because the brain remains flexible throughout life, nonverbal communication retains the capacity to change. Studies with people over age ninety show us images of mature brains that continue to produce new neural pathways at a time when older pathways are dying. The same experiential and social factors that profoundly shape the brain initially can also be instrumental in repairing the causes and symptoms of stress-related disorders. (healingresources.com)

Our brains have the capacity for plasticity throughout our lifetime which impacts the ways in which we function, learn, relate to others, and cope, and due to the plasticity of the brain, these functions can be flexible. Therefore, skills we need for self-care and for developing and maintaining positive relationships with others are able to grow.

Changing attachment status as we develop is quite possible. Studies have shown that individuals can move from what was an insecure child attachment to a secure adult attachment status. The studies examine the finding of an “earned-security” status, one that is important for our understanding of coherent functioning and the possibilities for change. (Seigel, 2003, p.123).

Current neuroscience findings confirm that our brains have the capacity for plasticity at any age. Therefore, even though we may have experienced attachment disruptions and/or traumas in our development, causing varying states of dysregulation, new neural pathways can grow, over time. Reparative processes can occur and transformation can be realized.

Attachment issues have many possible causes: maybe it was clear-cut child abuse, abandonment, neglect, or maybe it was that the developmental needs were not met due to multiple life stressors or illness impacting the parent-child bonding. Our clients come to us with problems in their relationships with others, low self-esteem, and difficulty managing strong emotions. Often our clients bring issues or ways of interacting that challenge us. Sometimes, we feel stuck with our clients. We don't know what more we can do to help them. We have our own issues with attachment and regulation of emotions.

## VIGNETTE

The following vignette describes how one Focusing oriented practitioner benefited from the practice of Focusing, and how this process supports the development and strengthening of *secure-enough-attachment*. Focusers will note that this is a partnered session, although a very similar process might take place within a psychotherapy session, a Focusing oriented supervision session, or other healing oriented session. Within the vignette below, occasional quotations from neuroscientists will be presented in italics.

**Focuser (F):** (the clinician, in this case): So, I'm aware of wanting to tell you a little about what I want to Focus on today; it's a case I have, and I'd like you to have a little background.

**Partner (P):** Yes, so take some time to share what feels right to share. (*Partner uses gentle, inviting tone of voice, creating openness and safety from the start.*)

**F:** I have worked with this client for many years. She has Complex Post Traumatic Stress Disorder and significant dissociation and depersonalization symptoms. She is very intelligent, creative, has a great sense of humor and the average person would never believe she has such severe mental health symptoms . . . such a serious childhood trauma history . . . (*pauses, yet only to catch a breath.*)

**P:** Hmm . . . you might just take a moment to notice how your breath is . . . (*Partner listens and observes for non-verbal cues to help Focuser regulate her affect.*)

*Affective states, emotions and moods are contagious physically and can communicate themselves outside our awareness and intention, and beyond our conscious control because the right-brain experiences, holistically in a gestalt; encoding gestures, tone of voice, and spontaneous facial expressions, including the emotionally-revealing micro-expressions that flash across one's face too fast to be recorded consciously.*

*An infant is almost entirely right brained so, during the first preverbal months of life, all the infant-mother-dialogs occur implicitly, relying heavily on mirroring where the child learns to see himself reflected back. We continue to communicate with one another through the same right-brain modalities throughout our lives. Our training as psychotherapists [Focusing Practitioners] allows us to add an element of conscious deliberateness to this mirroring that has great capacity to heal. (Lapides, p.2).*

**F:** As I'm talking, I'm sensing shallow breathing and something constricting in my chest.

**P:** So you're sensing something there in your chest, like constriction, and shallow breath . . . (*Partner reflects, again, helping Focuser to pace herself.*)

**F:** Yes, and what I also want to tell you is that this client is as difficult as she is wonderful to work with. I hate using our pathological labels, but honestly, the diagnosis Borderline Personality comes to mind as I think of her now . . . she's so capable, yet she really isn't . . . she's just so hard to help.

**P:** Yes, so take some time to acknowledge something about how it's hard to help, something about Borderline Personality . . . noticing how that area in your chest is feeling . . .

*"The brain looks to the body to know how it feels and to assess the meaning of things; thus, becoming aware of bodily reactions can be a direct and effective means to deal with low road immersion." (Siegel, 2003, p.168). Siegel refers*

to low road immersion as a state in which our minds may shut off and become inflexible due to stressful situations or if we are triggered by past unresolved issues. *“When emotional reactions replace mindfulness, you’re on the low road and it’s very unlikely that you will be able to maintain nurturing communication and connection.”* (Siegel, 2003, p.155).

**F:** I’m feeling that constriction, tightness, and my face feel hot . . .

**P:** So tightness and a sense of how your face is feeling . . .

**F:** Yes, my face feels so hot, like it’s getting a sunburn. I’m taking time to say hello to it . . . and as I do . . . it’s cooling down . . . calming . . . calmer . . .

**P:** Taking time to feel how that feels as you notice it is calmer now . . .

*“Consciousness itself is not necessary for information processing, but it is necessary at times to achieve new outcomes in such processing.”* (Siegel, 1999, p. 260).

**F:** Yes, and something in me pictures her sitting across from me, talking about the same things she has talked about so many other times, and I want to yell, “Shut up! Stop! Do you hear yourself? When are you going to get it? You can make changes; it’s you, not everyone else!!!” That’s what I want to say to her . . .

**P:** Something in you wants to say all of this to her . . .

**F:** Yes, some part of me wants to scream this at her. It can’t take it anymore . . .

**P:** Part of you wants to scream, like it can’t take it anymore . . . maybe you want to let that part know you really hear it, how it’s feeling . . . like it wants to scream . . .

**F:** It wants to tell her to find a new therapist, obviously this isn’t working, find someone else! I’m noticing a deep breath. It feels so good to say this out loud . . . like a release . . .

**P:** Yes, and take time to notice how that release feels in your body . . .

**F:** No wonder my face felt so hot . . . it feels cooler now . . . like all this frustration was stuck there . . .

**P:** So, it’s like you are saying, no wonder it felt so hot like something was stuck.

**F:** Yes . . . something in me felt it wasn’t okay to feel like I wanted to tell my client to shut up and find a new therapist . . . I’m sensing that part now . . . like it’s not so sure even now . . . I can sense a shakiness in my chest . . .

*“Through the activation of multiple cognitive and emotional networks, previously dissociated functions are integrated and gradually brought under the control of cortical executive functions.”* (Cozolino, p.26).

**P:** Yes, you're sensing something feeling shaky . . . like it might not feel it's okay to express those feelings . . .

**F:** There's an image, it's vague like something is showing me a young girl . . . Oh, like it's me as a child, and I'm really mad at my sister, and I want to yell at her and tell her to stop, but I'm not allowed to . . . like I'm not allowed to be angry at anyone.

**P:** So you are remembering . . . and you are aware of an image. It's showing you a young girl, and something about not being able to be angry . . .

**F:** Yes, that feels right . . . she has her head down, like she's been bad, or done something wrong. I'm noticing a deep breath . . . and my chest is more open . . . her head has lifted some . . .

**P:** Yes, you are with her, like keeping her company . . .

**F:** Yes, she likes that; she expected to be scolded . . . like she wasn't allowed to be angry, or to express that she was, or both. I'm sensing if that fits and another breath . . . it feels like she's letting me know, yes, she has always felt like she had to be nice all the time . . . Hmm . . . I'm sensing how much that young place in me felt she shouldn't have anger or anything she thought was "negative feelings" about someone else . . .

**P:** So you might sense if there is more she'd like to let you know . . .

**F:** Yes . . . I'm sensing a relief, and deeper breathing . . . (*Focuser laughs a little*) . . . she, that young girl . . . is smiling . . . she's glad it was okay to be angry . . . Hmm, I'm noticing now that when I think of this client I have much more whole picture of her, what she's been through, how hard all of this must be for her . . . and that it's hard to be her therapist sometimes . . .

**P:** You might take some time to really feel that relief and allow your breathing to be as deep as it wants.

**F:** Hmm . . . I feel so much better, like I really care about her and my work with her again . . . how I have felt most of the time she's been coming to see me . . .

*In this process the therapist [Focusing Practitioner] plays essentially the same role as a parent, providing and modeling the regulatory functions of the social organism. As affect is repeatedly brought into the therapeutic relationship and successfully managed, the client gradually internalizes these skills by sculpting the neural structures necessary for auto regulation. As in childhood, the repeated cycle of attunement, rupture of the attunement, and its reestablishment gradually creates an expectation of reconnection (Lachmann & Beebe, (1996), (pp.1-13). The learned expectation of relief in the future enhances the ability to tolerate more intense affect in the midst of the stressful moment. (Cozolino, p. 21).*

The clinician resumes her work with this client as scheduled and notices a major shift in her own presence with the client. She no longer feels she needs to be hypervigilant about maintaining composure as she listens to her client. She feels openness inside, as though she is listening with new, fresh ears and a renewed commitment to providing optimal clinical treatment. This shift continues and the client's ability to self-regulate and observe her own felt experience is evident in her progress over many more months of treatment.

<b><u>Stages of Inner Relationship Focusing,</u></b> <b>Weiser Cornell</b>	<b><u>Focusing Steps:</u></b> <b><u>Short Form, Gendlin</u></b>	<b><u>The Cycle of Attachment, Bonding and Trust</u></b>
<p><b><u>Coming In</u></b></p> <ul style="list-style-type: none"> <li>• Bringing awareness to your body</li> <li>• Sensing or inviting what wants your awareness now</li> <li>• Waiting until something comes</li> </ul>	<p><b><u>Clear a Space</u></b></p> <p>How are you? What's between you and feeling fine? Don't answer; let what comes in your body do the answering. Don't go into anything. Greet each concern that comes. Put each aside for a while, next to you. Except for that, are you fine?</p> <p><b><u>Felt Sense</u></b></p> <p>Pick one problem to focus on. Don't go into the problem. What do you sense in your body when you sense the whole of that problem? Sense all of that, the sense of the whole thing, the murky discomfort or the unclear body-sense of it.</p>	<p><b><u>Experience of need</u></b></p> <p>Caretakers are mindful of themselves, so they can tune into the infant's needs. The caretaker looks for, listens, senses, and intuits what the infant is wanting and receives feedback from the infant; a certain cry, body movement, or facial expression, which offers a message of what might be needed.</p>

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<p><b><u>Making Contact</u></b></p> <ul style="list-style-type: none"> <li>• Beginning to describe something (and checking with it).</li> <li>• Acknowledging it.</li> </ul>	<p><b><u>Get a handle</u></b></p> <p>What is the quality of the felt sense?            What one word, phrase, or image comes out of this felt sense?            What quality-word would fit it best?</p>	<p><b><u>State of arousal</u></b></p> <p>The caretaker considers the feedback: Hungry? Wet? Afraid? Sleepy? For example, when the mother checks to see if the infant needs a diaper change, she sees the infant’s diaper is dry which suggests, no, that’s not it. The caretaker moves on to check for something else. Hungry? The caretaker checks by offering a bottle, the infant is soothed, giving her feedback, yes, that’s it: hungry.</p>
<p><b><u>Deepening Contact</u></b></p> <ul style="list-style-type: none"> <li>• Settling down with it and keeping it company.</li> <li>• Sensing for its point of view.</li> <li>• Letting it know you hear it.</li> </ul>	<p><b><u>Resonate</u></b></p> <p>Go back and forth between word (or image) and the felt sense.            Is that right?            If they match, have the sensation of matching several times.            If the felt sense changes, follow it with your attention.            When you get a perfect match, the words (images) being just right for this feeling, let yourself feel that for a minute.</p>	<p><b><u>Satisfaction of Need</u></b></p> <p>The caretaker stays with the infant and his/her need. The caretaker continues to offer her attention to notice if the infant’s need has been fully heard/tended to. The mother might say, “there now, little one, you were a very hungry baby”.</p>

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<p><b><u>Coming out</u></b></p> <ul style="list-style-type: none"> <li>• Sensing for a stopping place.</li> <li>• Receiving and experiencing what has changed.</li> <li>• Letting it know you're willing to come back.</li> <li>• Thanking the felt sense for bringing awareness out.</li> </ul>	<p><b><u>Ask</u></b></p> <p>“What is it, about the whole problem, that makes me so _____?”</p> <p>When stuck, ask questions: What is the worst of this feeling? What's really so bad about this? What does it need? What should happen? Don't answer; wait for the feeling to stir and give you an answer. What would it feel like if it was all OK? Let the body answer What is in the way of that?</p> <p><b><u>Receive</u></b></p> <p>Welcome what came. Be glad it spoke. It is only one step on this problem, not the last. Now that you know where it is, you can leave it and come back to it later. Protect it from critical voices that interrupt. Does your body want another round of focusing, or is this a good stopping place?</p>	<p><b><u>State of Relaxation</u></b></p> <p>The caretaker observes, checks, senses for the infant's satisfied need. If the infant is full, the caretaker stops feeding. If the infant has another need, it is attended to with more feeding, or burping. The caretaker notices the infant's changed state. She knows now the infant's need has been satisfied. She and the infant connect throughout this process. The caretaker by repeating these natural steps, instills the sense of trust within the infant that she will be back to tend to all of the infant's needs. The caretaker brings her awareness back to other thoughts, other activities of the day.</p>

The process and practice of Focusing embodies the original growth-producing ingredients of brain development: namely, the ingredients that grow within the attachment relationship. Theory and research supports that it is the trust and acceptance within the client-psychotherapist relationship that makes therapy work, regardless of the clinical method. In a review of hundreds of studies examining the outcome of psychotherapy, Orlinsky and Howard (1986) looked for those factors that seemed to relate to success. They found that the quality of the emotional connection between patient and therapist was far more important than the therapist's theoretical orientation. Preparing our minds to hold the fullness of

another's experience may be the most important aspect of our ongoing training as therapists. (Bodenoch, p.5).

In Cozolino's review of the research on attachment, he states:

Each parent's unconscious plays a role in the creation of the child's brain, just as the therapist's unconscious contributes to the context and outcome of therapy. This underscores the importance of proper training and adequate personal therapy for therapists, who will be putting their imprint on the hearts, minds, and brains of their clients. (p. 30).

Ann Weiser Cornell explains three key aspects of the Inner Relationship process: "the felt sense, an accepting inner attention, and a philosophy of what facilitates change. A felt sense is a body sensation that has meaning." She also discusses that when we tune into "that sensation from a purely accepting and curious attitude, it can be transforming. It is the process of this relational inner attention combined with the philosophy of being/allowing that supports the natural course of things (change)." (pp.11-16).

Strengthening and healing attachment-related issues using Focusing means we respond from a place within us that is calm, centered and resilient, instead of reacting or "acting out," or being "triggered". It means that instead of trying to cope with temporary and sometimes unhealthy choices, such as overeating, substance use, or over spending, we tune in to what our needs are and choose coping strategies based on a sense of wholeness and well-being. Within the process of Focusing, we become aware of our obvious, yet, subtle and not-yet-known to us needs and then action steps provide us with a way to tend to our needs, again and again, as they change and evolve. This translates to significantly improved relationships with our selves and with others.

"In the future, clinicians will be trained to be more sensitive to these features and will be skilled to attend to prosody of voice, facial expressivity, gaze, and auditory hypersensitivities as both diagnostic and prognostic indicators." (Porges, p.297-298). Focusing practitioners have been trained to do this for decades. The neuroscience is catching up.

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