Roots and Routes to Resilience: Attachment/Psychodynamic Perspectives

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Abstract

Developmental research on resilience research is summarized, and illustrated with a case example. Self-reflection, relationships and agency are crucial to surviving adversity. Attachment and resilience are related categories. The main categories of attachment: secure, insecure-organized and insecure-disorganized, represent attempts to achieve resilience, depending on prevailing environmental conditions. However, the greater the environmental adversity, the less will resilience be fostered. Clients present for therapy when their resilience strategies have failed. The therapeutic relationship has neurochemical and relational characteristic mirroring the secure mother-infant bond. These foster mentalising, stress inoculation, self-esteem, and agency, thus forming the basis for enduring and more flexible resilience.

Cet article offre un résumé de la recherche développementale au sujet de la résilience ainsi qu’une illustration clinique. L’autoréflexion, les relations personnelles et la responsabilité subjective sont décisives afin de survivre l’adversité. L’attachement et la résilience sont des catégories liées. Les principales catégories de l’attachement (sécurisé, anxieux-organisé et anxieux-désorganisé) représentent des tentatives visant la résilience en fonction des conditions régnantes du milieu. Toutefois, plus l’adversité environnementale est considérable, plus l’accomplissement de la résilience sera défavorisé. Les clients cherchent un thérapeute lors d’une faillite de leurs stratégies de résilience habituelles. La relation thérapeutique a des caractéristiques neurochimiques et relationnelles qui reflètent le lien sécurisé entre l’enfant et la mère. Ceci favorise la mentalisation, l’inoculation contre le stress, le respect de soi et la responsabilité subjective afin d’établir l’assise d’une résilience durable et plus élastique.

Prologue

Hamlet draws on his resilience, choosing life over death:

‘Whether it is nobler in the mind to suffer
The slings and arrows of outrageous fortune …the whips and scorns of time,
Th’ oppressor’s wrong…To grunt and sweat under a weary life….
But that the dread of something after death
Makes us rather bear those ills we have
Than fly to others we know not of…’

‘...I don’t know
whether I’ve lost my heart to my resilience…’ (Oswald, 1996)

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Introduction

For more than 30 years resilience has been a major topic in psychology, exercising some of the best research minds in our field (Ciccetti, 2010; Fonagy et al., 1994; Garmezy, 1985; Rutter, 2012, Garmezi 1985, Ciccetti 2010, Fonagy et al 1994; Southwick, Bonnano, Masten, Panter-Brick & YehudaSouthwick et al, 2014). The aim of this paper is to present an attachment perspective on the theme, and to explore its clinical relevance for psychodynamic psychotherapy.

The term comes from the Latin resiliens, to rebound, or spring back. Implicit is the idea of a traumatic or adverse force impacting on a system which, rather than shattering, has sufficient flexibility and elasticity to ‘bounce back’. Resilience in the physical sciences implies both strength and ‘ductility’ – i.e. the ability to stretch without snapping or falling apart.

For its use in psychology, Rutter’s (2012) defines resilience as ‘patterns of positive adaptation in the context of significant risk or adversity’. Note Rutter’s characteristically careful qualifiers: ‘patterns’ (i.e. a process rather than a fixed property), ‘context’ (seeing resilience in a specific situation rather than an inherent feature of the individual), ‘significant’ (prolonged and multiple adversity leads to worse outcomes than single traumatic episodes).

In their recent survey Wright, Masten & Narayan, Wright et al (2013) identify four ‘waves’ or phases in the history of resilience research. Early studies focused on the individual, looking at the personal characteristics of those most likely to survive or even thrive in the face of adversity. Phase two moved to Rutter’s contexts and patterns, homing in on developmental processes in families and wider society that foster or weaken resilience. It recruited a more sociological perspective, showing how resilience relates to specific social situations, Thus, compared with surviving the middle-class emotional deprivation found in typical psychotherapy patients, survival in poor black Chicago gangland calls for different qualities, including extreme emotional avoidance (Ungar, 2008). Phase three is that of ‘translational research’, converting the insights from fundamental science into real-life programmes, psychotherapeutic and political, that foster personal and social resilience. Phase four is the current cutting edge, bringing modern genetics, epigenetics, evolutionary theory and neuroscience to bear on the question.

Here I shall draw on all four phases, aiming to show how psychodynamic psychotherapy might encourage resilience in its clients.

‘What is this life?’: W.H. Davies’ Autobiography of a Supertramp

I start with a ‘case history’, taken not from the clinic, but from the autobiography of a now largely forgotten author, but which illustrates many aspects of our subject.

W.H. Davies (1871-1940) is best known for his poem Leisure, with its lines: ‘what is this life if full of care/We have no time to stand and stare?’. I shall return to later to the resilience-relevance of this. Through his poetry and autobiography Davies enjoyed literary success in the early part of the 20th Century. His pathway from humble origins and adversity illustrates many aspects of resilience in ways that are relevant to psychotherapists.

The middle of three children, Davies was born in the coastal fishing port of Newport Wales. His father, a craftsman, died when he was 3. His mother immediately remarried and handed the children over to their paternal grandparents, and cut off all contact with them. Davies was close to his grandmother. An avid
reader and a good sportsman from an early age, he was a difficult child; aged ten he was arrested for theft and given 12 lashes in punishment. His delinquency continued, and he left school at 14. Soon after both grandparents died. For the next 7 years he became a ‘super-tramp’ first in the UK and then the US East coast, usually finding companions with whom to travel, begging, taking occasional work on the harsh transatlantic cattle boats, and engaging in petty crime which enabled him to spend the harsh NE American winters in the comparative comfort and warmth of jail.

1899 was the year of the Klondike ‘gold rush’. Davies set off for Canada to make his fortune; but attempting to ‘jump’ a freight train bound West he slipped, severely injuring his leg, which then was amputated. He spent the next three months in hospital in Ontario. His tramping days were over. He decided to become a writer, returned to the UK, and lived in a Salvation Army Hostel in the East End of London for the next two years, regularly sending poems and articles to publishers and newspapers, all without success. Eventually he was ‘discovered’ when the literary giant George Bernard Shaw received the ms of his ‘autobiography’, and agreed to write a preface. With its success, he was embraced as a ‘working class hero’ by the metropolitan literati such as Pound and Sitwell, praising (perhaps a touch patronizingly) his Wordsworthian freshness of vision and naïve profundity.

His autobiography provides a vivid account of the life at the margins at the end of the 19th and start of the 20th century. There is a freshness in Davies’ descriptions of himself and his family. He tells the story of his possibly mildly autistic older brother, instructed by their grandmother to ‘watch the fish’ cooking on the stove for their supper, at risk from a hungry cat. The cat duly ate the fish, much to his grandmother’s fury. “But Granny” said the brother, “I did watch the fish – all the way down into the cat’s stomach”! Davies similarly laughs at himself and his early literary efforts.

Davies’ account illustrates many of the features associated with surviving adversity. Using a 10 year qualitative ‘follow-back’ methodology, Hauser, Allen & Golden et al (2006) looked, ten years later, at delinquent boys who had been admitted to a children’s home. Those showing traits of self-reflection, agency, self-complexity, persistence, ambition, good self-esteem and the ability to create a coherent narrative were least likely to re-offend, and generally did best.

Davies was determined, persistent despite setbacks. He had significant assets – intelligence, an interest in reading, sporting prowess; he was companionable; he was ‘pluripotential’ in the sense that he could switch from one path, tramping, to another writing; his writing demonstrates ‘reflexive capacity’, i.e. the ability to stand back from and laugh at himself and others, and to develop a coherent narrative about himself and his life. He clearly demonstrates the three key features of resilience of interest to psychotherapists: agency, relationship-competence and mentalising.

But resilience also takes its toll. Despite being account of a young man’s life, there is virtually no mention of women or sex in the whole of the autobiography. It is a reasonable hypothesis that, for survival’s sake, Davies suppressed his need for emotional closeness, breached only on one occasion. When he was about to leave the hospital with his wooden leg, the hospital matron came to bid him goodbye, and kissed him on the cheek: “I felt my voice gone and my throat in the clutches of something new to my experience’.

This breakthrough of unmet craving for love and closeness also comes out in the poignant poem, A Fleeting Passion, in which he describes the aftermath of a night spent with a prostitute:

Let’s grimly kiss with bated breath;
As quietly and solemnly
As Life when it is kissing Death
Now in the silence of the grave
My hand is squeezing that soft breast...

Davies is here juxtaposing his devastating experience of the proximity of love and separation (death as irreversible separation, Bowlby, 1975), and attempting through his verse to resolve paradox that intrinsic to love is the possibility of loss. His resilience was founded on emotional self-sufficiency. The tenderness of the mother-matron – evoking unmourned grief for the mother who had abandoned him -- penetrated this hitherto adamantine defense. As we shall see, supporting survival versus undoing resilience in the hope of instilling more flexibility is a balance which has to be struck in every therapy.

**Attachment perspectives on Resilience**

*The psychobiology of resilience.* Attachment and resilience are highly related concepts. Davies’ resilience was founded on emotional suppression – in attachment terms, on avoidance, with the defenses and vulnerabilities implicit in that developmental pathway.

From an attachment perspective, resilience is built into our biology. The physics Nobel laureate Schrodinger (1944) famously defined life in terms of ‘negative entropy’. Life including the ‘ordinary magic’ (Masten, 2001) of resilience defies the general tendency of the Universe towards entropy, i.e. randomness and disorder. In order to do so, ‘defenses’ are needed, both external and internal. External defenses are directed towards the predators and parasites which feed on other organisms’ negentropy. Internal defenses preserve organisms’ own negentropy, e.g. destroying de-differentiated cancer cells. Entropy is ‘exported’ in the form of excretory products.

At a psychological level the integrity of the self needs to be safeguarded against overwhelming affect and chaos. The role of attachment is to maximise emotional and physical integrity in hostile environments. Just as the immune system is primed to recognise and neutralise disease-vectors, the attachment dynamic protects against predators by recruiting help from stronger and wiser care-givers. Through affect-regulation the attachment bond also reduces ‘free energy’ (Friston, 2010), thus mitigating the adverse consequences of unregulated emotion.

Contemporary societies foster resilience in their members. Inoculation programmes strengthen the immune system; similarly, positive parenting programmes such as ‘Minding the Baby’ (Slade, 2005) attempt to alter the attachment environment in order to counteract the negative impact of poverty, stress and social disruption on psychological development.

*Patterns of resilience.* A cornerstone of attachment research is the finding that different developmental environments call forth different relational strategies in infants. Each, in its ways represents an ‘adaptation’, attempting to maximise security -- and therefore resilience -- in specific circumstances. Schematically, these can be characterised as ‘horizontal’, ‘vertical’ and ‘circular’.

Secure attachment is ‘horizontal’ (and ‘democratic’) in the sense that infants are seen by mentalising, mind-minded, mothers as sentient beings with projects, desires, and minds of their own (Allen, Fonagy & Bateman, & Fonagy 2008; Meins, Fernyhough, Fradley & Tuckey, Meins et al 2001). Although occupying different roles, the secure parent infant-relationship is a partnership. Biobehavioural synchrony (Feldman, 2015), marked mirroring (Gergely & Watson, 1996), affect co-regulation (Schore & Schore, 2008), entrained physiology and brain-to-brain communication (Feldman, 2015; see below) enhance infants’ survival chances,
both by protecting from external predation, and building the capacity to recognise and regulate emotions and so negotiate the world of social relationships.

Secure attachment does this via a number of resilience-enhancing factors, including mentalising, stress inoculation, and the extended self.

**Mentalising.** As we have seen in Davies’ story, the ability to mentalise – to stand back from one’s own and others’ thoughts and actions and to see them objectively – can be crucial to coping with adversity. Fonagy, Steele & Steele Fonagy et al’s (1991) now classic prospective study showed that mothers who had themselves experienced childhood adversity were more likely to have insecure children than those whose childhood was more serene. The exception was the subgroup of adversity-stricken mothers who also had high reflexive function (RF, aka mentalising ability), of whom 90% had secure children as revealed in the Strange Situation aged 1yr, while none of the parallel low RF mothers’ offspring were rated secure.

Mentalising mothers recognise and reinforce their children’s autonomy, in contrast to the less resilient strategies of compliance or helplessness (see below). The capacity actively to tackle threats and stress rather than passively to succumb is a significant aspect of resilience. Davies’ tramping may be an extreme example of ‘activity’, but his ability to turn his life around, rather than to collapse following the amputation is testament to the importance of the activity principle.

**Stress inoculation.** Secure attachment does not equate to continuous uninterrupted mother-baby proximity. Tronick (2007) shows how, alongside periods of intense physical and emotional intimacy, normal secure parent-child interactions include ‘ruptures’ in which parents are regularly out of tune with their infants. In secure attachments these ruptures are readily and regularly ‘repaired’, triggered by the attachment dynamic in which the parent soothes the distressed infant until peace and harmony are restored. The infant goes through many rupture/repair cycles throughout the day. This observation is consistent with early animal experiments (Levine, 1957) suggesting that ‘stress inoculation’ has a strengthening or ‘steeling’ (Rutter, 2012) impact. Rat pups who were separated from their dams for short periods, when adult show less fear response and wider exploration compared with those not so subjected. After these brief separations rat mothers show enhanced ‘high-arched licking and grooming’ and this may contribute at physiological and possibly epigenetic level to the pup’s resilience (Meaney, 2001). By contrast, prolonged separation of pups from their mothers has the opposite effect, enhancing anxiety and weakening resistance to stress and disease.

Similar findings have been found in primates (Suomi, 2016) and probably apply to humans. It could be argued that Davies’ harsh childhood primed him to cope with the physical and social adversity he experienced in pre-welfare UK and USA. Goransson (2009) has argued that today’s middle-class ‘helicopter’ or ‘curling’ parents, ever-ready to over-protect their children from stress, may be doing them a disservice, depriving them of the ‘Captains Courageous-type (Kipling 1897/2014) maturation which mild adversity overcome engenders.

A third aspect of secure attachment relevant to resilience is the notion of ‘the extended self’ (Wilson et al., 2014). Adversity inevitably arouses negative affect, so the capacity to regulate affect, especially negative affect is a vital aspect of resilience. Stress and threat activate the limbic system, setting in train the attachment dynamic (Bowlby, 1971). In adults the left prefrontal cortex (lpfc) regulates and modulates these affective responses, ensuring appraisal and ‘slow’ behavioural responses in which alternative adaptive strategies can be considered (Kahneman, 2011). In the first two years the infant’s lpfc is still undeveloped, and the child draws on (‘borrows’) the maternal brain to help co-regulate his or her emotions, just as the

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2 A metaphor drawn from the sport of ‘bowls on ice’ in which players ‘curl’ the ‘chuck’ by smoothing its passage over the ice, thereby ensuring greatest possible distance of travel.
newborn borrows the mothers antibodies via the colostrum.

Affect co-regulation is a major function of the attachment system, applicable equally in adult romantic relationships as in infants (Mikulincer & Shaver, 2016). In Coan’s fMRI hand-holding studies (Coan, 2016), HPA axis activation in response to mild threat was almost absent when subjects were holding their happily married spouses’ hand as compared with facing threat alone. This capacity to ‘extend’ the self to include significant others is a resilience strategy available to the securely attached.

**Insecure attachment.** The two main ‘organised’ forms of insecure attachment, avoidant and anxious attachment, also provide degrees of resilience, but via a different route. In these ‘vertical’ strategies, avoidant individuals like Davies use a ‘top-down’ strategy based on affect suppression, whereas in anxious attachment clinging and affect augmentation draws in the care-giver as a shield against trauma.

These approaches tend to be more fragile and less flexible than secure patterns (Bonnano & Burton, 2013). Avoidant children have high levels of stress hormones (Dozier et al 2008); staying detached consumes psychic energy then not available for other cognitive tasks. Secure individuals can call upon help when needed, otherwise remaining independent and autonomous, while the anxiously attached need the constant accessibility of a Secure Base via texting, telephoning, physical presence, etc., and without it feel lost. The anxiously insecure are not able to transcend or metabolise their negative emotions, and therefore are more likely to respond in non-resilient ways – collapse, dependency, chronic depression or anxiety.

Both secure and ‘organised insecure’ attachment strategies achieve resilience through the recruitment of an attendant other to provide maximum (secure) or a modicum (insecure) of resilience in the face of adversity. Lyons-Ruth (Gunderson & Lyons-Ruth, 2008) classifies care-givers of Disorganised children as either ‘frightened’ (withdrawing in the face of the child’s demands) or ‘frightening’ (meeting the child’s attachment dynamic with attack or dismissal). In disorganised attachment the child is faced with the problem of how to master anxiety in the absence of an accessible care-giver, or faced with one who is a radically insensitive. Adopting a ‘circular’ strategy the child turns in on himself or herself, using its own mirror image, self-soothing, stroking or pulling at body parts, eye aversion, rhythmic rocking, etc. as sources of comfort. Adolescent and adult analogues include self-cutting, self-medication, alcohol or drug intoxication, and risky sexual behaviour – all providing a degree of soothing in the absence of self-mentalising, or a reliable and secure base (Holmes, 2010). While there may be adaptive aspects of this, Disorganised attachment is fundamentally dysfunctional; arousal is on a hair-trigger, mentalising inhibited, and states of ‘epistemic hypervigilance’ (Fonagy & Allison, 2014) underpin rapid swings between unsubstantiated trust and severe mistrust.

The Disorganised pattern illustrates one of the central paradoxes of resilience: children raised in adversity, and therefore in most need of resilience, are those least likely to be provided with resilience-enhancing resources. Conversely, children raised in conditions which engender secure attachment and foster resilience, will be buffered against adversity. To whom that have it shall be given. Disorganised children’s mothers tend not to be good at mentalising, and therefore unlikely to transmit those skills to their children; their lPfcS are less accessible for modulating their children’s affect than their secure counterparts.

This paradox flows from the fact that, in the developed world at least, the adversity which contemporary humans face derives not so much from the physical environment – predators, food scarcity, fire, flooding, and earthquakes, although of course all of these exist -- but from con-specifics. Neglect, separation, emotional abuse, environmental degradation, economic deprivation, physical and sexual predation, theft,
gun-crime, inequality and injustice: these are the adversaries to which today’s children are principally prey. The very ‘other’ to whom the traumatised child turns for comfort and help is often the source of the threat which stimulates the attachment dynamic, or themselves are afflicted by the same adversity and threadbare resilience. This irony is central to the Main-Hesse (Main & Hesse, 1990) theory of disorganised attachment in which the child is in a ‘double bind’ or approach-avoidance dilemma, and where ‘fear without solution’ leads to the circular patterns of self-soothing described.

Hope. For a number of reasons however, we should not however at this point succumb to pessimism. First, the four attachment categories are necessarily broad-brush. Clinically there is often a mixed picture (Holmes, 2010). Davies undoubtedly used ‘vertical’, avoidant, emotionally-suppressive strategies to cope with the loss of his mother and grandmother, and to maintain his independence. But he was also a good mentaliser, formed male friendships easily, had intellectual and sporting skills, was determined, and endowed with buoyant self-esteem. He fulfilled many of the features of resilience identified in the research literature (Southwick et al., 2014). He was resilient in the original sense of being able to bounce back after setbacks rather than shattering. Despite his traumatic accident, he did not become emotionally as well as physically disabled.

Second, attachment categories, while tending to be stable over time are not immutable, and are responsive to context. Depressed mothers tend to have children classified as insecure, but if their depression remits, either spontaneously or though therapy, their children revert to secure attachment. As measured by salivary cortisol responses, secure attachment mitigates the effects of stress on children growing up in poverty (Fearon et al., 2016). A small number of studies have used attachment status as a psychotherapy outcome measure, and have found significant movement from insecure to secure patterns on the AAI (Levy et al., 2006).

A third relevant theme is that of ‘positive life events’ and their role in changing a life-course and contributing to resilience. Brown and his co-workers (Bifulco, 2009) have charted how depression in working class mothers is triggered or exacerbated by negative life events such as separation, bereavement, housing difficulties and unemployment. They have also shown that the converse applies: starting a new relationship, getting a job or stable accommodation, or children’s success at school helps alleviate depression, especially in the context of a supportive relationship with a key worker or counsellor.

Based on his studies of Romanian orphans, Rutter (2012) conceptualises adoption as a contextual positive life event. In adversity, adoption can be a massively beneficial; in its absence, irrelevant. He emphasises the contextual aspect of the adversity/resilience concept in an early study showing while that the death of a parent in childhood is a risk-factor for psychological difficulties in adolescence, it is not loss per se that is problematic, but the associated disruption and chaos (Quinton & Rutter, 1988). Rutter’s work (2012) confirms the impact of positive life on outcomes for looked-after adolescents. Girls who make good relationships in their late teens are protected from later psychological illness compared with those less fortunate; boys who join the armed services are similarly less likely to be prey to alcoholism or petty crime.

Clearly, both adverse and positive life events are to an extent random and unpredictable, but their cognitive appraisal -- the meanings that are attributed to adverse events -- is not. Davies’ story illustrates how resilience entails seeing adversity as a challenge rather than a life-diminishing trauma. Similarly, the capacity to respond and adapt to positive life events is part of the resilience armamentarium. Thus, although chance and accident clearly are relevant to resilience, the capacity to respond positively to adversity is not ‘random’, but contingent on positive developmental attachment experiences.
This leads to a fourth and central attachment theme, best approached through recent research on the timing of menarche in secure and insecure girls. In an ongoing longitudinal study, Belsky and Fearon and co-workers (Belsky, Houts & Fearon, 2010) have established a relationship between attachment status at 12 months and the onset of menarche. Insecurely attached girls tend to mature earlier than the secure group. This led Belsky to develop an ecological model of attachment in which different environmental conditions call forth different psychobiological patterns. Adverse environments require ‘insecure’ (‘vertical’) strategies, including early sexual maturation, in order to ensure survival into the next generation³. Epigenetic processes (Meaney, 2001) mean that these environmental effects impact on the genome and affect future generations. Grandchildren of holocaust survivors have been shown to be more resilient than controls without a trauma history (Barel, et al., 2010). Using economic adversity as a measure (Sung et al., 2016), recent studies by this group show that even in the presence of adversity, daughters of mothers with mentalising capacity have delayed menarche compared with the non-mentalling group.

The resilience implications of this approach suggest a number of differing routes to resilience, each of which is ‘designed’ (in the evolutionary sense) to maximise survival, physical and psychological, depending on environmental circumstances. This formulation challenges the implicit normative assumptions of the terms ‘secure’ and ‘insecure’. ‘Vertical’, insecure attachments are not in themselves ‘less good’ than secure ones, although they may confer less flexibility.

To summarise the argument so far:

1) Resilience needs to be seen contextually and relationally, rather than as a fixed property of individuals.
2) Crucial components of resilience include a sense of agency, mentalising-capacity, negative affect processing, and building relationships.
3) Secure attachment provides a developmental context in which these features are more likely to arise.
4) Insecure attachment are adaptive responses to adverse circumstances.
5) Children of mentalising mothers are more likely to show resilience in the face of adversity.

Psychoanalysis and resilience

On the whole, resilience does not feature prominently in the adult psychoanalytic literature. There are a number of reasons for this. Resilience is a ‘positive psychology’ concept (Seligman, 2000), emphasising strengths and bolstering defences, while psychoanalysis is more concerned with challenging and dismantling defences. Second, given that one needs time, money and consistency, a degree of resilience is a precondition of being an analysand, at least under prevailing conditions in most Western countries. Third, while resilience is increasingly seen in terms of ecology (Ungar, 2008), psychoanalysis, traditionally at least, is concerned predominantly with the therapist-patient relationship, tending to view the prevailing environment primarily as a manifestation of the patients’ inner world.

Nevertheless, the ultimate goal of psychoanalysis and psychoanalytic psychotherapy must surely be to strengthen its subjects’ capacity to cope with the vicissitudes of life (Freud’s ‘ordinary human unhappiness’). Recently, a number of authors (e.g. Akhtar, 2009; Paren, 2009) have argued for the importance of resilience and other positive features as a hitherto neglected psychoanalytic topics. Historically, two important autobiographical accounts by psychoanalysts are relevant here, both arising out of Nazi concentration camp experiences. Bettelheim (1943) noted that inmates with no fixed beliefs succumbed to the camp regime much more readily than both orthodox Jews and Marxists, who despite the extreme divergence of their ideologies had ‘higher’ belief systems that enabled them to resist and temporarily survive even extreme

³ A phenomenon, incidentally, also seen in plant species – ‘stony ground’ leads to early seed-formation compared with

those sewn on more fertile soil.
adversity.

Another example comes from Victor Frankl (1946/2006), the founder of ‘existential psychoanalysis’. Frankl was interned following the Nazi ‘anschluss’ of Austria in 1938. He could have escaped to the USA where he had been offered an academic post, but this would have meant leaving his parents to their fate. As a result he stayed behind and, together with his wife and parents, was interned, first in Terensienstadt, then Auschwitz and Dachau. All save Frankl and his sister perished. Like Bettelheim’s survivors, Frankl too had a firm belief system, in his case in the overwhelming power of love. He also attributed his survival to the fact that during slave labour in Auschwitz he befriended a guard who was having marital difficulties and who confided in Frankl, meaning that he was given lighter duties and more food than his fellow inmates.

Frankl’s story illustrates the ecological or contextual aspects of resilience and the role of secure attachment. Initially his strong attachment to his parents was to his disadvantage, and could be seen as resilience-lowering. A more avoidant individual might well have fled, just as in a fire in a crowded building avoidance enhances survival. The avoidant individuals are the ones who will break windows and save their own skin, but also benefit the whole group by paving an escape route. Conversely, in the camp itself, by reaching out to others, including the guard, Frankl’s secure attachment enhanced his resilience, and probably contributed to his eventual survival.

Implications for psychoanalytic psychotherapy

What are the implications for psychoanalytic psychotherapy of this overview of resilience research? The resilience mantra of relatedness, agency and reflection (Parens, 2009) will all be played out in the therapy setting.

Relatedness and the neurochemistry of attachment. The dynamics and mutual entrainment of the ‘bonding’ hormone oxytocin plays a crucial role in secure mother-infant attachment, paving the way for robust relationships and self-confidence at school age (Feldman, 2015). By extension it seems likely that biobehavioural synchrony between therapists and their clients – at a gestural, and postural, i.e. ‘non-verbal’ as well as verbal level – may play a significant part in strengthening resilience (see Shai & Belsky, 2011).

Reflection and mentalising are intrinsic both to resilience and psychotherapy, representing the capacity to step back from oneself and ones feelings – and those of others – and to see them more objectively. Humour is also integral to this process, as Davies’ story illustrates. The capacity for a ‘light touch’ and for the emergence of shared humour is a mark of progress in therapy.

This is relevant to the neurochemistry underpinning resilience. Humour is by definition pleasurable. The oxytocin release associated with secure attachment bonds – including putatively at least the therapeutic relationship -- has significant hormonal implications in that oxytocin potentiates reward neurotransmitters such as endorphins and dopamine (Feldman, 2015).

Neuroplasticity refers to the ways in which the psychological and social environment impact in an ongoing way not just on brain function but at a structural level of the architecture of the brain, including grey matter density, especially in the prefrontal cortex and amygdala (e.g. Carvalho et al., 2014). The much-cited study by Caspi, Moffitt and co-workers (Caspi et al., 2003), based on a 30 year follow-up, showing that adverse childhood experience (ACE) such as neglect and sexual or physical abuse is associated in a linear way – the more the ACE events the greater the likelihood of depression -- with enhanced risk of mental illness in adulthood. However, not all children are similarly affected by ACEs, and that those with ‘long’ serotonin transporter genes (5-HTTLPR) are more impervious to adversity than those with the short variant. There is
interesting evidence, both from primate (Suomi, 2016) and human (Caspi et al., 2010) studies showing that these same ‘short’ allele children, when in favourable environments flourish more than those with the ‘long’ allele.

This environmental responsiveness, or ecological susceptibility model (Belsky & Pluess, 2009), gives hope to psychotherapists, in that clients seeking psychotherapeutic help are often those damaged by early adversity, and therapists can feel confident that given the right circumstances – which will include not just the therapy itself but the client’s environmental context – flourishing is possible. Therapists might also have to remind themselves that those clients who seem to relatively impervious to therapeutic help – and they do exist! -- may be genetically predisposed to minor rather than damascene improvements.

Agency. A sense of ‘self-agency’ (Knox, 2010) is integral to resilience. Clients typically present for psychotherapy in states in which their agency is undermined or underdeveloped. They feel ‘collapsed’, helpless, victimised, and unable to ‘find a way forward’. Mentalising mothers see their secure offspring as having an intrinsic agency – they reinforce their children’s sense of being active choosing beings with minds, likes and dislikes, aims and objectives and projects of their own.

Fostering a sense of agency is thus a key psychotherapy task, but one that is far from straightforward. It is essential to avoid ‘blaming the victim’. Clients may ‘hear’ as criticism interpretations which emphasise the ways in which they ‘actively’ assume a position of helplessness. Initially therefore the therapist will reinforce the agency-diminishing aspects of the client’s story – how they were ‘forced’ to comply with sexual abuse for example, or to accommodate to a depressed parent’s moods. Only gradually will it be possible for the client to begin to acknowledge and ‘own’ their contribution to their current difficulties, and to see how the expectations of invalidation or abuse which they bring to relationships are jeopardising their relationships, including that with the therapist.

Teasing out the notion of ‘unconscious agency’ is complex and subtle. A client, challenged for failing to turn up for the session after a planned holiday break might say ‘but I just forgot’. The therapist might then suggest that the client is, in a retaliatory way, ‘punishing’ the therapist for his absence. This asks the client to ‘own’ his feelings of disappointment and anger. That in turn would need to be developmentally contextualised, perhaps in relation to a parent who had physically or emotionally abandoned the client when a child. Adding a developmental/contextual perspective is needed before the client could truly say that they ‘chose’ not to come to the missed session.

Hard though it is, liberating agency is a vital part of the psychotherapy process, and a marker of good outcome. Therapists need to encourage and validate any signs of extra-therapy agency: making new friends, seeing employment, gardening projects, joining clubs, or even tidying belongings or embarking on DIY home projects.

Resilience and self-esteem. The notion of encouragement is problematic for psychodynamic psychotherapists, who are rightly trained to maintain neutrality. Over-use of praise may betoken seduction or encourage compliance. But self-esteem is intrinsic to resilience, and therapists want their clients to begin to believe in and feel good about themselves. Identifying and challenging persistent low self-esteem is an important therapeutic and resilience-fostering task. This may be done ‘cognitively’ by challenging dysfunctional negative beliefs about the self, or more psychodynamically through the instillation of a good internal object – in attachment terms and ‘Internal Secure Base’ (Holmes, 2010) able to mitigate and counteract the malign influence of a death-dealing, resilience-undermining alien self (Allen et al., Fonagy & Bateman 2008).
Resilience research draws attention to number of other relevant aspects of psychotherapy. The rhythms of therapy itself – the weekly or daily ‘hour’ with its protected time and space, but non-negotiable periodicity, together with holiday ‘breaks’ – is a living embodiment of ‘stress inoculation’. The quotidian finding/losing, to-and-fro of therapy is a school for coping with loss, and in the instillation of hope that the good object, not lost for ever, will be there again when needed.

Finally, let us return to Davies’ famous couplet. The ability to ‘stand and stare’ is an aspect of resilience emphasising the importance of the ‘present moment’ as an antidote to resilience-sapping past pain or future anxiety. Psychological health entails the ability to let go of the past, however painful, to resist future worries, and to inhabit the here-and-now. Mindfulness mediation is increasingly incorporated into ‘third wave’ cognitive therapy (Kahl, Winter & Schweiger, 2012), and so explicitly trains subjects to ‘stand and stare’. Comparably, Mentalisation Based Therapy (MBT) (Allen et al., Fonagy & Bateman, 2008) involves therapist and client together ‘pressing the pause button’ – and through ‘action replay’, put problematic experience under the microscope, and so focus, outside time, on the flux of feelings.

But Davies’ seemingly naïve and simplistic poem takes us a step further in the search for resilience. The poem goes on:

No time to see, in broad daylight,
Streams full of stars, like skies at night:

No time to turn at Beauty’s glance,
And watch her feet, how they can dance:

No time to wait till her mouth can
Enrich that smile her eyes began?

A poor life this if, full of care,
We have no time to stand and stare.

As well as the injunction to absorb the present moment Davies also points to two other crucial aspects of resilience. First is connectedness, not just to others and their dancing feet, but to the natural world -- streams and stars -- and the ways in which they reflect one another. The second is the role of the face. A mirroring, smiling, mother’s face is the starting point for secure attachment. Unperturbed by adversity, the face becomes the Internal Secure Base that carries the subject through the horrors, losses, guilt, vicissitudes, setbacks, and cruelties that, at times life -- negentropy -- inevitably brings. It is the role of psychotherapists to be the guardians of that process. Helping clients to find their unique internal security will, at the same time inestimably strengthen their resilience.
References

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