

Holding therapy is not attachment therapy: Editor's introduction to this invited Special Issue

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Not previously has a guest-edited special issue of this journal been accompanied by a statement from me as editor. However, this invited special issue is different as the need for it was unanimously agreed at an international editorial board meeting of the journal 2 years ago when great concern was expressed about the misguided use of attachment theory and research by some clinicians working with highly vulnerable children and their parents (often adoptive). For readers looking for a model of how attachment theory can be applied in clinical work with individuals, couples and families the starting place must be John Bowlby's (1988) penultimate book. There the emphasis is upon the fundamental need for the therapist to provide a secure base from which the patient's internal working models of relationships, regarding the present and past, may be explored. The need for the client to feel understood and respected is a precondition to the updating of these internal models and the experience of positive change. Throughout, the therapist must *hold in mind or be sensitive to* the patient's present and past, conscious and unconscious, emotional worries. We may not yet have an agreed set of definitions for what counts as attachment therapy but we can certainly rule out certain practices as being incompatible with the ethos of attachment theory.

We must acknowledge there is, as yet, no systematic evidence-based approach for treating children with attachment disorders. Moreover, the very concept of 'attachment disorders' is a controversial one because of the substantial remaining questions about assessment and diagnosis. Holding therapies have not been shown to be an effective clinical tool, and according to some practices may be seriously harmful and counter-therapeutic. The concept of attachment disorder, how it is assessed, and what diagnostic guidelines are most helpful/valid/reliable remains a matter of some debate, and is in urgent need of research.

I am grateful to Thomas O'Connor and Charley Zeanah for taking on the task of editing this special issue. Their efforts to present a balanced and digestible set of proposals and their eagerness to promote dialogue among clinicians from multiple perspectives in this area may well lead to real advances in how we think about and help children with severe disturbances in their attachment relationships.

REFERENCE

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.