Bowlby, Balint, and the doctor-patient relationship

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Bowlby, Balint & Pedder

• 1950s: Bowlby and Balint occasionally refer to one another, with distant politeness:

• For Balint, to espouse Attachment Theory was to risk ostracism in the psychoanalytic society; Bowlby was anxious to establish Attachment Theory as a distinct discipline, not a psychoanalytic offshoot.

• Pedder brings ‘the Bs’ together: could it be non-seductive to hold one’s patient’s hand? (his answer – ‘yes’ – c.f. Casement)
Jonathan Pedder (former Chair psychotherapy faculty)
Balint and Bowlby

• Balint proposed, contra Freud, Ferenczian non-erotic primary relatedness: ‘harmonious interpenetrating mixup’ (‘in the beginning was the relationship’, Buber)

• Bowlby refers to the ‘Hungarian School’ and the way that the analytic establishment in the 1950s ignore its critique of ‘primary narcissism’
Balint terminology maps onto insecure attachment categories

- Ocnophilia [clinging; fear of spaces between] = attachment hyperactivation

- Philobatism [avoidance; seeking out spaces between] = attachment de-activation

- Basic fault/malignant regression = disorganised attachment
Intimate relationships

Primary intimacy
• Sexual/spouse
• Parent-child

Secondary intimacy
• Siblings
• Friends/buddies
• Therapist-patient
• GP-patient

Self-intimacy
• God-believer
• Reader-characters
• Therapist-patient
Intimacy: OED definition

• a) Close familiarity – ‘feeling felt’ (mind)
• b) Euphemism for (illicit) sexual intercourse (body)
Implications

• Physical, emotional *proximity*

• *Time* dimension

• *Boundary* between public and private spaces

• Possibility of *transgression*
Ingredients of intimacy

- Talk
- Trust
- Truthfulness
- Tact
- Touching
Psychological components

• Active relational knowing
• ‘Personal space’ and psycho-physiological entrainment
• Mirroring and the face
• Mentalising
• Rupture/repair cycle
‘Active relational knowing’
Active relational knowing

A group of North African women, children and their camels set out across the shifting sands of the wind-blown Sahara desert, without GPS, maps, or compass. Without water they will all perish. After 3 days they find what they are seeking: a well in an area not more than one metre square. Drawing on tradition and experience, they have accurately navigated by sun, stars, and sand dunes. Thanks to intimate knowledge of the terrain they arrive safely at their desired destination. They don’t just know about their area, they know it.
Personal space

Public space

Social space

Personal space

Intimate space

- 25 feet
- 12 feet
- 4 feet
- 1.5 feet

Royal College of Psychiatrists Medical
Psychotherapy Faculty Annual Residential
Meeting 19 - 20 April 2012
Psycho-physiological entrainment in intimate relationships

• Rat pups: 30 min separation from mother lowers GH levels; reversed by rapid stroking (Hofer; Suomi)
• Auditory/vocalising entrainment in newborns and parents (Trevarthen; Beebe)
• Stress + the buffering effects of secure attachment promotes resilience (Rutter)
The waning of intimacy

‘She kissed my cheek and continued getting dressed. A more private affair now than it had once been. Many of the rituals of our marriage more awkward now, or altered in some way I regretted. The candour gone. The intimacy dimmed.’

(Jacobson: Acts of Love 2007)
Intimacy and the face

What is it that men in women do require?
The lineaments of gratified desire.

What is it that women in men require?
The lineaments of gratified desire.

(William Blake)

Lineament = a line, especially a facial line
Mirroring

• The child finds her/himself in the form of the maternal response (from self-other to self-self) (Winnicott/Wright)
• Cross-modal attunement (Stern)
• Builds up a lexicon of experience, bodily sensation, representations, in which feelings are embodied – i.e. self-intimacy
• Free (SA), restricted (IS-O) or dissociated (IS-D)
• C.f. the mirroring face v the screen in the GP’s office
Hmmmmmm....
Auden on boundary confusion
(disorganised attachment feature)

*Private faces in public places*
*Are wiser and nicer*
*Than public faces in private places*
Mentalising (c.f. insight, psychological-mindedness etc)

- To see oneself and others as sentient beings, motivated by desires, projects, narratives, beliefs
- Our knowledge of the world, ourselves and others is filtered through the mind
- Perspectival and contextual stance
- ‘To see oneself from the outside and others from the inside’
Mentalising

- Inhibited by anxiety (hence ‘malade a petit papier’ in consultations)
- Enhanced by secure relationship
- C.f. ‘Wolff’s ‘being with’ and ‘doing to’
- Importance of ‘masterly inactivity’: ‘don’t just do something, sit there…’
Non-mentalising states of mind

• Teleological stance: “of course I called the ambulance – I had a belly-ache” (no mediating mind)

v.

• “I was really worried about this tummy pain, it may be nothing but my mum died of stomach cancer so I thought I better do something about it”
Alliance ruptures in psychotherapy (Safran)

• Good *therapeutic alliance*: good outcome
• *Unexpressed negative thoughts* common
• Therapists, even psychodynamic, often *unaware* of this
• Negative thoughts associated poor outcome and *drop-out*
• More negative, the more the interpretations (Piper)
• Therapist defensiveness
Safran continued

• *Repairing* weakened alliance predicts stronger alliance and *better* outcome

• Process model: a) attending to ‘rupture markers’ b) exploring *experience* c) exploring *avoidance* d) exploring *underlying wish*

• Importance of *non-defensiveness*
Tronic on mother-infant repair

- “The miscoordinated state is ... a normal interactive communicative error”
- “successful reparations ... are associated with positive affective states”
- “In normal dyads, interactive errors are quickly repaired ....
- “Normal interaction is a process of reparation”
Rebecca West (Iona Heath)

• “Human beings are not reasonable, and do not to any decisive degree prefer the agreeable to the disagreeable. Only part of us is sane: only part of us loves pleasure and the longer day of happiness, wants to live to our nineties and die in peace, in a house that we built, that shall shelter those that come after us.

• The other half of us is nearly mad. It prefers the disagreeable to the agreeable, loves pain and its darker night despair, and wants to die in a catastrophe that will set back life to its beginnings and leave nothing of our house save its blackened foundations.”
Psychoanalysis and intimacy

• ‘Psychoanalysis is about what two people can say to each other if they agree not to have sex’ (Phillips)

• Self-reflexive intimacy: an intimate relationship whose objective is the understanding of intimacy
Intimacy/attachment and general practice

- Secure attachment: dialysis analogy
- Hyperactivation: dependency, frequent attending
- Deactivation: non-attending, avoidance, ‘presenteeism’
- Disorganised: Powerful counter-transference (‘heart-sink’), multiple referrals, boundary transgressions, MUS
Primary v secondary trust

• Primary trust: an intimate relationships: ‘knowing’ over time; rupture/repair; respecting boundaries; mentalising rather than teleological interactions

• Only then secondary trust: contract, patient choice etc
Where are the generalists?

• Without primary trust, specialisation becomes a ‘part-object’ relationship rather than a mature differentiated one
• Fragmented care, fragmented person
• Who *holds* the whole person: in space and time?
21st C Bowlby

- Mikulincer & Shaver: wider context influences security of attachment and capacity to mentalise: design of surgery; subliminal messages of the practice

- G x e studies suggest importance of neuroplasticity: the most difficult ps may be the most helpable
21\textsuperscript{st} C Bowlby continued

- \textit{Relational perspective}: the more the doctor feels held in mind, the better able will she be to hold the patient in mind

- \textit{Psycho-physiological entrainment}: as trauma is disclosed p’s arousal lowers; listener’s rises

- \textit{Mirror neurones}: GP’s role as witness, engaged observer: affect resonance and regulation: impact on immune system
Thanks for listening
If you want slides:

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