The therapist as a fear-free caregiver:
supporting change in the dynamic organisation of the self

The offer to treat elicits the dynamics of attachment. In FE and HE, **Una McCluskey** believes an understanding of how the fear system interacts with the attachment system is vital

John Bowlby[1] introduced the idea that human beings have goal-corrected systems that function to enable the species to survive. He identified what he termed 'the attachment system', which becomes active at times of stress and the function of which is to promote survival through the engagement of a caregiving response from someone attached to the infant. He identified two discrete systems in the survival process: the careseeking and the caregiving system. These systems are social and interpersonal and require mutual regulation and feedback to achieve the goal of the infant careseeker. Once that goal has been achieved, both systems go into a state of quiescence until the next alert. The goal of the caregiver is to reach the goal of the careseeker; if the goal is not met, the person whose system is activated, experiences distress.

A counsellor (caregiver) who fails to assuage the needs of a student (careseeker) is distressed just as the student who does not reach their goal of careseeking is distressed. These emotional states impact on a person's sense of their own worth and competence and will be internalised in the form of models of interaction – self and other. These models of self interacting with another will either have a supportive impact on self, self-esteem and competence or a negative one, depending on how the experience has gone. This aspect of the self we call the 'internal supportive or unsupportive environment'.

Mary Ainsworth and colleagues[2] discovered that caregivers differed in their responses and that these differences had significant effects on the way that infants *sought* care. Dorothy Heard, who visited Ainsworth whilst she was analysing her data, observed a dynamic connection between effective caregiving and the level of the infant's explorative capacity. All infants stopped exploring to some extent when their mother left the room, but how mothers interacted with their infants on their return significantly affected whether or not the child returned to exploratory play. She called the interdependence between the three systems of careseeking, caregiving and exploration 'the attachment dynamic'[3].

This important observation which focused on the quality of the caregiver-careseeker interaction showed the dynamic connection between a particular kind of caregiving response to distress (which stopped exploration) and the return of the individual to the exploratory state, significant because the sharing of interests was key to experiencing a state of wellbeing.

Later, Dorothy Heard and Brian Lake extended the idea of the attachment dynamic to include a further three biological systems. They called this 'the attachment dynamic in adult life'[3,4]. The three additional systems were, (i) interest sharing with peers, (ii) affectionate sexuality, and (iii) self-defence. They went on to add two further systems to the dynamic: the internal environment, which can be either supportive or unsupportive, and the external environment, which can also be experienced as supportive or unsupportive. These two 'non-personal' systems support an individual when they are alone and unable to contact another person.

Developing a theory of interaction for caregiving

Around this time, I became particularly interested in the phenomenon of 'affect attunement', the way in which mothers communicate to their preverbal infants that they understand the state they are in.

My research on affect attunement in adult psychotherapy[5,6,7] led me to discover the process of 'goal-corrected empathic attunement' (GCEA) within the attachment (careseeking/caregiving) system, which turned out to be key in whether a person seeking help felt 'met' or not, and which in turn influenced whether they exhibited an exploratory or non-exploratory attitude to understanding themselves and their predicaments. I was able to see that the act of careseeking and the activity of caregiving were themselves goal corrected, just as had been identified in the literature on infants, and that when corrected, these systems affected a person's capacity to lead an explorative interest-sharing life. This observation has crucial implications for how one responds to young adults in distress, who are at a crucial transition point in terms of engaging with their peers in explorative interest-sharing projects and ideas.

When the goal of a system has been met the person exhibits a change in vitality. These vitality affects can be identified and studied. On the basis of these findings I started a series of sessions with professional caregivers to explore the nature of the interaction between themselves and careseekers, and to provide a context where they could explore for themselves the key biological interpersonal social systems that had been identified[8]. Based on these results, Heard and Lake realised that they had opened a new paradigm within developmental psychology for understanding the self. They postulated the existence of a single restorative process (RP) the function of which is to restore wellbeing following a threat to the self. They also included

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> ‘There can be no collaboration as long as the client is frightened of the response they might receive’

Le Doux’s ‘Fear System’ within the RP[9].

The incorporation of the fear system within the RP was a stroke of genius. By locating the fear system within the system for self-defence they showed the dynamic relationship between fear and the proper functioning of other aspects of the self. This insight is particularly useful from the point of view of the counsellor monitoring their own responses and behaviours towards the student and the theoretical model used to help guide and evaluate practice.

Seven interdependent systems

When an individual senses or experiences a threat to their survival or wellbeing, both their careseeking system and system for self-defence become active. Their caregiving self system will be affected and they will be unable to provide ‘exploratory’ care to the student seeking their help. In this state of fear, the counsellor’s capacity to stay with their interest drops and if this state continues s/he will be unable to relate in an exploratory way with their client, the careseeker.

Many aspects of the self are affected when careseeking and self-defence are aroused. In the absence of the availability of an effective caregiver, the person will have to deal with this emergency with the support or lack thereof from their internal and external environment (the home and lifestyle they have created to support their aspirations and requirements).

In a state of emergency the restorative process kicks in to restore a state of wellbeing. The RP consists of seven biological systems, six of which are goal-corrected. They are influenced in terms of *motivation to reach their goal* by the internalised memory the person has of being related to in the past. Thus a student’s careseeking system may be aroused at a point of crisis but may be overridden by their fear system (based on memories of experiences they have had of receiving care). This may mean that they do not seek help when they need to, or do so inappropriately. Instead, their behaviour will be influenced by the fear system – flight (submission – avoidance), flight and fight (dominance/submission – ambivalence), fight (dominance), freeze (disorganisation).

If the student has a history of approaching someone for help when they were frightened or distressed and have experienced being dismissed, ridiculed, neglected, abused or ignored they will be left to regulate their state of fear on their own. They may do this by withdrawing into rocking, head-banging, self clasping, self stimulating, cutting, collapsing, lulling themselves into a trance-like state, praying, meditating, dissociating – all manners of self-soothing and self-regulating activities[8,9].

In addition to withdrawal (the flight aspect of the self-defence system), they might try and influence their caregiver to attend to them, either through seeking to take care of the caregiver to gain some positive attention or by trying to dominate their caregiver into giving them what they want (using the fight aspect of their fear system). All these behaviours defend the self from the unbearable feeling of being left alone and not mattering to anyone else.

In an unregulated state – where the

person has not been helped to cope with unbearable emotion, a person can discover that they can relieve their fear by making the other suffer the pain of rejection or abuse (physical, sexual or emotional) either through actually acting these behaviours out in reality or in fantasy. This restores a sense of control and vitality. If successful, they discover that by being dominant (becoming the bully), they can avoid fear.

But the proper functioning of the attachment system is lost. The person has given up on careseeking and is at the mercy of their fear system, which is infiltrating all other aspects of their life – their capacity for effective careseeking, their caregiving, interest sharing, and capacity for affectionate sexuality. The expression of these other aspects of the self will be characterised by dominating or submitting to others – negotiation or collaboration will not figure. In addition, and very importantly for young adults in HE, when the fear system is aroused and careseeking remains unassuaged, the student's capacity for interest-sharing and exploration is negatively affected.

When careseeking has been met, and the fear system has been assuaged, the person is reminded of their capacity to cope or given the skills to so do. They return to their interest-sharing and affectionate/sexual life, their exploratory, empathic caregiving capacity is restored and they engage in a creative engagement with life and learning through supportive companionable relations with others.

Careseeking, self-defence and fear

Situations that trigger careseeking also trigger fear. These are different systems with different goals – one is survival with wellbeing with the cooperation of someone else (careseeking system) – the other is the survival of the self at all costs, irrespective of the effect on anyone else (fear system). The system for self-defence incorporates both systems.

The more experience a person has of an effective caregiver helping them to manage stressful situations, the more the person will be able to both seek appropriate help and access memories of how they have been helped to manage in the past. If the fear system dominates when the person is in self-defence, this will override their careseeking system and they will not seek help – they 'forget' anyone is around who could help.

The internal environment

The one system that is not goal-corrected is the 'internal environment' (IE). The IE of the self is triggered by reminders in the here and now.

The following is an example of how the IE can be triggered and provide an opportunity for the self to expand consciousness of its own workings. A student might be out walking and decide to pick up a few sticks including a piece of a hawthorn tree. This triggers a memory of having been out on a walk as a young boarder, when suddenly there was a commotion up ahead – one of the 11-year-olds had apparently lost control and the teacher was giving her a horrific beating with a hawthorn stick. What is lodged in the internal environment is not only the incident (recorded as a memory – included or excluded from consciousness) but, more importantly, the internalised experience of seeking or not seeking help to deal with this outrage and the quality of the help received or not received.

The *experience* of interaction with one's caregiver is what is lodged in the internal environment, providing support or lack of it for the self when the fear system is triggered at a later date. What will have happened is that the child's system for self-defence, which includes the fear and careseeking systems, will have become activated on witnessing the beating and hearing the sounds of pain.

If that child had not received effective caregiving (which must include attunement to the fear and regulation of the arousal associated with fear), then they are at the mercy of an over-aroused physiological state that they will have to regulate as best they can (as described above). This they will do instinctively by using other aspects of themselves, such as a defensive form of sexuality, interests, religious practices or creating a defensive external environment designed to ward off bad, disturbing emotions.

The arousal of the fear system has to be assuaged by a caregiver before the person experiencing fear is available to respond with empathic fear-free, supportive, companionable, educative caregiving to others. In the example, the adult available to soothe the fear system and provide effective caregiving is at once the source of the fear, especially in the absence of proximity to their main caregiver (the child is at boarding school). The effectiveness of how the child deals with this scenario will be based on their internal environment and on whether they have sufficient internalised positive regulating and educative experiences with their original or main caregiver which will help them manage the fear they are experiencing now.

Thus the IE is constructed out of our experience of relationships with significant others (especially in childhood), how they related to us, how they have called and described us, how they treated us, and the attributions they ascribed to us. If we experienced a lot of negative attributions such as, *'Do you ever listen or take anything in?' 'Are you stupid, or what?' 'What a lazy so-and-so you are – what a nuisance you are – can't you see I am busy?' 'You will bring disgrace upon the family – you will kill your mother/father – you are no good at anything – you are a cruel, thoughtless person',* these and other negative attributions get lodged in the self and can form a core identity – how the self really perceives itself to be – sadly a scenario not uncommon in our student clients.

The internal environment and the other systems

You are at a meeting and discover you have forgotten certain documents or to check out important information as agreed, the consequences of which are likely to anger those present and to disrupt or delay the work. Someone with a highly critical internal environment is immediately going to have their system for self-defence activated. They will attune to the anger and impatience of the others and instead of mobilising empathic caregiving and their exploratory capacity to repair and deal with the situation, are likely instead to retreat into the fear form of self-defence.

In this state we lose touch with our own capacity for careseeking (our sense that there is and has always been a benign

other available to help us). Consequently, with no internalised effective caregiver to remind us of our worth and competence, we are likely to lose competence and 'forget' the circumstances that led to us not carrying out our responsibilities. In addition, because we lose the capacity for empathy for those present at the meeting (and simply see them as critical attackers who find fault and want in our self) we become unable to engage in cooperative, collaborative problem-solving and instead remain trapped in defence and survival mode, trying to reclaim as much of a 'good name' for ourselves as possible and are fearful of the consequences. We might even become aggressive, disorganised or withdraw into a collapse.

Approaching a professional caregiver for help

People who go to caregivers for help are often in a state of great anxiety but they are also likely to fear entering into a professional relationship. This may be particularly true for young people and young adults, who may believe that 'going into therapy' or counselling will 'hold up' their natural developmental progression and keep them in a dependent relationship on another adult. Whatever their preconception, it will be based on their early experience of care.

Counselling and psychotherapy offers the potential for new growth, development and change. Real change affects the fundamental organisation of the self and influences the way people understand and relate to themselves and others. But effective exploratory therapy is a collaborative process and there can be no collaboration as long as the client is frightened of the response they might receive or, perhaps as likely, the caregiver/counsellor is unable, unwilling or unequipped to handle the feelings of the careseeking student.

Access to an effective caregiver is central to the wellbeing of a person throughout the whole of their life. Without an effective caregiving response when one fears for the survival of the self, other aspects of the self will be compromised – such as one's capacity to give care to others, to learn and develop one's interests in a creative exploratory way with others, to enjoy an affectionate sexual relationship, or to respond fully to the deeper mysteries of life. In this way, the quality of the caregiving received as a child affects the whole organisation of the self. And it is this dynamic organisation of the self that the therapist (caregiver) seeks to enable the person seeking help (student) to explore.

Counsellors can expect the student careseeker to relate early misattunements in a way that is primarily non-verbal, undigested and powerful. A therapist whose own fear system is aroused in response to this form of careseeking may be unable to explore or help the student explore the nature of their experience.

Many students seeking help will have suffered various levels of traumatisation in relation to their early external environment – the home they grew up in, the emotional atmosphere, relations between family members, the general organisation of the household, the experiences of school and the ways in which they were related to, especially when they were afraid. In my experience of working with hundreds of professional caregivers, this is equally true for those providing a therapeutic service to others.

No productive work is going to take place between the counsellor/caregiver and the student/careseeker until the former can recognise the activation of his or her own fear system and how that infiltrates the organisation of his or her self. In the absence of effective, exploratory fear-free caregiving, the student is likely to have his or her defensive self engaged – devoting all their attention to scanning the environment and their therapist for potential danger and with their natural exploratory system 'switched off'.

Fear, empathy and the therapeutic alliance

For adults who are securely attached, an arousal of their fear system will disable their capacity for empathy temporarily. It will not vanish completely and they will recover and be able to respond to the other in a truly explorative and non-defensive way. However, in an insecurely attached adult, the arousal of the fear system disables the person's capacity for empathy – it just vanishes. They may be able to mobilise a temporary kind of empathy to gain the other's concern or attention, but it is not other-centred and will collapse if the other is not amenable to whatever is required of them.

I cannot over-emphasise the significance of this statement, that when fear is aroused, empathy vanishes, permanently or temporarily, and the capacity for exploration goes on hold. If, as a child, one grew up in a context where one's caregiver was frightened (for whatever reason) – and, remember, the behaviours associated with fear are not only anger, but dismissiveness, ambivalence and disorganisation – one is likely to have experienced inadequate support at the core of the self and thus experience or behave insecurely when asked to give care or experience a desire for care. The form of the fearful caregiver's responses to such requests or desires will vary from person to person – but with help, a person can recognise what they are.

Body work

No exploration can take place as long as the fear system is aroused on either side of the therapeutic encounter. I now work in a way that gets the careseeker to first centre in their body and make a connection with the bodily state they are in. We so often override the information in the body and pay far too much attention to what we are thinking.

Fear registers in the body very fast and as a caregiver one can train oneself to notice the tension we experience even at the mention of frightening words, never mind frightening actions or recalled experiences. Catching the fear responses in the body, such as tension in the muscles, and 'letting them go', drawing attention to them for the client with frequent comments such as 'let the tension go' or 'notice the arousal of tension', can be enormously helpful in terms of both self-regulating and regulating the state the other is in. This is not the same as working with fear, which I address in the case study.

Case example

The following is an extract of a transcript from a group. This is the seventh of nine sessions. All present are professional caregivers; some are counsellors by

training, and are attending to explore their own attachment dynamics. In this session one member starts off by saying he is full of fear and it is not getting any better and he thinks he should leave the group. My response is: 'this is exactly the right group for you.' This indicated to him that he was wanted, he was welcome and he should stay. It was a very important response, meeting him at a level of vulnerability in his internal environment and his careseeking system. If I had reacted out of my own fear system, or an unsupportive internal environment, the situation could have unfolded very differently.

The excerpt illustrates not only how a fear-free caregiver can work with fear but how the whole organisation of the self is affected by changes to the system for self-defence – which includes the fear system, the careseeking system, and the internal environment. All participants have given written permission for the transcript to be used.

Group facilitator (GF) Let's start as usual by getting centred, getting the tension out of the body, breathing out; get yourself as present as possible... the more you can breathe out, the more you'll find a bigger space in there, and that's where we get so much of our information about what's going on outside and around us, and we need to make that a really big space that we can occupy, and feel strong from... (continues for several minutes).

Then the group facilitator asks whether anyone remembers anything from the last session.

Member 1 (M1) I'm not ready for this group, the fear's too much, which I put down to my own state of readiness or unreadiness, so...
GF let the tension down everyone

This is said on the basis that all the members of the group are attuning to the emotion of the person working at that moment and also to keep the group aware that when one person is working they are all involved and it is work for everyone.

M1 the sense of danger, the hyper vigilance, it's always quite high
GF ***so this is exactly the right group for you M1, this is exactly the right place*** for everyone who's got so much fear they'd like to hire a few skips and send it off, because we're all full of it; you're right, you can't take anything in when it's bubbling all the time. You can just begin to let the tension go. So, you had these thoughts after the group or just now?

The group facilitator came in with a very strong voice to counter the light tone of M1 – purposefully misattuning to his state. This is with the intention of upregulating his emotional state and making him feel stronger.[9-11]

M1 after the last one, that's what I took out of it, because in the past with groups, when the fear was high I would project it out, and blame people
GF let the tension go everyone because M1 is doing important work
M1 so I'd construct it that the group is the problem
GF it's a great construction

The group facilitator moves in quickly to normalise behaviour – to loosen the grip of critical internal environment

M1 I've gradually come to being aware that it's my own fear that stops me
GF that's a huge discovery, and you will certainly not be the only one here to recognise how much fear has run our lives, and even maybe been the underbelly, the driver of life choices. With fear one asks three questions (this is for everyone): Am I thinking something that's making me frightened? Am I experiencing something in my body, suddenly, that I didn't experience before, that's got me frightened? Or the third source is that we are at the edge of the unknown, which we all are, actually; we live as if we're going to be alive in five minutes – do you know the source of your fear?

This work is based on the cognitive analytic techniques developed by Beck[12] *and Datillio*[13] *and modified and developed within the field of group psychotherapy by Agazarian*[14].

M1 it's thinking something unpredictable is happening or about to happen, I don't know how to manage it
GF it's one of the easiest ones to do something about, the thinking one, we're all at it all the time, can you see that that's a thought about the future? Can you tell the future?
M1 no but...
GF take yourself full square M1, you're a big man, can you tell the future? This is for everyone, this is all of us in the middle of the night, or two minutes ago, or half an hour ago, if not this moment
M1 it hasn't happened so I can't
GF the source of your fear is a thought that something unpredictable might happen in the near future, and can you see that your emotion is generated by that thought?
M1 yeah
GF so what happens to your fear?
M1 I relax a bit
GF can you be curious as to what might happen in a minute's time?
M1 the fear attempts to kill the curiosity
GF anyone got the same level of fear or know about it in themselves, even if you haven't got it this minute?

Some group members join with their own experience of fear and their difficulties in accessing curiosity.

GF are people supportive of this work?

It is important that when the group facilitator is working with an individual for this length of time that they engage the cooperation of the group – to minimise envy and destructive attack by reminding the group the facilitator has them all in mind – there is room for everyone. Attachment-based work tries to pay attention to the painful feelings elicited when the caregiver fails the careseeker.

Group members Absolutely
M1 I'm tired of fear
GF we all are, it tires us out and it puts terrible stress on our bodies

Facilitator offers attunement and validation.

GF so breathe out, and again; ***this is the right group for you***; we can't explore if we're frightened, which is what you've come in with. The fear is something unpredictable might happen

– in what way would the unpredictable be frightening M1?

As the group facilitator, one must be prepared to enable the person to confront what the fear is actually about and not back away from it (flight in the fear system).

M1 I imagine that I'd collapse, wouldn't be able to continue
GF And what would be the worst thing for you? This is for everyone

The comment, 'This is for everyone', again is designed to keep the group working alongside the member on the way this resonates for all the members.

M1 I'd get very depressed and not be able to get out of bed
GF has that happened?
M1 I've suffered from depression, but not to the extent that I couldn't get out of bed. It kind of strengthened my resolve, actually; I engaged in lots of activities to get myself out of it, so I kind of treated myself
GF right, so you haven't completely collapsed, but you still have that fear – is it happening this minute?
M1 no, but I have a lot of tension in my body, like a band that's tightening
GF we put ourselves in a straitjacket and tie ourselves up to keep our emotions in; can you see that that might be the case? Now you have a choice: you can keep tightening it, or you can loosen it and have a look as to what emotion might be there, knowing that you're not falling apart in this moment, and you're here with me in eye contact, and the whole group
M1 to let it loosen
GF so, everyone, if you've got tension, let it go. What is the emotion? And breathe out. What's happening, M1?
M1 I feel tearful
GF just keep tracking what you notice
M1 a thought of failure
GF so you went critical; so can everyone who's got a vicious internal, critical environment about themselves, be present with M1; you do your work on the inside, as he's doing his on the outside. Just say 'I'm a human being', letting the tension down. Keep working, M1, there's nothing more important happening in this room just now than for you to try and get some of the fear down, some of the tension down, and find out what the tears are
M1 about a belief that I'm not wanted
GF you thought this was not the right group for you; can I just see if there's anyone here who agrees that it's not the right group for M1!?

It is not possible to give the whole transcript. However, a member (who had done the course a couple of times) came in shortly after this to talk about how she was dealing with a rather frightening medical condition. She expressed how she was managing her fear about this differently to how she had done in the past, placing herself at the edge of the unknown with curiosity. She was seeking the best medical advice. In addition to improving self-care, she was being more discriminatory about receiving care from others and reducing her lifetime pattern of offering defensive caregiving (looking after others and what they wanted) to keep the attention off herself.

Concluding remarks

This article set out to address the importance of the caregiver/counsellor remaining exploratory and how this dynamically affects the nature of the therapeutic encounter and the dynamic organisation of self and other. I hope readers may be interested in pursuing this subject further – particularly the understanding of ourselves and our own dynamics of attachment and exploratory interest sharing as we go about our professional lives as caregivers. ■

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