

Reconceptualizing “the Container”: Expanding the Application of Attachment Theory in Working with Men

By Jeff Sharp, Ph.D.

“Our greatest challenge today . . . is to couple conviction with doubt. By conviction, I mean some pragmatically developed faith, trust, or centeredness; and by doubt I mean openness to the ongoing changeability, mystery and fallibility of the conviction.”

Kirk Schneider, The Paradoxical Self

In his recent review of TPI’s Fall symposium on Attachment in Psychotherapy, David Edelson raised important questions about the duration, applicability, and likelihood of success of attachment-informed therapy, particularly with patients who are unable or unwilling to commit to such intensive therapy. He and others have raised particular concerns about the applicability of such intensive intersubjective models of therapy with men, many of whom initially convey little or no desire to explore their inner world in therapy. Given the preponderance of male violence, depression, addictions, and buried trauma in our culture, as well as underutilization of psychotherapy by men, these are crucial questions. In this article I hope to expand the discussion of these concerns by describing interventions--linked to attachment theory yet sometimes falling decidedly outside of the traditional analytical frame--that expedite my work with male clients, who comprise the bulk of my private practice.

Attachment theory has profoundly and pervasively influenced my clinical work for the past decade. I have found it to be invaluable as a means of understanding human development and as a perspective that illuminates a great deal of my clinical work with adults. Although I agree with David Wallin’s emphasis on the crucial role of mentalizing (or reflecting coherently upon experience), the centrality of non-verbal experience, and the importance of co-created relationships in human development and psychotherapy, my own experience as a psychotherapist leads me to question his premise that, for many male clients, “it is ultimately the new relationship of attachment with the therapist that allows the patient to change.”

Based on many years of experience, I suggest that **actively promoting healing relationships with individuals other than the therapist** can be critical in psychotherapy with men. I’ve had extensive training in existential-humanistic therapy, family therapy and group therapy, as well as years of experience working in community mental health clinics. Each of these traditions emphasizes the value of directly helping clients create a less constrictive and more supportive social network. I’ve found that judiciously utilizing skills I’ve developed from these traditions, in conjunction with more traditional analytical work, has greatly enhanced my therapeutic efficacy with men. This “informed and intentional eclecticism,” to borrow a phrase from Ellen Case, requires carefully exploring clients’ reactions to directive interventions and continually monitoring the quality of the therapeutic alliance. What follows is a description of a variety of interventions I routinely employ with men, particularly in the crucial initial phases of therapy when I am

trying to develop and strengthen a therapeutic alliance that will fuel a client's commitment to the demanding process of depth psychotherapy.

Probe regarding wishes, intentions and willfulness

During my initial assessment process, I make a point to probe regarding a man's wishes, intentions and willfulness. While I'm committed to empathizing, and hearing about the struggles and sources of pain in a man's life, I find it essential to explore what he would like to see different, what he hopes to get from therapy, and his level of commitment or dedication to this endeavor. This can be a complex and nuanced process, particularly with those men who can't identify wishes, don't know what they are feeling, or don't know what they would like to see different.

It is important to be realistic in terms of assessing internal and external resources so that failure is not set up by establishing unrealistic hopes. I persist in my efforts to tease out a man's wishes, intentions and willfulness, knowing that the ensuing discussions often strengthen the therapeutic alliance and help diminish a man's resistance to "talking forever about my feelings and my childhood." I may inquire, for example: "Given the abuse you experienced, what kind of father do you want to be?" "Although you feel furious and cynical, what do you need to do to live up to your own integrity as a husband (or manager, father, employee, elder, etc.)?" "Although you feel worthless and depressed, how do you think it would affect your children if you moved out of state, or quit your job, or killed yourself?" Many men feel shame about being in pain, and even more so about seeking help; I try to appeal to their honor and pride while developing a therapeutic alliance and contract.

Using stories to identify and expand narratives

I often explore the manner in which a man relates to the myth of Icarus, the Greek boy whose father, Daedalus, hastily attached wings to their bodies so they could fly away from and escape the labyrinth in which they were imprisoned. Icarus, in his excitement and wonder, ignored his father's warnings not to fly too close to the sun, with disastrous results: the wax melted, his wings fell off, and he crashed to his death into the sea below.

Many highly constricted (and shame-filled) men identify with the story of Icarus. They know in their bones about youthful inflation, subsequent failure and the accompanying humiliation, shame and despair; they know about a devastating loss of self-esteem and assertiveness, although they may not use those terms. They know about the death of dreams, of hope, of playfulness and spontaneity.

Many driven, highly-inflated men relate to the Icarus story from another perspective: their fear is that if they stop pushing so hard, if they let go of their efforts to control their environment, if they stop beating themselves up or if they loosen up their perfectionism, that they too will crash and burn. Still others convey deep anger, sadness or envy as they describe feeling that there was no one there to help them fly.

I emphasize to these men that in many cultures the death is not the end of the story. Borrowing from the often-maligned Robert Bly, I link the myth of Icarus with the Phoenix story: out of ashes comes not only a rebirth, but potentially a wiser, more compassionate survivor. Soulwork, Bly argued, begins in the ashes. Building upon this I

may talk with men about the difference between “cool” versus “soul,” or explore their relationship to “the blues.” These references, as well as the use of mythology, help men see the universality of their struggles and thereby help diminish shame.

Hearing the Phoenix story, and sensing my ability to relate to the journey, brings a palpable sense of relief, and sometimes a newfound glimmer of hope, to many men. I inquire about how a man has dealt with risk-taking and struggles. Was he met with derision and humiliation? Can he imagine empathy and compassion? Has he ever experienced resilience and rebirth after failure? I make it apparent, from my spoken and unspoken messages, that I understand their pain and despair, that I know something about the journey they are undertaking, and that I view risk-taking and failure as essential aspects of being alive. I also try to convey that while I know this intellectually, I have to relearn this lesson repeatedly in order to counterbalance my own inner critic which evolved in response to experiences of humiliation and shame in my earlier years.

Bibliotherapy and cinema therapy

More often than not, I encourage men to read about other men’s psychological journeys and struggles, and to see movies that explore similar material. My goal here is twofold: to facilitate continued psychological reflection outside of the therapy hour, and to overcome the sense of isolation that plagues so many men.

For example, with many covertly depressed men, I recommend Terry Real’s I Don’t Want to Talk About It, which addresses the cycle of depression that is often passed on from father to son. (Just hearing the title elicits a smile from many men, who immediately feel known in an important way.) For men who are struggling with identity issues, I may recommend Frank Pitman’s Man Enough: Fathers, Sons and the Search for Masculinity. With men who recall very little about their adolescence I may encourage them to see Stand by Me, or to read or see This Boy’s Life. For men who are primarily concerned about relationship issues I choose from the dozens of books on relationships, trying to find a helpful match based on the personality and situation of the client. If they are plagued by guilt, I recommend Imaginary Crimes. If the opportunity is available, I’ll encourage them to discuss their reactions to these books or movies with supportive family members or friends, particularly their spouse or partner.

I discourage men from trying to read books from cover to cover, and encourage them to see which (if any) vignettes trigger subjective reactions. I’m usually trying to promote a sense of identification, not simply a cognitive grasping of concepts. I also make it clear that it’s fine with me if they dislike any given book or movie—but that I’m going to probe a bit in order to understand their reactions.

Talking about masks and armor

Many men who can barely recognize or identify emotions welcome the opportunity to talk about their use of masks or armor. Rather than pathologizing them for not being adept at describing their emotions, I normalize the need to protect oneself during the trials of childhood, adolescence and adulthood. I try to provide men language which helps them see the value of protecting oneself—and which sets a stage for later examining the conscious and unconscious utilization of such protection. I explicitly

address the radical cultural changes in a post-feminist world, including the reality that many men (and, of course, women) find themselves in roles, situations or relationships for which they have had little or no constructive psychological preparation.

I frequently borrow Jim Bugental's analogy of a spacesuit. Bugental described the life-saving function of a spacesuit for an astronaut—and the reality that the very thing that was life-saving must be shed when an astronaut returns to earth. Boys and young men learn endless ways to armor and defend themselves; as adults, they need to see the psychological cost of wearing armor that no longer serves its intended function. For men who are particularly interested in this theme I recommend Aaron Kipnis' book, Knights without Armor.

Structured education about emotions

I directly and explicitly educate men about feelings, particularly in relation to anger, anxiety, guilt, and shame. Numerous men have conveyed relief as I've helped them comprehend the distinction between anger versus hostility and let them know that I don't consider their anger bad—although I emphatically condemn violence in their relationships with spouses, children, or others.

I also make a point of exploring whether or not men differentiate between guilt and shame. Addressing this conceptually is relatively simple, and many highly rational men appreciate hearing about the error in logic when they jump from guilt to shame. Teasing this out in terms of their embodied experience obviously requires far more time and effort. Similarly, I educate men about the function of anxiety and its relationship to fight or flight. I emphasize that many of us have an anxiety thermostat that goes out of whack from time to time, prematurely triggering one action or another—and that through mindfulness and perseverance one can fine tune one's reactivity and impulsivity. I help them see the importance of reality testing prior to withdrawing or attacking. I may recommend forms of body work, daily walks or journaling to help men relate to their bodies and to emotions.

Support groups

As my clients begin to develop psychological mindedness or desire to change, I encourage them to develop or join support groups, such as a 12-step group, a men's group, or a process-oriented therapy group. Twelve-step groups and men's groups can serve as powerful antidotes to the isolation and shame that many men experience (yet may not put into words). I find particularly helpful groups with the commitment and expertise to address here-and-now dynamics, which is arguably the most critical therapeutic aspect of an ongoing group.

One of the most powerful and rewarding aspects of my practice is leading an ongoing mixed-gender therapy group comprised primarily of men and women who I also treat in individual therapy. It is fascinating, and enormously valuable, to compare how clients behave in the group and in their individual sessions with me. As just one example, one male client declared during his first group session that "men don't cry"—although he began virtually every individual session during a two year period by reaching for tissues because he knew he would be in tears for much of each session as he dealt

with his grief over his parents' recent deaths! We had rich material to explore in his individual sessions related to this contrast between how he interacted with me versus with others.

Treating someone in individual and group therapy raises many complicated and challenging issues for a therapist. I've made mistakes, such as nudging individuals to join the group when they weren't ready or motivated on their own; it became apparent, once such individuals were in group, that they were there to please me rather than to pursue goals of their own, and that guaranteed failure. I've been fortunate to have trained with two individuals—Bugental and Irv Yalom—who are masters at utilizing this powerful combination of therapeutic approaches and who have helped me on numerous occasions convert what I initially perceived as disasters into opportunities for considerable growth. I strongly discourage therapists from adopting this dual format strategy without having consultation available from someone experienced in providing such treatment.

Conjoint sessions with significant others

On numerous occasions I have conducted, after considerable discussion with my client, conjoint sessions with significant others in his life. This has included meetings with spouses, partners, fathers, mothers, friends, and children. Usually I've suggested such a meeting after a client has conveyed the desire to improve a particular relationship, or if I've suspected that my client's psychological growth could be enhanced via improving an outside relationship. Sometimes clients have brought up the wish for such a session, so we explore their hopes and concerns and act accordingly. On rare occasions I've conducted home visits.

My goal in such meetings is to gain a better perspective on key relationships in my client's life. My intention generally is to facilitate a deepening of a current relationship, and is definitely not oriented toward allowing my client to dump on or otherwise attack their family member or friend. I try to get a sense of whether a parent is receptive, for example, to addressing issues and feelings from the past. Is a spouse open to the possibility of couples therapy (i.e., with a different therapist)? Does a parent, child or spouse have any information they think would be helpful for me to know as I provide ongoing individual therapy?

Obviously it is essential, in later individual sessions, to carefully process my client's reactions to these conjoint sessions. I make it clear that he (not the significant other) is my client and as such I will keep his needs and wishes in the foreground. Many men have conveyed gratitude for my openness to meeting with other people in their life, and frequently these meetings have unearthed nuggets that enrich and expedite the ongoing therapy.

Conclusion

I want to emphasize that I don't just throw interventions at clients, looking for magic solutions or some means of avoiding the anxiety, despair, rage, confusion, boredom and so forth that we must help our clients sit with and learn from. Therapy is an organic process that must be fundamentally linked to our clients' deepest wishes,

feelings, and needs. Many seasoned therapists have a multitude of approaches and interventions to call upon, based upon our education, training and personal comfort with different modalities. I've found that the core analytical work can be enriched if I continually explore with my clients the intersubjective impact of such interventions.

I was inspired to write this article by a recent experience scuba diving, rather than by philosophy, theory, or a particular clinical interaction. While diving at Pt. Lobos with an experienced guide, I took on several significant new challenges, experienced a potentially life-threatening emergency, and needed assistance returning to shore. Once safely ashore, I felt embarrassed about having needed to be assisted, even rescued. I don't like feeling incompetent, particularly in life-threatening situations or situations that affect other people. I also have decades of experience of being ridiculed or humiliated, generally by guys, when I've struggled or failed at one activity or another (and I've dished out my share of putdowns). But during and after the scuba experience there was not an iota of criticism or humiliating comments. Gradually, after I knew I was out of harms way (physically and psychologically), I realized I was pleased about having experienced the series of events. How strange: to feel embarrassed, and yet pleased, about taking risks and then seriously struggling, particularly with a group of guys.

I share this story because it directly relates to my philosophy, values and goals in my work with men. My experience diving symbolizes a gradual, significant shift in my experience and conception of being a man. Throughout my adulthood, but particularly in recent years, I've experienced a similar mixture of feelings (embarrassment about struggling, and yet a sense of pride in having taken on a personal challenge) in a wide range of situations with men (and women), including cycling, playing music, raising kids, repairing dry rot at home, mourning the death of a dear friend, and various activities within our profession. These events were noteworthy in that they lacked the ruthless competitiveness and putdowns that permeate so much of a boy's and man's world. Several such experiences resulted from men banding together with the intention of supporting and inspiring one another. Others resulted from women participating in previously male dominated activities, which led to a more supportive, less competitive atmosphere. These were, in essence, attachment experiences that altered my perception of the world and of my self.

As a therapist I look for opportunities to gently challenge men to explore or create new, less constrictive relationships in their daily lives. Without using the jargon of our profession, I encourage them to seek and promote healthier attachment experiences. I have found this to be a powerful and gratifying aspect of my work.

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