Healthy Human Attachment and the Client-Therapist Relationship

Attunement, Resistance and Ruptures

As a result of chronic exposure to social and economic deprivation, great stresses have long been brought to bear on the family unit in many First Nations communities, leading to high rates of violence, drug and alcohol abuse, and suicide. Tragically, the emotional damage that results from being raised in a broken family is passed on from generation to generation. Experiencing healthy, positive social supports is crucial to one's mental health and emotional well-being—even more so in the midst of economic and political hopelessness.

Human beings have a basic need for closeness and attachment. Strong communities are built on the bedrock of healthy interpersonal bonds. Psychologists, in their role as healers, can help individuals, couples and families rediscover nurturing emotional ties. To be effective healers in working with the emotionally abused and deprived, psychologists need to be sensitively attuned to the needs of their clients, whose repeated experience has been one of not feeling valued and listened to.

Whether one's preferred treatment model is technique focused, experiential, psychodynamic, or interpersonal, the client is faced with the task of changing behaviors, perceptions and modes of thinking and being that originally emerged to protect the self. There is a lot at stake in giving up familiar, safe patterns of interacting with one's world, no matter how self-defeating. What we as therapists regard as *resistance* to change, from the client's vantage is just an automatic, natural act of self-preservation. Resistance to change is a defensive survival process that guards against the threat of that dreaded experience of loss of self, of psychological annihilation—that deep, visceral experience not obedient to intellectual reasoning. The client's self-protective ways of

relating to the world have served to shield him or her from vulnerability to harm or attack. To give up one's only known way of being for something uncertain or unknown—no matter how motivated one is to change—is counterintuitive and akin to walking down a dark, foreboding trail, with danger lurking at every corner. Not surprisingly, then, helping clients overcome their fear of change is one of the most challenging aspects of therapy. It is this challenge that makes the psychotherapeutic relationship so important.

Although we still have little knowledge of how or why psychotherapy works to produce change (Kazdin, 2007), research over the past few decades has recognized that the therapeutic alliance is in some way important in bringing about change (Beihl, 2011). As well, processes of implicit learning and emotion regulating systems of the brain shaped by early attachment experiences in the parent-child relationship have been conceptualized as intrinsic to the process of change in psychotherapy (Schore, 2003). It is dubious that people change merely by changing thoughts. Whenever we experience ourselves in new ways, it is a multidimensional emotional experience.

In the domain of self-psychology and interpersonal psychology, concepts of *attunement* and *resonance* have been given much attention and are viewed as key to understanding the change process (Summers, 1994, pp. 304-328). These concepts refer to the attentiveness, sensitivity and responsiveness of the therapist to the client's fluctuating mental state and emotional needs in the moment to moment dynamic of client-therapist interactions. Both conscious and unconscious processes are brought into play, as the therapist makes fine-tuned adjustments in his own mental state to the client's fluctuating mental state. Authentic engagement involves more than nurturing or cool intellectual insight. It is a complex, synchronized emotional exchange between client and therapist in which the client is actively "engaged and experienced and responded to" (Levenson, 1982, p. 100).

*Ruptures* in attunement occur when we fail to be sensitive to the client's needs, anxieties, and negative emotional reactions to our verbal and non-verbal behaviors. What may cause a rupture in the relationship with one client, may not in another. A passing comment, a turn of phrase, a wisp of insensitivity may be enough to cause a breach in the alliance. In the psychotherapeutic milieu in which the client is encouraged to face what is new and threatening, there is always the risk of overstepping the client's tolerance for change, regardless of the therapist's dedication to being present and attuned. As skilled and caring professionals, motivated to prevent harm and alleviate distress, our commitment and good intent may at times contribute to our unawareness of those subtle moments when we err and cross the line with the person sitting across from us.

Such ruptures or failures in attunement are a potential threat to successful treatment, as the client withdraws emotionally, feeling unheard, manipulated, minimized, or misunderstood. The client may then reveal only what he or she thinks the therapist wants to hear. When a rupture occurs, the client's sense of emotional disconnection from the therapist may be masked or hidden due to underlying feelings of shame—shame born out of exposure in early life to parental challenges that resulted in feelings of humiliation, rejection or negation. If the therapist is not vigilant, such ruptures may fester below the surface, while on the surface the client goes through the motions of maintaining a false bond.

When clients fail to get better, or when they suddenly stop coming, we conjure up explanations, but have missed opportunities to test our hypotheses. Without a process in place to explicitly obtain feedback from the client we may be remiss in identifying and mending breaches in the alliance.

In order to increase the likelihood of recognizing ruptures, one needs to explicitly seek feedback from the client. In my own practice, at the end of each treatment session, I obtain feedback from the client about the alliance, using the Session Rating Scale (SRS) (Miller, Duncan, Brown, Sorrell, & Chalk, 2006). I explain to clients that it is very important for me to know how I performed in the session to ensure that I am addressing their needs and doing what is helpful. Through this process, the message I strive to convey is that I care about the client and value his or her input. The process empowers the client. After the client completes the SRS, I ask these questions: "Is there anything I did today that you disliked or found upsetting or unhelpful? Is there anything I could have done that would have been more helpful?" By the end of the second session, clients become accustomed to this routine. It is not unusual for clients to give positive feedback, but every now and then, clients will voice dissatisfaction or discomfort with what transpired in the session—alliance issues that otherwise might have gone unnoticed, potentially resulting in barriers to effective treatment.

The following example is illustrative of what can happen if one fails to explicitly focus on the client's emotional experience of the rupture during the alliance repair process. At the end of a treatment session with one of my clients, I invited her to talk about the low score she had given me on the SRS. She revealed somewhat hesitantly that she had not liked the questions I had asked her about her mother's way of dealing with her father's verbal abuse. She did not feel this line of questioning was helpful. I explained to the client that perhaps what she observed in the home might have shaped her own way of dealing with emotional intimacy and trust. The client listened and seemed accepting of my explanation, but made little further comment. Another appointment was arranged. The client's husband phoned me several days later, letting me know

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that his wife wished to cancel her appointment, since she had other pressing matters to attend to. I never heard from her again.

Although I made an attempt to address the rupture at the time of the feedback discussion, I felt afterwards that I had missed the mark. What I had failed to do at the time was discuss *process*— that is, the negative *emotional experience* the client had on being questioned about her mother. Instead, I had only focused on explaining my rationale, probably with a degree of defensive self-justification. I should have explored how my comments had affected her emotionally, and clearly acknowledged my contribution to her discomfort. I suspect that in some way she had taken my line of questioning as criticism of her mother—the one person who had been an important support in her early life. A central issue for this client involved dealing with conflict in her interpersonal relationships, typically withdrawing when hurt or offended. I had erred in taking advantage of that moment in therapy to explore how difficult it probably was for her to give me negative feedback. In effect, I had reinforced the client's withdrawal pattern by overlooking the underlying emotional issues reflected in her feedback. While I cannot be sure why she suddenly left treatment, if I had not asked for feedback at all from the client, I would probably have more easily convinced myself that the client had merely lost interest in treatment.

No matter how well attuned a therapist may be, ruptures will inevitably occur in the alliance. No one can be attuned perfectly all the time. By acknowledging ruptures, the therapist models the repair of bonds in relationships. "It is in the repairing of the misattunement and subsequent re-attunement that healing takes place" (Mann, 2010, p. 200). The client learns that ruptures are not life and death events in a relationship, but a normal aspect of interpersonal contact, and can be bridged.

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When the therapist realizes that a rupture in the alliance has occurred, attention needs to be immediately directed to examining the process that resulted in the misattunement. Greenberg and Johnson (2010, pp. 180-1) provide a useful list of steps to address ruptures in the alliance. In the repair process, the therapist needs to probe the client's emotional experience of the rupture, and validate the client's experience. The therapist needs to acknowledge any pain that may have been caused, determine if the client has been reassured of the therapist's concern for the client, and should ask the client what additional support may be helpful.

Even the most vigilant therapist may sometimes say the wrong thing and fail to notice every rupture in the alliance, especially if the client says nothing, or pretends all is well due to worries about rejection, or a need to save face. It is incumbent on the therapist to explicitly invite the client to provide feedback. Having this feedback increases the likelihood of uncovering ruptures and then proceeding with repair work. When feedback is obtained from clients, the likelihood of improvement increases (Lambert & Shimokawa, 2011). These research findings may well reflect the enhanced attunement and alliance building that comes out of the process of acknowledging and repairing hidden ruptures in the client-therapist relationship—ruptures that would otherwise go unnoticed.

When we acknowledge our failure in attunement with the client, we face our imperfection. We are not all knowing nor all powerful, despite what fantasies some clients may have about us, or distortions we may have fallen victim to about ourselves. Acknowledging ruptures requires a degree of courage. By virtue of the unequal power balance between therapist and client, and our professionally established role as "experts" in human behavior—a role that can be weighty and emotionally insulating—opening oneself to the client and acknowledging one's contribution to the breach in attunement can be humbling, perhaps even threatening to one's self-image. But

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clients typically respect such honesty and humanness, with the result that the therapeutic bond becomes strengthened.

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