

**Remediation of Early Attachment Deficits in Adulthood**

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### Abstract

The influence of early attachment experiences carries with it impacts that can shape and influence many aspects of our lives, well into adulthood. Individuals who obtain a secure attachment style have largely been able to have their most basic attachment needs met, resulting in a greater ability to deal with distress, form healthy relationships, and enjoy greater physical and mental health than those who are considered to have an insecure attachment style. Those with an insecure attachment style in adulthood are more likely to experience challenges with their self-image, difficulties in forming and maintaining relationships, have greater challenges in the workplace, and suffer from poorer health outcomes, with a higher risk for lower levels of general life satisfaction. This paper looks to explore the ways in which early attachment experiences shape our adult lives and ways in which therapeutic interventions can remediate early attachment wounding and gaps in early attachment needs. In Chapter 3, some therapeutic aspects of attachment are discussed to educate clinical practitioners in ways they can bring an attachment lens to therapy, examine their own attachment influences on the therapeutic relationships and act as a secure base for their clients.

*Keywords:* adult attachment, attachment, attachment style, attachment theory

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## Chapter 1: Introduction

The early development and formation of attachment styles and internal working models carry long-term impacts that can influence people well into adulthood. These patterns can create challenges in relationships, work, health, and our ability to regulate emotions during times of distress. When left unaltered, malformed attachment experiences and potentially accompanying insecure attachment styles and associated internal working models can be detrimental, carrying with them long-term impacts into adulthood. While baseline infant attachment styles can commonly become replicated in adulthood, corrective experiences even in adulthood have been shown to impact and help individuals move from an insecure attachment style towards a more secure one across a span of time (Fraley et al., 2021). Given the significance of these early experiences and the influence they can continue to exert, the issue in adulthood now becomes what steps can be taken now to remediate the impacts of early attachment deficits.

The significance of early close relationships and their impact on an individual's development has been an ongoing subject of research and questioning amongst developmental psychology for over 50 years (Thompson, 2000). The development of attachment theory from John Bowlby and the contributions of Mary Ainsworth outlined that early attachment experiences between primary caregivers and infants could impact individuals and their ongoing relationships through the formation of secure or insecure attachment styles that could be carried into adulthood. Consistent with the conclusions of Bowlby, Levy et al. (2018) indicated Bowlby's attachment theory could extend beyond the relationships between infants and their caregivers. This is an important factor since as adults, there can then be an opportunity to repair early wounding and shift attachment styles towards a secure type. When considering the remediation of early attachment deficits, while some individuals are fortunate to have

experiences that have mitigated gaps and negative experiences they experienced in early childhood, many others remain anchored to internal models and belief systems that remain fixed on the course set in early childhood.

While there continues to be debate on the mechanisms of early attachment experiences and how they influence our adult relationships, John Bowlby's (1988) attachment theory in its most fundamental form postulates the development of an internal model that includes the formation of beliefs and expectations that form in response to early attachment experiences with our primary care takers (Bretherton, 1992). Noting the continuing evolution of attachment amongst current literature, Fraley (2002) highlighted that while early experiences can have a lasting effect impacting many aspects of human interaction and individuals' internal working models, he acknowledged revisionist views that postulate adults' early representations can shift their attachment perspective and internal models as adults.

It is through gaining a felt sense of security that Ainsworth postulated infants could safely explore the world around them, knowing they could withdraw back to their primary attachment figure (Ainsworth & Bowlby, 1991). During this formative period, infants are developing their own internal working model as they look to get their most basic attachment needs met and gain a sense of felt safety. When caregivers either failed to respond to the needs of the infant, responded inconsistently, or even completely ignored the infant, insecure attachment styles can form, which can bring long-term issues that can carry into adulthood, including negative relationship patterns, challenges in the workplace, and even health concerns. Bowlby's (1988) work centered on the maternal connection examining its strength, inconsistency, or its withdrawal, while Ainsworth's (1969) contributions added interests of security, through which the development of secure and insecure models of attachment evolved (Bretherton, 1992).

Those adults considered to be securely attached are characterized by their ability to effectively self-regulate emotions, work independently and among others, as well as enjoy stronger and more positive interpersonal relationships with those who are considered to carry an insecure attachment style (Simmons et al., 2009). According to Vollmann et al. (2019), those considered to be insecurely attached experience greater levels of avoidance and anxiety with respect to attachment and suffer greater levels of dissatisfaction in their relationships. According to Fraley et al. (2013), close early childhood relationship bonds can be seen to establish and instill favorable capacities for emotional regulation and skills that enhance and contribute to positive and healthy interpersonal development.

Attachment theory offers a guiding model to gain clarity on the development of relationships, their significance and purpose, and what predicates their conclusion (Heffernan et al., 2012). According to Fraley et al. (2013), close early childhood relationship bonds can be seen to establish and instill favorable capacities for emotional regulation and skills that enhance and contribute to positive and healthy interpersonal development. In the case of negative attachment experiences, the introduction of contrasting and corrective experiences can shift internal models and aid in emotional regulation, while if left uncorrected, they can leave lasting negative impacts on behavior and coping skills that continue into and throughout adult life (Bouthillier et al., 2002).

Concerning general health, Fraley et al. (2013) noted their research suggested poorer health outcomes in adulthood amongst those who were considered to carry an insecure attachment style as infants and that there were greater negative health outcomes amongst those with insecure attachment styles compared to those with secure attachment in infancy. In terms of work, Lanciano and Zammuner (2014) reported that their research indicated attachment style

interconnects with the workplace, and data highlighted that those with greater levels of security and lower levels of anxiousness were more engaged with their work place roles.

Presented in this section will be a purpose statement. The theoretical/conceptual framework from which this capstone has been written are introduced and their contribution to the field are reviewed. My reflectivity and positionality statement will be discussed as well as definitions of terms and an overview of the chapters to follow.

### **Purpose Statement**

The intention of this report is to explore the significance of early attachment and how these early experiences may impact people and explore ways in which adults can remediate early attachment deficits. How do these early experiences impact us? In what ways does it manifest in our adult lives, relationships, health, employment, and abilities to cope with the many pressures of daily life? The role of attachment has been a growing area of interest in psychology and one where researchers continue to study how attachment experiences affect individuals. The unconscious patterns formed in childhood with the primary attachment figures play a significant role in the development of an individual's sense of safety even as adults, and according to Levy et al. (2018), attachment patterns can change over time and are not limited to individuals' primary infant attachment figures.

Given the impact negative early attachment experiences can have and the corresponding internal working models that follow when left uncorrected, the exploration of these impacts and how to correct them as adults is worthy of exploring. In examining attachment, its impacts, and ways in which practitioners can remediate damage done in those early developmental years, this capstone looks to inform and serve clinical practitioners about the value and role of attachment—how counselling practitioners can bring an attachment lens to their client work. It looks to

enhance the ways in which therapists see their clients, form therapeutic alliances, and build a secure base in therapy to support their clients in moving towards greater attachment security.

### **Theoretical/Conceptual Framework**

Approaching the task of this project, I find myself positioned to examine the research through the lens of attachment theory and through a rational constructivism approach.

Attachment theory offers a framework that postulates the strength of the bond between infants and primary caregivers, consistency of caregivers' responsiveness, and formation of a secure base all influence the formation of secure or insecure attachment styles and the formation of internal working models that can span across an individual's lifespan (Levy & Johnson, 2019).

Attachment theory offers a rational way of understanding behavior and relationship, which begins with one's most central relationship to primary attachments. In addition to attachment theory, using a rational constructivist viewpoint where individuals develop beliefs built from their knowledge, biases, and lived experiences, as they evaluate varied hypotheses and adjust their beliefs through the active learning and meaning they integrate from their experiences (Xu & Kushnir, 2013). I believe that it is through these meanings people assign to events and experiences of their lives that they inform how they perceive themselves, shape their place in the world, and see their relationship with others and what can inform their unique view of reality.

### **Contribution to the Field**

Despite the work of John Bowlby's (1988) attachment theory and the contributions of Mary Ainsworth (1969) being decades old, a continued and enduring interest remains.

Mikulincer et al. (2013) referred to attachment theory and its contributions to the fields of social and conventional psychology as one of the most significant of our time. Bowlby's (1988) theory inferred that when infants' caregivers respond to their needs and do so consistently, infants are

able to develop a secure attachment style through a felt sense of safety, from which they are able to explore the world around them, using this primary attachment relationship as a secure base (Colonnesi et al., 2011). When care becomes inconsistent and primary attachment figures do not respond to the needs of the infant, the infant is not able to receive any comfort to sooth its distress, and as a consequence, an insecure attachment style may form (Colonnesi et al., 2011). While the impacts of these early experiences can be long standing, shaping early attachment schemas that can be carried into adulthood, adult attachment styles can be subject to change. The internal working models developed in childhood are what carry through early attachment patterns, and while these patterns are often solidified in childhood and carried forward as people become adults, Holmes (1993) noted they are open to revision when individuals are able to move through corrective experiences.

While the impact of early attachment experiences appears to be validated in the literature, their maintains some debate as to what mechanisms perpetuate long-term change and how best therapists can engage with clients, particularly those who correlate to an insecure attachment style, to assist in their movement towards security. The processes by which clients might gain security from corrective experiences and their own internal processes will also be explored. In reviewing the literature for this capstone, I will look to respond to this gap of what can be done to assist clients to remediate the damages of early attachment deficits and how therapists can work with clients and empower them to move towards security as adults, shifting from a stance of insecure attachment to one of security.

### **Reflectivity and Positionality Statement**

As a 47-year-old cisgender, white, heterosexual male of Armenian and British ancestry, I come into this research project with existing interests in attachment theory. Born into a

normative, traditional family structure, where my family system was financially resourced, I have been fortunate to have community ties through school, work, and religious associations and where I was cared for as the only child of my parents, who remain married after more than 50 years. As a consequence of the secure bond I have with my family, I have been able to evolve as an avid explorer of the world around me and have been able to create a successful marital relationship with my loving wife of the past 20 years. As a Canadian citizen, I also hold a British passport as well as permanent residency status in New Zealand.

In reflecting on my own early attachment experiences, I see how attachment continues to impact me in my own life. When I am faced with challenges or difficulties in my own life, I am often able to follow the feelings that arise and observe how my unconscious behavior and way of seeing can employ old coping strategies as a way to try to keep myself safe and ensure I can get my attachment needs met. This is particularly true when I find myself starting something new or when current experiences mirror past ones, especially when there appears to be a replication linked to early experiences with key attachment figures.

In performing clinical work, I tend to view clients and their issues through an attachment lens and look for where current behaviors intersect with how clients may have sought to have their most basic attachment needs fulfilled and their desire for security met. In examining the significance of attachment and the importance of remediating attachment wounding, I believe we are all impacted not just by our own individual early attachment experiences, but also of those collectively within our family systems. Through understanding, individuals can begin to make sense of their adult lives and relationships, initiating corrective experiences to help them resolve old attachment wounds. While it is not discussed in the preface of this paper, I also believe that one's family system and the collective attachment experiences of the greater family can also

impact individuals, both in childhood and as adults. Within my own immediate and extended family, war, genocide, and disease have impacted the early attachment experiences of both my parents and members of my extended family. These events and situations impacted aspects of early attachment and may have fundamentally impacted the family system as a whole, shaping family members' relationships to themselves, others, and their sense of belonging, safety, and their place in the world.

In approaching the research, most articles come from a more Western perspective, with researchers primarily based in North American or Europe. My hope is that in learning more about what can perpetuate change, there can be a greater understanding and that practical steps can be taken to assist in the remediation of attachment wounding as adults. Attachment research can provide a lens through which clinical counselling practitioners can view their clients' behaviors and challenges from a place of understanding, rather than pathology. As more research in the field of attachment continues, current therapeutic models and future models may be able to take advantage of attachment concepts and develop, and new tools can be developed for clients to repair early attachment wounds in conjunction with active therapy and periods that span outside of therapy sessions that offer clients direction for independent self-administered therapeutic exercises.

### **Definition of Terms**

*Attachment styles* can be categorized as patterns of behavior that begin in infancy in response to primary caregivers such as parents. They can later evolve into categories of behavior; as adults define how they are able to form relationships, these can have similarities to attachment types formed in childhood.

*Attachment theory* is a psychological theory developed through the work of John Bowlby and the contributions of Mary Ainsworth theorizing a bond between a central attachment figure, such as a mother or parent, and an infant. It is through this central figure or caretaker and their relationship to the infant with respect to the strength, stability, and consistency of this bond that the development of behavioral and emotional responses for infants is impacted.

*Insecure attachment* is a general category term to describe what begins as patterns of relationships between an infant and primary attachment figure, such as a mother or parent, that are generally negative and occur when an infant's central needs for proximity and care are not met. When infants are unable to acquire a reliable emotional bond and security, they adapt through behavioral and emotional adaptations, which can impede the formation of relationships with others and effective emotional self-regulation. Insecure attachment patterns formed in infancy can often carry into adulthood.

*Internal working model* is an internalized framework of attachment that acts as a representation of a relationship that forms in response to early attachment experiences with primary caretakers or attachment figures such as a parent. It provides an unconscious internal guide that directs expectations of others in relationships and influences individuals' behaviors and emotional responses within relationships.

*Primary attachment* is a central figure such as a parent or guardian who acts as a central caretaker for an infant. In adulthood, key individuals can also be considered primary attachments, although relationally, they may unconsciously act as a representation of an earlier central figure or person of significance from early childhood.

*Schema* maladaptive enduring behavioral patterns and accompanying coping strategies that develop from entrenched cognitive representations

*Secure attachment* is a general category term to describe what begins as patterns of relationship between an infant and primary attachment figure such as a mother or parent, that are generally positive and occur when an infant's central needs for proximity and care are met. Infants who are able to acquire a reliable emotional bond can then develop healthy behavioral and emotional patterns that aid in the formation of healthy relationships and effective emotional self-regulation, with this secure pattern often carried into adulthood.

*Secure base* is the central bond that forms between a primary caregiver, such as mother or parent, and an infant that allows for a felt sense of safety and through which infants can explore the world around them. In adulthood, a secure base can be represented through a surrogate attachment figure that may offer a corrective experience such as that of a counsellor through the therapeutic relationship and bond that forms between therapist and client.

### **Outline of Capstone Project Chapters**

In moving into Chapter two, the reader is provided an outline of the history and foundations of attachment theory. Classifications of attachment are discussed, including foundational material developed by Ainsworth (1969) and Bowlby (1988), with more recent variations of adult attachment classifications reviewed. Readers can expect to gain some insight into how early attachment experiences can shape internal schemas and develop into defined internal working models that individuals see and interpret their world through. Through these internal models, individuals develop a cognitive schema that influences their relationship to self and others and how they perceive others to them. The impacts of the early attachment bonds can also play a role in individual resiliency, how individuals cope with distress, and the degree to which they can emotionally regulate themselves, with early attachment trauma often leaving a mark. The impacts of early attachment experiences carry significant impacts, which can shape

who individuals are and manifest as changes within their brain's neuropathways. The many ways in which adult lives are impacted by attachment with everything from their health, relationships, work life, and employment will be highlighted in Chapter 2. In general, the benefits of being securely attached in adulthood allow for better health, self-regulation, resilience, and success in work and personal relationships.

In moving into the final chapter, some highlights are presented from the literature with respect to assisting clinical practitioners bring an attachment lens to the work they do with their clients. There will be some discussion on how therapists can begin to bring an attachment lens to their practice and how they can conceptualize clients through an attachment-focused lens. While attachment theory is not a therapeutic modality, it offers a lens through which therapists can observe the behavior of their clients and see how in taking on chosen behaviors, clients attempt to get their attachment needs met and gain a sense of felt safety. Additionally, learning how the therapist can be a secure base will also be discussed as well as considerations therapists should be aware of concerning their attachment style and how it may impact their work with clients. The topic of termination will provide the reader with considerations around client termination and how to take steps so as not to replicate early attachment wounding that took place with clients' primary attachment figures. I have also provided an offering to policy makers with respect to societal problems such as mental health issues, homelessness, and addiction. Finally, I will complete the chapter with some limitations of the research and offer some ideas of where future research can explore.

## Chapter 2: Review of the Literature

In understanding the complexities of adult lives, Fraley et al. (2013) noted that an attachment-oriented lens makes the assumption that variances in adult styles of attachment arise from their early attachment experiences. In moving forward into this chapter, some historical contributions of attachment theory will be reviewed that acknowledge its theoretical founders, John Bowlby and Mary Ainsworth, whose collaboration resulted in the development of attachment theory (Ainsworth & Bowlby, 1991). The theory postulates that individuals' early attachment experiences and relationships with primary caretakers shape internal working models that impact how relationships are seen and result in the formation of attachment styles (Yip et al., 2017).

In moving from the foundational attachment styles outlined by Bowlby and Ainsworth in infancy, which include secure and insecure styles, categorized as secure, avoidant, ambivalent, and disorganized, as noted by Van Rosmalen et al. (2015), adult attachment styles are introduced that address attachment around romantic love using a four-category model (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). According to Fraley et al. (2013), there is ample evidence to suggest individuals' developmental histories influence adult attachment styles and that in adulthood, those with ample negative attachment experiences and a formed insecure attachment style have greater difficulties in their interpersonal connections and ability to self-regulate their emotions and general health, compared to those with a secure attachment style who often have greater resiliency.

The impacts of early attachment experiences have both immediate and long-term impacts that extend into adulthood, with Newman et al. (2015) noting early infancy is a crucial period for foundational physical neurological development that affects psychological functioning and an

individual's ability to form healthy relationships with others. In accepting the assumptions of attachment theory and the influences attachment style can play in the development of both a person's close adult personal relationships, in extending this relational context to the workplace, individuals' attachment styles influence not only their ability to form healthy and secure relationships but also impacts their capacity to be engaged in employment and their level of fulfillment in the workplace (Lanciano & Zammuner, 2014).

In considering health in adulthood, research has highlighted that physical health and emotional regulation can be impacted by maladaptive early attachment experiences and that the strength of attachment relationships can act as underpinnings for future personal relationships (Puig et al., 2013). In addressing early attachment wounding in adulthood and examining current approaches, four therapeutic approaches stood out in the literature, which include (a) somatic therapy, (b) eye movement desensitization and reprocessing (EMDR) therapy and emotionally focused therapy (EFT), (c) schema therapy, and (d) accelerated experiential dynamic psychotherapy, given their associations to the concept of attachment. Finally, with respect to attachment-informed practice and its influence on therapy, Burke et al. (2015) noted attachment theory can aid in understanding the link between attachment insecurity and challenges in adulthood and the development of mental disorders.

### **Historical Background: Attachment Theory**

Considered for many years as the founder of attachment theory, John Bowlby's (1988) work was expanded upon and incorporated the work of Mary Ainsworth (1969), who worked both independently and jointly with Bowlby in what eventually became a span of research of 40 years, with Ainsworth gaining recognition of her contributions (Ainsworth & Bowlby, 1991; Bretherton, 1992; Van Rosmalen et al., 2016). With the publishing of a pioneering report

assigned to Bowlby by the World Health Organization (WHO), the report, titled *Maternal Care and Mental Health* (Bowlby & World Health Organization, 1952) reached professionals from across the globe (Vicedo, 2011).

Coming to be known for her research and her development of the Strange Situation Procedure, Ainsworth (1969) researched the effects of separating and then re-joining infants with a caregiver and also substituting a stranger; Ainsworth observed the impacts these changes had on infants to determine infant security, which is a central aspect of attachment theory (Van Rosmalen et al., 2015). Bowlby and Ainsworth's development of attachment theory has steadily advanced through decades of research and asserted the level of proximity between a child and their primary caregiver such as their mother can create a bond that provides a sense of safety and comfort, while disruptions, separations, and bereavement can introduce distress, anxiety, and sadness (Holmes, 1993). The concept that these close bonds and emotional connections are essential for normative emotional development and a sense of safety and well-being as postulated by John Bowlby (1988) was strengthened by the empirical research of Ainsworth, who developed the notion of a secure base from which infants can safely explore their surroundings (Bretherton, 1992; Roth-Hanania & Davidov, 2004). Considered for many years as the founder of attachment theory, John Bowlby's work was expanded upon with the incorporation and collaborative efforts of Mary Ainsworth, who worked both independently and jointly with Bowlby in an exchange of research that spanned 40 years (Ainsworth & Bowlby, 1991; Bretherton, 1992; Van Rosmalen et al., 2016). It is worth noting that during Ainsworth's early training at the University of Toronto, Ainsworth was mentored by William Blatz who developed the Blatzian security theory at a similar time Bowlby was developing his attachment

theory and that aspects of Ainsworth's contributions can be connected to Blatz's ideas of security (Van Rosmalen et al., 2016).

### **Attachment Classifications**

In reference to the level of the attachment bond expressed as infants, attachment can be classified into four primary orientations, which include (a) secure, (b) avoidant, (c) ambivalent, and more recently (d) disorganized. In moving from childhood and transitioning to adulthood, Ainsworth and Bowlby (1991) highlighted that these early patterns of attachment can influence the working models individuals see relationships through and emotionally respond to as adults.

#### ***Secure***

Secure attachment is a favorable attachment classification that supports the healthy development of emotional self-regulation and internal working models that promote individual exploration of the world around them and the formation of healthy relationships (Simmons et al., 2009). According to Ainsworth, who co-developed attachment theory, adding to John Bowlby's work, infants of mothers who were responsive to their child utilized the relationship as a secure base to discover the world around them, promoting a secure attachment type (Bretherton, 1992). Those children who would fall within a secure attachment category would seek to connect and attach to their caretaker when there was a separation between them and their caretaker (Bartholomew & Horowitz, 1991). When an infant's needs are responded and attended to and caregivers are consistently receptive, infants then associate the caregiver with safety and from that security, they can use it as a base to explore their environment (Colonnesi et al., 2011). Those children who are securely attached can be disturbed and become upset when there is a separation from their caregiver; however, when they are reunited with them and regain proximity, they are able to reunite (Colonnesi et al., 2011).

As a fundamental aspect of secure attachment, touch is a foundational piece that connects individuals to their oldest body memories (Elbrecht & Antcliff, 2015). Building on a foundation of responsive care where caregivers can provide proximity and respond to the signals of infants, secure attachment can form in response to this consistent caregiving (Fearon et al., 2010). Secure children have an experience where caregivers are responsive when support and proximity are needed, and the expectation of the caregivers to respond and provide comfort is continually satisfied. One of the biggest differentiations between those infants who are considered to be in secure attachment versus those experiencing an insecure form of attachment is the assurance of safety they feel through the attachment bond they maintain with their caregiver, with whom they can depend on (Simmons et al., 2009).

### ***Avoidant***

In contrast to those infants who have been able to form a secure attachment, Ainsworth and Bowlby (1991) noted that while there may not be a significant separation, avoidant infants developed responses to caregivers who tended to be withdrawn and unresponsive, particularly when an infant was seeking contact. In contrast to those who are securely attached, insecurely attached children experience periods where their efforts to connect both physically and emotionally are ignored, deterred, or outright rejected and where caregivers are not responding in a consistent manner (Fearon et al., 2010). According to Colonnesi et al. (2011), those children who fall within the avoidant category may detach from their caregiver during periods when the infant is apart from their caretaker by not crying, and when reunited with their caregiver, they contest close contact (Colonnesi et al., 2011). Children with this type of attachment style can be unsure how to seek or evade proximity to their caregivers and can display hostility towards them (Baer & Martinez, 2006).

When children consistently experience rejection in their attempts for proximity to their caregivers, they may eventually retreat and withdraw after a period of separation, taking on an avoidant style (Vasquez et al., 2002). When key attachment figures ignore the attachment needs of infants and are unresponsive to the needs of the child, infants can develop an avoidant attachment style, which creates a defended stance against affectionate relationships, pushing them to a habitual state of self-reliance (Andriopoulou, 2021). In adulthood, avoidant attachment styles contribute to the impacts individuals feel in spousal relationships and their perceived happiness, with gender differences surfacing at different times during the adult time line and life stages (Li & Fung, 2013).

### *Ambivalent*

According to, Ainsworth et al. (2014), ambivalently attached children may look to maintain proximity to their mother but do not find comfort when they are distressed in the arms of their parent and can express ambivalence towards them. A central theme to ambivalent relationships is the inconsistent response by mothers in response to their child's distress, with infants looking to increase proximity to the mother, but upon succeeding, they can become aggressive (Pederson & Moran, 1996). Colonnese et al. (2011) reported those children who display ambivalent qualities can be distraught during a period when they are out of contact with their caregiver, and while they may seek to gain proximal contact upon their caregiver's return, they do not obtain any relief from their distress, thus remaining in a state of anguish. One of the traits of those with an ambivalent attachment style can be the hyper-vigilance that develops as a coping mechanism in response to the erratic care they receive from primary attachments, where they seek connection but experience no comfort in the presence of their caregiver (Mikulincer & Shaver, 2016).

*Disorganized*

Disorganized attachment is an attachment style that is known to be associated with a variety of undesirable developmental outcomes, which include difficulties for infants in regulating their emotions in response to distress (Facompré et al., 2017). Yang et al. (2020) outlined disorganized attachment as the result of struggles between innate natural reflexes and defenses, where infants are unable to find comfort and safety with nearness to their proximity figure. Yang et al. continued noting disorganized attachment results as the consequence of infant experiences where their parent's behavior has been unpredictable and where no organized scheme has been effective in securing desired proximity. Seeing their caregivers through a lens of fear, disorganized category children have no way to sustain proximity with them and see their caregivers as scary, consequently displaying anxious behavior patterns, seeing their caregiver as both a cause of pain and relief (Colonnesi et al., 2011). Granqvist et al. (2017) reiterated this confounding dilemma, noting infants with a disorganized attachment style can experience alarm created by the interactions they experience with their caregiver, and while the infant sees their caregiver as a source of alarm from which they wish to distance themselves, they also see them as a source of security at the same time, such as in Ainsworth's Strange Situation Procedure (Van Rosmalen et al., 2015). Describing the foundation on which infants' core schemas are formed, Beebe et al. (2012) indicated that disorganized infants experience states of not being seen, acknowledged, or understood by their mothers, especially in moments of suffering where there is uncertainty about their mother's inaction to infant distress, placing them on a course where fundamental needs are not addressed, leaving behind an emotional deficit.

### **Adult Attachment Classifications**

In moving into the sphere of adult attachment, Hazan and Shaver (1987) began to bridge the attachment theory work of Bowlby and Ainsworth, which focused on infant bonds with their caregiver to romantic love amongst adults and the connections that form as another encapsulated attachment process. Suggesting that the experiences of attachment during childhood could give rise to various arrangements of love in adulthood, Hazan and Shaver's work focusing on attachment in adults included a single secure type, while the remaining two types, avoidant and anxious/ambivalent, fell within a framework of an insecure attachment style categorization (Monteoliva & García-Martínez, 2005). In applying the foundational aspects of Bowlby and Ainsworth's foundational theory of attachment, Hazan and Shaver (1987) looked to expand on initial findings and apply them to the formation of romantic attachment styles for adults. In making assumptions, Hazan and Shaver (1987) noted that the initial research they conducted showed infant attachment styles were equally present in adulthood, that adult love was predictive based on early attachment styles, and that as adults, early relationships with the primary caregiver impacted adult attachment orientations.

In moving on to another alternative model of adult attachment, a four-category model of attachment with respect to adults, Kim Bartholomew and Leonard M. Horowitz (1991) utilized the favourable or unfavourable view a person has of themselves, as well as the view they assert of others, be it favourable or not. Their suggested model was shown to be relevant to the depiction of the dynamics within family relationships. The four-category model utilizes patterns of an individual's self-image, be it positive or negative, and images of others, be it positive or negative (Bartholomew & Horowitz, 1991). These models both draw on the early works of Bowlby and Ainsworth and explore the theory of attachment, bringing it from infancy into

adulthood (Hazan & Shaver, 1987; Monteoliva & García-Martínez, 2005). However, common to both perspectives of adult attachment, those with a secure adult attachment style are better positioned to manage emotional dysregulation and apply themselves toward achieving defined goals, adapting to adversity, and responding to adversity more favourably (Marganska et al., 2013).

### *Three-Category Mental Model of Attachment*

In translating the fundamental work of attachment theory developed from the work of Bowlby and Ainsworth, Hazan and Shaver (1990) evaluated the possibility that in adulthood, love and work are relatively comparable to that of the relation between attachment and early infant experiences that foster or discourage exploration. Hazan and Shaver's defined attachment styles in this three-category model include secure, avoidant, and anxious/ambivalent, which are discussed in this section.

**Secure.** As a healthy attachment style, secure attachment allows individuals to effectively self-regulate their emotions in response to external experiences and positions them to be adaptable to experiences in their relationships with others (Simmons et al., 2009). Those adults who are able to obtain a secure attachment can adapt more auspiciously than their insecure counterparts and will pursue assistance from close partners and those with whom they have relationships as part of their adapting strategy (Simmons et al., 2009). When examining their results, Hazan and Shaver (1987) noted participants reported their most significant romantic experiences embodied relationships that had elements of happiness, trust, and felt at ease. Interestingly in this study, amongst those securely categorized, the divorce rate was 6%, and secure individuals believed they were approachable and approved of by most of those around them, seeing others as caring and considerate (Hazan & Shaver, 1987).

**Avoidant.** Fraley and Shaver (1997) noted that a number of research studies have indicated avoidant classified adults, similar to infants with an avoidant attachment style, can display limited levels of attachment subsequent to the loss or conclusion of a relationship. It should be understood that those with an avoidant attachment style utilize tactics that allow them to handle the early and enduring absence of emotional connection and incidents of rejection (Silverman, 2011). Unlike securely attached individuals, Hazan and Shaver (1987) noted avoidant participants who were more youthful had distortions with respect to memories of the relationships with their respective mother and father, while more aged subjects who were avoidant reported unfavourable parent relationships. Hazan and Shaver also reported lovers who were considered avoidant were more prone to swings in their mood both up and down as well as feelings of alarm around affection and vulnerability in romantic relationships.

**Anxious/Ambivalent.** Individuals with this attachment style displayed a heightened level of vigilance; however, their sensitivity in perceiving emotional cues and subsequent interpretations was more prone to error, which was a source of higher levels of conflict in relationships (Fraley et al., 2006). The studies conducted by Hazan and Shaver (1987) led them to findings that indicated participants who were anxious/ambivalent types associated love with jealousy, ups and downs with their feelings, and an expectation that partners should match the same level of engagement as the participant. Interestingly, Hazan and Shaver found that compared to securely attached individuals, anxious/ambivalent individuals had relationships that on average lasted approximately only half as long as those who were secure and that these individuals questioned themselves more frequently. Hazan and Shaver also noted that these individuals had greater difficulties in feeling understood or valued and felt waning commitment from others to form a secure relationship. Welch and Houser (2010) noted the level of fulfillment

amongst those who were securely attached was higher than those who had insecure attachment styles and that they exhibited greater levels of trust and vulnerability.

#### *Four-Category Model of Attachment for Adults*

In building on the work of Bowlby and Ainsworth, Bartholomew and Horowitz (1991) offered a four-category model of attachment that can be applied to adults, where four attachment patterns were defined utilizing participant responses from semi-structured interviews that used measurements of self-image and perceived images of others. A summary of highlights that review the four identified attachment types Bartholomew and Horowitz identified is presented in this section and includes secure, preoccupied, dismissing, and fearful.

**Secure.** Securely attached adults are able to form, value, and maintain close friendships and can move through discussions and issues in the relationship without losing a sense of self (Bartholomew & Horowitz, 1991). Amongst those who are securely attached, there is a greater depth of intimacy and caring, and individuals display high levels of intimacy, warmth, and division of influence (Bartholomew & Horowitz, 1991). In terms of therapeutic treatment, Levy et al. (2018) noted that research has indicated those who have a secure attachment style tended to engage and seek the support of others and benefitted from close interactions and relationships, often showing more favourable outcomes in therapeutic treatments.

**Preoccupied.** Those individuals who would fall in the quadrant of being preoccupied can display a need to be validated by others to justify their worth and may have a reliance on others to help them fulfill their needs (Bartholomew & Horowitz, 1991). According to Mickelson et al. (1997), there is a hesitancy to be vulnerable with others, as there may be concerns that those around them may be indifferent or disregard them, perceiving them as insecure and dependent. Individuals with a preoccupied attachment style can be prone to meeting others' calls for

performance; however, in the process, they wish to avoid indignity and the pain of being unaccepted (Chen et al., 2015). Therapists should note that clients who are preoccupied can be challenging, and despite initial impressions that may suggest a willingness to participate, preoccupied clients can be reactive and move to anger or perceive a lack of acceptance by the therapist (Levy et al., 2018).

**Dismissing.** Those who are determined to hold a dismissive attachment style may employ behaviours where they keep themselves safe by creating distance between themselves and others, avoiding close relationships, and upholding a self-reliant view and autonomy (Bartholomew & Horowitz, 1991). Individuals meeting the criteria for a dismissing type can be defended emotionally, tending to be more independent, limiting any reliance on others with little interest in discussing relationships, seeing them as unimportant (Bartholomew & Horowitz, 1991). With an avoidance of intimacy, individuals testing as a dismissing style tend to be higher on scales of self-confidence but scored low on emotional expression, with a tendency to be more distant in their interactions with others and less willing to invest in relationships (Bartholomew & Horowitz, 1991). When working with dismissing individuals, therapists can be faced with a situation where the client's defenses can block the therapist's efforts to engage in meaningful dialog, explore the client's world and experiences, and share responses where the client feels heard (Levy et al., 2018).

**Fearful.** Of the adult attachment classifications, Mikulincer and Shaver (2016) noted that those classified as fearful avoidant may have histories that include attachment traumas or physical or sexual abuses, experiencing and internalizing a lack of trust and security. The fearful attachment type is accompanied by a lack of attached relationships due to deep cynicism and mistrust of others, lack of self-confidence, and fear of being hurt by others through a lack of

acceptance (Bartholomew & Horowitz, 1991). Therapists should be aware that individuals who are classified as fearful can engage in negative views of self and others and generally lack trust that others accept them or that they deserve support, which often leaves them avoiding close relationships, thus keeping them isolated from others (Tamaki & Takahashi, 2013).

### **Internal Working Models of Attachment**

Bretherton (1992) noted the formation of internal working models as dependant on the responsiveness of caregivers to infants' needs, with secure attachment and favourable internal models forming that then aid in the development of a positive self-image and levels of resiliency. In opposition, when seeking proximity, those with more varied responses or outright rejection from their caregivers are more likely to implement internal working models that see themselves as undeserving and incapable (Bretherton, 1992). Johnson et al. (2007) noted research results that validated early attachment experiences from infancy impacting psychological representations of social interaction. In adulthood, Roberson et al. (2011) referenced internal working models and accompanying adult attachment styles guiding divorced co-parents' communications, which can manifest in maladjusted ways. In reference to Bowlby, these internal models, which form primarily in response to early caregiver-infant interactions, lead to the formation of one's perceptions, emotions, and subsequent behaviours in successive relationships (Hazan & Shaver, 1994). When considering underlying adult pathologies, Fosha (2021) noted adult mental health pathology could progress from what starts as a lived experience of insecure attachment that formed as a response to an imperfect environment and now impedes aspects of healthy functioning as an adult, creating limits. Areas also impacted by our early experiences presented in this section include self-regulation, resiliency, implicit and explicit memory, attachment trauma, and neuroscience and attachment.

### *Self-Regulation*

The ability to self-regulate emotion begins in infancy and develops in conjunction with attachment figures that act as a secure platform from which a child can discover the domain around them (Bretherton, 1992). In more recent research, self-regulation and attachment theory's influence demonstrated how self-regulation is weaved together and connected to meaningful relationships and that an individual's emotional regulation can vary in response to correspondingly dissimilar secure attachment figures (Orehek et al., 2017). In developing emotional self-regulation, healthy infants who are securely attached utilize their primary attachment figures to assist them in regulating distress, while insecurely attached infants must adapt and find ways to curb their distress without the assistance of their caregiver, which can impact emotional and relational development (Connors, 2011). Infants and children who can rely on their caregivers and receive consistent support when in distress and use the bond as a secure base to explore the world around them increasingly move towards skills and a sense of security and independence that forms within themselves, moving them towards internal regulation of their emotions (Ainsworth & Bowlby, 1991). In adults, improvement in the ability to self-regulate emotions in times of distress can be greatly enhanced by corrective experiences that support the development of a secure attachment style, and with therapists acting as a secure base, clients have an opportunity to lean into support that they may otherwise be lacking (Lawson-McConnell, 2018).

### *Resiliency*

As an important element in upholding their psychological health, resiliency can serve to assist individuals in coping with difficult life circumstances, and according to Nishimi et al. (2020), the results suggest that childhood emotional abuse and co-occurrence of maltreatment

types may be particularly deleterious to adult resilience capacity. As a multifaceted psychological occurrence, resilience can be implied and considered a factor when contrasting the results of those with favourable outcomes from those with less favourable outcomes, where both have similar experiences, pressures, and hardships (Rutter, 2012). The role of attachment as a mitigating factor in the level of adult resiliency was recently explored by Darling Rasmussen et al. (2018), who noted that current studies validate a positive relationship between the levels of attachment in infancy. Their research findings also indicated consistent attachment relations even beyond primary caregivers could prove as a limiting factor of unfavourable conclusions, even amongst those who experienced hardship as an infant or juvenile.

### *Implicit and Explicit Memory*

Unlike explicit memory, implicit memory develops from infancy through a series of expectations that develop based on experiences that accumulate over time and while not consciously accessible remain intact (Cortina & Liotti, 2007). According to Elbrecht and Antcliff (2015), the implicit memory harbours trauma and is revealed through emotion, behaviour, movements of the body, and ideas. In distinguishing explicit knowledge from implicit, when individuals are able to describe information in words and show its influence on their behaviour, it can be considered explicit, while implicit knowledge is not actively or consciously accessible (Shanks & Johnstone, 1999). Memories can play a significant role in a person's development and how they make sense and respond to the world, and according to Elbrecht and Antcliff, implicit memories are formed in conjunction with the level of attunement between caregivers and infants along with corresponding levels of self-regulation neural pathway development. Implicit memory is present from birth and does not utilize processing in the brain at a conscious level (Baim & Morrison, 2011). Implicit memories act as the foundation and basis for individuals'

internal working models, which inform how they see the world around them (Obegi & Berant, 2009).

Functions where memories cannot be completed, unless the individual is able to access specific memories from the past, can be said to be a reliant and explicit memory (Parkin & Streete, 1988). Setting a course that can alter development, internal working models that diverge from a secure attachment can interrupt essential emotional elements that assist in the most fundamental aspects of the development of self and identity (Beebe et al., 2012). A straightforward method of differentiating between implicit and explicit memory is when an individual elicits memories, and when they are explicit, the person will have a sensation that they are remembering at the conscious level. In contrast, implicit memory is present from birth, not requiring any active cognitive processing, with impacts on behaviour and emotion in the present moment initiated in a temporal sequence of events, felt senses, and activations in the body that are triggered immediately by direct events (Baim & Morrison, 2011).

### ***Attachment Trauma***

Attachment trauma references the substantial sphere of work completed by John Bowlby and the contributions of Mary Ainsworth, whose works have formed the foundation of attachment theory (Isobel et al., 2017). At the core of attachment theory is the element of security that develops from the proximity between the infant and caregiver and the response to the infant's distress, with no academic body of knowledge being more relevant to attachment trauma than that of attachment theory (Allen, 2013). When attachment trauma is experienced as an infant or during the early years of life, there is the potential for negative traumatic effects that include damage to physical and emotional development (Isobel et al., 2017).

*Neuroscience and Attachment*

Early childhood, specifically early infancy, is an essential growth period that forms the foundation of neurological development and the evolution of basic psychological functioning, including emotional and relational development (Newman et al., 2015). According to Beatson and Taryan (2003), early attachment experiences can affect neural brain activities and can contribute to a hypophysial-pituitary-adrenal response, placing individuals at higher susceptibility to depression. The right brain development of infants holds links to the nervous system, which include the limbic system and the autonomic nervous system impacts and their responses to stress, and to this end, early attachment experiences facilitate children's ability to self-regulate (Schore, 2001).

When considering the role of attachment and the physical mechanisms by which an individual's very being evolves, modern-day neuroscience has begun to open, unlock, and understand how early experiences impact the brain and how therapies can become more effective (Holmes & Slade, 2019). Neuroscience highlights the brain's ability to change and adapt and focuses on the formation of neural networks and connections. Iyengar et al. (2019) noted that attachment in some ways substantiates the capacity of the brain to adapt and change over time and that this is an ongoing and active process. According to Fox and Hane (2016), the topic of attachment manifests physiologically in the body and can be studied from hormonal variances and changes to neural brain circuitry in association with defined attachment classifications. Reflecting on the quality of a relationship and level of security, Moutsiana et al. (2014) noted, attachment instabilities in the relationship between the mother and their child may re-pattern neural disturbances, resulting in altered neural structures and pathways of the brain with implications on emotional self-regulation that extend into adulthood. According to the

observations of Moutsiana et al., irrespective of the fundamental origins, those who develop an insecure attachment style in early childhood can go on to have effects that impact neural development, including their ability to self-soothe and regulate emotions.

### **Impacts of Early Attachment in Adulthood**

Early attachment experiences have the capacity to impact people as adults across a broad scope, which include their relationships, work life, physical and mental health, and overall life satisfaction. In referencing attachment anxiety in adult relationships where individuals suffered emotional abuses in their early childhood, Neumann (2017) highlighted the need to not only address conflict in present-day relationships but, most importantly, to address the early encounters of ill-treatment and lack of care, particularly amongst those with signs of personality disorders. According to Santona et al. (2019), secure attachment styles can promote more favourable romantic relationships, while those with insecure attachment styles may find romantic relationships thwarted with more difficulties. In reference to working models and schemas that develop as a consequence of early attachment experiences, Rholes et al. (2007) saw these mental cognitions as the connection between the attachment experience of early childhood and present-day adult relationships and attachments. The impact of insecure attachment styles such as that of an avoidant attachment can cause individuals to employ coping behaviours such as emotional cut-off as a way to create space and circumvent emotional distress from potential negative responses, clashes, and frustration (Wei et al., 2005).

### ***Adult Attachment and Romantic Relationships***

A key postulation of attachment theory is the driving impulse that fuels the attachment bond between primary caregivers and infants, which is also responsible for the adult bonds that develop in romantic relationships (Hazan & Shaver, 1994). Instigating research on the bonds of

attachment that form in adulthood, Heffernan et al. (2012), noted 3/4 of participants were in pursuit of proximity from their romantic partner and that their research intersected with attachment patterns that are observed in early childhood between caregivers and infants. While adult attachment can impact and influence one's adult relationships, Domingue and Mollen (2009) noted that therapeutic interventions that target the internal models making up one's belief system and communication can shift, and interventions can facilitate the changes needed for individuals to shift the lens through which they see others and communicate and, in the process, develop deeper bonds.

Leading into adulthood, Santona et al. (2019) conducted their research that focused on 411 students, and they concluded that the level attachment security with parents plays a central role in the development of later romantic attachments. With respect to adult romantic relationships, Vollmann et al. (2019) noted those with attachment styles that would be classified as avoidant were less satisfied in their relationship and demonstrated lower levels of gratitude concerning their partner. With respect to jealousy, within the confines of romantic relationships and an anxious adult attachment style, feelings of not being enough, and worries about being abandoned were identified as significant variables (Richter et al., 2022). According to Rholes et al. (2007), adults who were avoidant placed little importance or curiosity in recognizing or engaging with their partner's point of view or emotions, while those displaying anxious attachment traits displayed interest in their partner's thoughts and relationship concerns, but often focused on information around their own inabilities as partners. Those with anxious attachment can become highly reactive and suffer destructive effects, which can include greater levels of negative interaction, while separation strategies may be employed more by those with an avoidant style of attachment, leading to lower levels of external assistance (Li & Chan, 2012).

Noting more favourable outcomes for those securely attached, Feeney and Noller (1990) indicated that those who were considered securely attached reported generally favourable family experiences in early childhood, while anxious-ambivalent classified study participants were more dependant, longing for connection, with those who were classified as avoidant reporting little need for connection in close associations.

### *Attachment and the Workplace*

The role of attachment and the workplace is one on the surface that may appear out of place; however, with the increase of social justice movements, employment equity issues, turnover concerns, and labour shortages, understanding attachment can have implications for both workplace leaders and their staff that can quickly translate into revenue or losses for businesses. When reflecting on leadership and the role of attachment in selecting business leaders, Yang et al. (2020) noted people's relative experience with one another can be revealed through an attachment lens and allows for a more inclusive view when developing leadership. When considering the role of attachment in their research and its application to organizational supervision, Robertson et al. (2018) reported those leaders who scored high on their ability to adjust and implement the behaviours required to achieve objectives are less probable to utilize supervision strategies considered abusive. Robertson et al. continued and noted leadership that scored highly in areas of anxious attachment could be predictive of poorer leadership outcomes with more difficulties in developing relationships, leading to abuses in supervision. In summary of their research findings, Robertson et al. hoped their findings might assist organizations to support leadership in making necessary changes to overcome and overwrite any negative lens through which their leaders surveyed their world.

Given the significance of commerce and productivity in modern Western culture, Lanciano and Zammuner (2014) noted attachment style impacts personal relationships, and relationally, those who are more secure in the workplace and are less anxious and avoidant display higher levels of performance in the workplace and are more satisfied in their employment than those with insecure attachment styles. From the company perspective, employees with low anxiety and greater levels of secure attachment predict more dedication and engagement in their workplace, which one could argue is a favourable and desired outcome (Lanciano & Zammuner, 2014).

In considering the relationship between attachment and work, Vasquez et al. (2002) indicated the connection may be more indirect, noting those with a history of secure attachment may have greater capacities socially and a more favourable self-image. Individuals who find themselves to be positioned with a secure attachment style, move through their life with a greater sense of safety with respect to the world around them and have a greater inner capacity that assists them in achieving desired work objectives (Simmons et al., 2009). In understanding the influence that attachment can play on an individual's ability to self-regulate, Orehek et al. (2017) highlighted that awareness of these processes may influence how organizations such as universities consider relationship as they look to improve student performance and that employers can benefit by better understanding how secure relationships may enhance productivity from employees.

### ***Health and Wellness in Adulthood-Links to Early Attachment***

While research has indicated the significance early attachment experiences can play in shaping a person's relationships, there is also the potential for a significant impact on one's physical and emotional health well into adulthood. While those who were able to form secure

bonds of attachment with their caregivers have been able to build a shield against hypophysial-pituitary-a, which correlates to stress responses, infants who are considered insecurely attached may be more susceptible to future depression and other significant mental disorders when faced with challenging circumstances (Beatson & Taryan, 2003).

In examining parental bonding and its impact on adult mental health, Burns et al. (2017) highlighted data that indicated the significance a poor bond posed as a risk factor for depression as well as anxiety across the lifetime. It has been identified that borderline personality disorder (BPD) can be linked to a disorganized-ambivalent attachment style and that in infancy, separation from an infant's caregiver of a month or more in the early years of life can have a detrimental effect and create an increased risk for BPD (Steele & Siever, 2010). Those with secure attachment as an adult face a much lower level of risk for mental illness such as depression or generalized anxiety disorder and are better equipped to self-regulate emotions than those with other attachment styles (Marganska et al., 2013).

Noting negative health symptoms, McWilliams and Bailey (2010) indicated avoidant attached individuals have associations with pain that can manifest in the body through chronic pain, including headaches and arthritis, while anxiously attached individuals can have a greater risk of severe health disorders that affect cardiovascular health. When considering the role of attachment as it relates to adults, while research still does not fully understand the processes that interconnect attachment to health outcomes, recognized connections have been made between the attachment styles of adults and physical and mental health (Raque-Bogdan et al., 2011). According to Lewczuk et al. (2018), research results support varied levels of insecure attachment with differing physical and mental health outcomes, through which emotional regulation in connection with attachment bridges outcomes of physical and mental well being.

In a recent cross-sectional study, Méndez-Méndez et al. (2021) noted that in conjunction with other factors rather than as a singular factor, data suggested certain adult attachment patterns were associated with negative childhood experiences that contributed to poorer levels of mental health amongst adult women study participants. Examining early childhood and maternal attachment with respect to multiple risky behaviours, Reyes et al. (2021) outlined that poor early maternal attachment experiences in conjunction with other factors such as lower social economic status offered predictive factors concerning risky behaviours in adolescence with health impacts that may carry through across one's lifespan. With respect to self-regulation, childhood experience concerning relationships impacts individual abilities, aptitudes, and the capacity from which one can self-regulate emotion and function relationally (Fraley et al., 2013).

### **Therapeutic Models Incorporating Attachment**

In considering the remediation of attachment deficits and wounding in adulthood, the interventions discussed in this section shared a common link to attachment, although techniques and approaches varied. Somatic therapy, emotionally focused therapy (EFT), eye movement desensitization and reprocessing (EMDR), schema therapy and attachment, and accelerated experiential dynamic psychotherapy all in their ways approached the remediation of clients' goals and remediation of early attachment deficits.

#### ***Somatic Therapy***

Recognizing that the systems of behaviour organized through early attachment can serve to aid and support the dissolution of trauma's impact and that of post-traumatic stress disorder (PTSD), somatic therapy's approach, which includes movement of the body, looks to process and reorganize unhealthy patterns of attachment trauma and accompanying disorganized patterns (Shafir, 2015). According to Cohen (2011), somatic therapy is a vital component that can assist

in moving to a secure attachment style. With respect to group therapy, somatic therapy offers participants the opportunity to develop secure attachments through verbal and non-verbal communication and gain experience articulating and becoming aware of their own internal state (Cohen, 2011). According to a study conducted by Shafir (2015), it was noted that developmental somatic movement is supported through the assumptions individuals form in relation to their attachment experience, which aids in supporting or obstructing the integration of trauma and stress. Within the realm of somatic therapies, somatic experiencing stood out as a modality that concentrated on resolving long-term stress and post-traumatic disruptions within the body, developed by Peter Levine (Payne et al., 2015). As an active process and one where the client is observed, somatic experience therapists interact and engage, adjusting to the shifts of their client who is being moved towards a greater state of self-regulation and equilibrium within their body, brain, and nervous system (Riordan, 2022). Clients' stories of ongoing disturbances of relationships in the here and now can appear to be comprehensible; however, below the surface can be a collection of unprocessed fractures of attachment trauma that impede conscious-level processing (Shafir, 2015).

Somatic movement can serve as a pathway to gain entry to connect with emotions and help guide clients to a reconnection with the body where they can begin to explore and reconnect to the relationship within themselves (Shafir, 2015). Another model, sensorimotor psychotherapy again highlights the importance of attachment, examining language expressed through the body and making a special point to examine clients' early attachment experiences and how those experiences have impacted the way in which the client perceives themselves, the world around them, and how they relate to it (Masero, 2017).

***Eye Movement Desensitization and Reprocessing (EMDR) Therapy***

Within the bounds of a strong and secure therapeutic alliance, eye movement desensitization and reprocessing (EMDR) has been proven to assist clients in uncovering, processing, and repairing distressing attachment memories, conceivably enhancing their current relationships, especially those closest to them (Wesselmann & Potter, 2009). In reference to Compassion-Focused EMDR (CF-EMDR), Kennedy (2014) noted that this approach could be beneficial in assisting clients to move through and integrate attachment traumas, particularly where experiences continue to impact a person's sense of self. When considering more specific disorders such as BPD, Brown and Shapiro (2006) highlighted that given the origins of BPD and links to early abuse and poor levels of attachment, EMDR offers an accepted approach that can address early abuse and the weight of trauma. The process of EMDR supports and provides a pathway to early attachment experiences where individuals can re-examine and integrate activating memories, allowing for shifts in an individual's relationship to present-day connections (Wesselmann & Potter, 2009). According to Lalotis (2020), individuals with attachment wounds and early childhood trauma can find everyday duties taxing and interactions with those around them challenging, intensified by automatic responses connected to neural pathways of un-integrated memories. In an examination of three case studies, Wesselmann and Potter (2009) noted EMDR's impact on revisiting early attachment recollections showed some impact on the client's level of security in their attachment style as measured by the adult attachment interview, improving the client's ability to look at their past, while not being overcome with emotion.

***Emotionally Focused Therapy (EFT)***

Drawing from the historical work of Bowlby's attachment theory, emotionally focused

couples therapy (EFCT) reflects and acknowledges that childhood experiences with their primary caretakers can impact romantic attachment, as moving into adulthood, we move away from parental bonds to intimate partners (Coppola, 2019). Building on a foundation attachment, Burgess Moser et al. (2016) noted that through EFT, partners gain awareness of the attachment needs they seek to fulfill and how they express them, with therapeutic clients learning alternative patterns through which they can interact with their partner. In considering couples' expressions to one another, the emotional dialog that ensues can be the measurement with which they judge the relationship, as their attachment needs surface and color their responses within the relationship (Johnson, 1998). With many couples unaware of the impact early attachment experiences have on their partner relationships, EFCT has been empirically proven to assist couples in gaining greater awareness of their attachment wounding and transforming problematic relationships and communication patterns (Makinen & Johnson, 2006). Drawing from attachment theory, emotionally focused therapists assist couples in a transformational process, assisting them to better articulate and verbalize their attachment needs, helping them move from an insecure to a secure attachment style (Domingue & Mollen, 2009).

### *Schema Therapy*

With a focus on early childhood experiences, which is a distinguishing factor of scheme therapy, the model evolved in an attempt to advance the attainment of effective treatment for patients suffering from personality disorders by combining therapies that include psychodynamic and gestalt to the common elements of cognitive therapy (Simard et al., 2011). As a core aspect of scheme therapy, Bach et al. (2017) noted the model uses a treatment process called limited reparenting, which is intended to assist the client in connecting with childhood experiences where early maladaptive schemas may have been adopted due to central attachment needs not

being met. As an attachment-based therapeutic model, schema therapy aims to produce positive therapeutic outcomes for clients by helping the client to fulfill their attachment needs and rebuild and overcome maladaptive schemas they may have adopted (Andriopoulou, 2021). Schema therapy sees a client's schema as an imprint made up of a collection of thoughts, perceptions, feelings, body sensations, and automatic responses, which are rooted in recurrent prior experiences processed through the complex networks of the human brain (Roediger et al., 2018). Subsequently, Roediger et al. (2018) noted that in adulthood when these frameworks are triggered, powerful and ingrained unconscious responses and predispositions can become activated causing individuals to see and evaluate, subsequently responding in an anticipated manner. A principal experimental technique that schema therapists employ is imagery rescripting, where adverse or distressing memories are envisioned in the present moment rather than the past, and the client recreates a more satisfactory set of events that lead to a favourable outcome (Roediger et al., 2018). A central distinction between schema therapy from traditional cognitive models of therapy is the significance placed on the client's early childhood experiences and the model's assertion that exploring those early experiences is essential in remediating identified mental health conditions (Simard et al., 2011).

### *Accelerated Experiential Dynamic Psychotherapy*

Unlike other traditional therapeutic models, accelerated experiential dynamic psychotherapy (AEDP) not only highlights the importance of attachment theory within its therapeutic model but also looks to create a comprehensive understanding of the process of emotional development, meeting at the crossroads of attachment and what has developed into the modern field of neuroscience, with an aim to deliver genuine creative advances to therapists (Lipton & Fosha, 2011). As an exceedingly adaptive approach, AEDP integrates characteristics

of brief psychodynamic therapy and emotion-focused techniques and pairs it with the fundamental aspects of attachment theory (Markin et al., 2018). A core aspect of AEDP is its assertion that with increased safety between the client and therapist comes a greater capacity for the client to explore their emotions and experiences, many of which can be rooted in fear, sadness, or uncomfortable emotions (Fosha, 2021). According to Fosha (2021), a unique characteristic of the approach focuses on connecting with core sensations within the body and the stored felt senses that may be under the surface of an individual's experiences, rather than strictly cognition and narrative interpretation. In crossing the boundary of what many models consider almost taboo, AEDP advocates for self-disclosure on the part of the therapist and considers it an essential intervention in remediating attachment wounding, helping to create a secure attachment connection between the therapist, and whenever opportune, this is followed by metatherapeutic processing (Prenn, 2011). Unlike many models that utilize pathology, AEDP focuses on fostering the environment that enables change through connecting with a client's innate attachment system and not only mirroring what clients are conveying, but also engaging with clients in how they feel they are being perceived by the therapist and what that here and now experience is like for the client (Kranz, 2021).

### **Attachment Informed Practice**

With a resurged interest in attachment theory, Renn (2017) stated that incorporating elements of attachment theory into clinical practice could improve the clinician's approach and interpretation of client experiences while cautioning that attachment theory is not separate from psychoanalysis but rather a theoretical lens through which to observe the client. In incorporating an attachment base approach to practice, Berry et al. (2016) noted it was central to examine clients' central attachment figures and uncover where they experienced loss or any perceived

separation. With respect to an attachment-informed therapy based on Bowlby's theory, Liotti (2017) outlined key attachment fundamentals, which should be incorporated into practice. However, they should be interwoven with other physiological systems that impact human behaviour, rather than strictly presented in a solely attachment-based therapy (Liotti, 2017). One of the criticisms noted in this area of research has been: While attachment theory may offer a structural outline and context of how clients may react to clinicians based on their attachment history, current literature lacks a uniform approach to attachment-informed practice and empirically validated evidence to determine best practice for the delivery of mental health services (Bucci, Roberts, et al., 2015). With respect to cultural aspects, Vicedo (2017) contended that John Bowlby's and Mary Ainsworth's theories of attachment did not consider cross-cultural aspects, and their conclusions could not be reliably applied universally, given much of their research was studied in controlled lab conditions rather than in context in the field. When applying an attachment approach to therapeutic practice, practitioners should consider the diverse cultural backgrounds of their clients and use discretion when incorporating attachment concepts into their work. When assessing the application of universally applying Bowlby and Ainsworth's theory of attachment, Keller (2016) posited there is evidence that no singular model accurately depicts cross-cultural formations the world over and that caregiving arrangements rather than singular psychological connections may be founded within a broader communal caregiving community.

### **Gaps and Opportunities**

With growing evidence that trauma in childhood and resulting attachment deficits have a long-term impact that spans into individuals' adult lives (Van Assche et al., 2019), a gap in the current research that requires attention is gaining a greater understanding of the mechanisms that

stimulate changes in adult attachment. While experiences in therapy are helpful and the secure base therapists can provide can offer a corrective experience, further research into what specifically facilitates an individual client's long-term and embedded change in moving from an insecure to secure adult attachment style is needed. Additionally, while external experiences such as therapist interaction can offer a tangible corrective experience, research into ways in which clients can repair early attachment wounding through their own internally guided process would also be worthy of research, given therapeutic sessions play such a limited time frame in the client's weekly schedules.

### **Chapter Summary**

With the knowledge base of attachment theory spanning decades, Fraley et al. (2013) noted that early attachment experiences impact a range of skills and capabilities as well as shape an individual's pattern of emotional regulation and relational functioning even into adulthood. The consistency and depth of the proximal relationship between infants and their primary attachment is an essential element in the formation of internal working models and attachment styles (secure or insecure), both of which can have profound biological impacts and consequences in the shaping of behaviour, which over time can become generalized (Fearon et al., 2010; Fraley et al., 2021). Secure attachment promotes healthy development that allows for effective self-regulation and formation of an internal working model that promotes a felt sense of safety, allowing for the formation of healthy relationships (Simmons et al., 2009).

In general, those with a secure attachment style are at lower risk for illness and poor mental health and have greater capacities to self-regulate their emotions compared to those with an insecure attachment style (Marganska et al., 2013). Insecurely attached adults experience greater levels of attachment avoidance and anxiety and experience greater levels of

dissatisfaction in their relationships in comparison to those who are securely attached (Vollmann et al., 2019). According to Fraley (2002), with respect to the impact of attachment and the formation of attachment styles and their effect, despite the many opportunities that intersect people's lives, there can be a lasting resistance that may draw people to old patterns that if left uncorrected endure. Despite this propensity, however, Levy et al. (2018) highlighted attachment patterns can in fact change.

From here, offered in Chapter 3 are some ways in which therapists can empower themselves to better incorporate an attachment lens in their therapeutic work. In doing so, therapists can incorporate an additional perspective to influence how they see their clients and their problems, how therapists' own attachment styles may be impacting their work, and how the therapeutic relationship can be better utilized as a corrective experience to challenge clients' existing schemas and engrained attachment styles.

### Chapter 3: Analysis, Application, and Conclusion

A review of the literature has consistently pointed out the significance of early attachment experiences and how impactful those early years can be in shaping an individual's view of the world, how they see themselves and others, and how they relate to others and others to them. As a consequence of those early experiences and the experiences of interacting with primary caregivers, individuals develop a secure or insecure attachment style. In summarizing the core message of Bowlby and Ainsworth, Crittenden (2017) noted that from the beginning of life, there is an innate drive to protect oneself from dangers, and in doing so, individuals form protective strategies through the bonds they form with their attachment figures in order to survive and flourish. In learning about the attachment classifications that began with the work of Bowlby and Ainsworth, a theme of increased safety, security, functionality, and health emerged.

The literature indicated individuals who have been able to form secure attachments more readily in adulthood are better able to maintain functional and healthy relationships in their personal life as well as work life, enjoy a higher level of physical and mental health, and in general, are better able to deal with daily stresses and distress than those with insecure attachment styles. As therapists approach clients with a better understanding of attachment style and assess their clients, they can better structure, navigate, and predict how they will respond to therapeutic interventions and be able to plan accordingly (Levy et al., 2018). Another significant theme repeated throughout the literature was that while people often carry the attachment style they developed in childhood in response to early attachment figure interactions, it is possible even in adulthood to change one's attachment style. Through corrective experiences such as therapy, where the therapist acts as a secure base for the client, clients can move forward and transform from an insecure attachment style to one that is more secure.

### **Bringing an Attachment Lens to Adult Therapy**

In bringing an attachment lens to therapy, clinical professionals who wish to expand, grow, and apply attachment theory in their practice have a daunting task before them, given the volume of research that has accumulated over the past 40 years (Obegi & Berant, 2009). Fortunately as the field has progressed, so too has the ease of accessing information and people in the field with expertise who can convey research to practitioners in a way they can understand. In supporting therapeutic approaches and interventions, Daly and Mallinckrodt (2009) recommended gaining a foundation of attachment theory and its functions and impacts concerning infancy and childhood. Therapists must recognize that as an attachment figure, they can assist their clients by becoming a secure base from which clients can explore, thus fulfilling the need for proximity and becoming a place of rest for the client where they can gain a felt sense of safety.

Mikulincer et al. (2013) noted three intentions inferred from Bowlby's theory of attachment with respect to therapy that include the client's ability to feel secure during therapy, which is essential in moving forward with effective therapeutic work. Secondly, Mikulincer et al. noted therapists' own attachment styles can influence outcomes, with preference given to those with a secure attachment style. Finally, therapeutic interventions must address client insecurity and take steps to move the client towards corrective experiences that can address insecurity, which can be done through the secure base that develops between client and therapist within an effective working alliance (Mikulincer et al., 2013). In moving forward with therapeutic endeavours that incorporate an attachment lens, Berry et al. (2016) recommend therapists do so cautiously, paying attention to the client's state of emotional regulation, and try to balance the needs to provide client support, while creating an opportunity for clients to survey their inner

emotional world. Some key aspects of utilizing an attachment lens to therapy would include therapists exploring the level of proximity or separation as related to key attachment figures in their clients' lives and assist clients in assessing previous experiences' impacts on current health and well-being and relationships, including the working relationship between client and therapist (Berry et al., 2016).

### **Conceptualizing**

Slightly more than a decade ago, Obegi and Berant (2009) reported there were only a small number of therapists in adult therapies that utilized an attachment theory lens when developing the case conceptualization of their clients and their problems. In considering attachment and the role it can play in conceptualizing, Burke et al. (2015) reported that attachment types can provide some understanding into the strategies individuals use to cope and that therapy can be a time used to examine clients' behaviours with respect to clients' lack of security. When adults identify a sufficient risk, their attachment system is activated in similar ways to that of early childhood, but as adults with a greater history of experiences, their next step is to ascertain if a central attachment figure will be accessible and their needs attended to (Obegi & Berant, 2009). Subsequent to this activation in responses to stressors, when individuals receive communal support, there can be a deactivation of their behavioural attachment responses, and they can gain a sense of security (Yip et al., 2017). In developing a case conceptualization utilizing an attachment lens, therapists can consider the role of attachment. Yip et al. (2017) noted comments about how relationships that are developed in infancy with caregivers shape an individual's internal working model, sculpting the perception of future relationships and influencing how people see themselves and others. In looking through an attachment lens when conceptualizing clients, therapists can look for patterns that replicate early relationships in the

here and now in their adult lives and examine how clients' behaviours may be looking to fulfill unmet attachment needs and fulfill the need for a sense of security.

Burke et al. (2015) noted that when attachments considered insecure become strengthened and fortified by later relationships that validate clients' current internal working model of insecurity, this leaves individuals less resilient and susceptible to the effects of stress and more prone to the formation of various mental disorders. Therapists should also pay particular attention to not only what clients share in therapy utilizing an attachment lens, but in line with Berry et al.'s (2016) recommendations, they should pay special attention to not becoming part of a re-enactment of the client's past attachment events that may have left a negative impact. In developing a case conceptualization, an effective theory that connects clients' troubles to their formed internal working models or schemas can assist the therapist in better understanding the clients' problems, forecast clients' behaviour, and allow therapists to plan effective treatment options and plans (Obegi & Berant, 2009).

### **Creating a Secure Base**

The concept of a secure base should not be undervalued, nor should its impact be ignored. Ainsworth, who explored this idea in her early work, suggested that it is through a secure base, represented by a primary attachment figure, infants could go forth to explore the world with a sense of security and safety (Bretherton, 1992). In bringing the idea of a secure base to therapy, it is my intention that through an attachment lens, therapists can look to build and create a secure base for their clients from which clients can go forward and explore their inner world with a felt sense of connection and safety. With the therapist acting as a secure base, there is an opportunity for clients to discover, challenge, and transform long-standing internalized

schemas based generally on their early experiences with parents or primary caregivers (Farber et al., 1995).

Therapists need to be aware that from an attachment basis, the client can often regard the therapists as more resolute and knowledgeable than themselves, and the therapist may also serve the client as a means of survival for the client who often chooses to pursue guidance and support during periods of susceptibility (Obegi & Berant, 2009). Clients may move towards a more secure attachment style through the secure base formed with their therapist as a means to correct previous attachment deficits (Obegi & Berant, 2009). This is a method through which the client can come to understand old attachment patterns, move towards more functional patterns with the therapist, and expand to people within their outer world (Obegi & Berant, 2009). Burke et al. (2015) noted the importance study participants place on the formation of the attachment that develops between the client and the therapist, with the ensuing formation of a secure base seen as an integral component of facilitating healing. It is imperative that therapists focus on the development of a secure base, as it can be an opportunity for clients to have remedial experiences in therapy through a lived emotional experience that corrects established deficits they may have experienced since childhood (Bowlby, 1988).

In developing a secure base, therapists can learn to implement strategies and develop personal attributes that aid and support the development of a secure base, which includes therapist attunement, empathy, client acceptance, and unconditional positive regard, as well as healthy boundaries (Berry et al., 2016). The use of attunement can be a means by which therapists help understand and connect with their clients, which can aid in clients feeling validated and supported in exploring internal experiences, schemas, and processing of emotions (Talia et al., 2018).

In witnessing and working with clients, Burke et al. (2015) noted that in maintaining a secure base, therapists should allow for clients to express and not rush to move toward the formation of a solution, but rather display a willingness to witness their clients' feelings as they explore their internal world and do so on both a consistent and reliable basis with defined boundaries. Therapists should be aware of the messages they may be sending to their clients with their verbal and nonverbal cues, as this communication can be a signal to clients of the therapists' awareness and alertness to their client's emotional state (Berry et al., 2016).

As part of a central component of effective mental health therapy, empathy plays a central element that works in conjunction with other core building blocks of general therapy that help to establish the formation of a secure base (Burke et al., 2015). In defining what empathy is in the context of therapy, empathy is recognizing what therapists' clients are going through and understanding their expressions of those experiences. In discussing therapists' use of empathy, Farber et al. (1995) noted an attachment lens to therapy can shape therapists' empathetic responses to the motivations behind their clients' behaviours and aid in their ability to bear the intensity of their clients' emotional reactions, which can lead to the formation or reformation of a felt sense of safety and bond from the point of view of the client. From my own perspective, the display of empathy by counselling professionals with their clients demonstrates the therapist is present, understanding, and walking alongside in the experience of what the client is sharing, in what for many clients can be a vulnerable place to be.

Elliott et al. (2018) noted that therapists should tailor empathetic responses to clients with humility, taking care to meaningfully reflect the substance of their client's words, rather than simply repeat back what was said. In doing so in a way that is rooted in client care, a genuine and flexible approach should be used should therapists need to adjust (Elliott et al., 2018). As an

aspect of helping to create a secure base, acceptance and the use of unconditional positive regard can play a role in developing trust in the relationship and can lead clients to increasing their level of security, with the therapist acting as an attachment figure. These qualities can support a favourable and more effective therapeutic alliance that works to support and develop the therapist as a secure attachment figure for the client with more favourable therapeutic results (Berry et al., 2016).

Unconditional positive regard can be an element that leads to the growth of clients; however, there must be a readiness on the part of the therapist to look at the challenges that arise within themselves when interacting with clients and a willingness to see each client as unique with their own specific needs (Lawson-McConnell, 2018). In examining the client's reaction to the development of a secure base with the therapist, therapeutic clinicians can use the client's responses as an opening to observe client activation and deactivation in response to distress and gain a deeper understanding of the client's attachment schema as well as therapeutic changes that could aid in client adaptations (Obegi & Berant, 2009).

The use of boundaries by a therapist is important from both an ethical and therapeutic standpoint. Given there can be a power differential between the client and the therapist, it is important that therapists develop healthy boundaries and seek professional guidance when they are unclear. When the counselling relationship between client and therapist is well managed, therapists can incorporate the use of boundaries as a method of confronting and shifting previous client experiences and established schemas (Berry et al., 2016). According to, Daly and Mallinckrodt (2009), some typical boundary issues that come up with clients can focus on personal disclosures from the therapist, and it was recommended from the beginning that

therapists establish clear and consistent boundaries, particularly with anxious clients given the likelihood of inconsistent care from primary caregivers.

Working within the ethical and professional boundaries as set out by regulatory bodies and standards of best practice, simply being a safe witness for the client where the expectation that their inquiry will be met with a positive response can be transformational and powerful.

Unlike infants where physical touch with a primary attachment figure may be needed for a felt sense of security, adults can acquire security and a sense of well-being from even the idea that a primary attachment could be contacted, even if they are not physically present at a given moment (Hazan & Shaver, 1994). Therefore, it can be helpful for therapists to outline clear boundaries and expectations of how the client can reach them and how quickly the therapist will respond. While attachment is not necessarily a specific modality in therapy and many of the skills and tools strategies used in various psychotherapies intersect with the internal attachment needs therapists look to fill unconsciously, bringing an attachment lens to therapeutic practice can allow therapists to see their clients and their challenges from a new vantage point. In bearing the weight of being a secure base for their clients, therapists must be aware of the impact their presence as an attachment figure can have on creating a corrective experience for their client, from which clients may both investigate and withdraw from their problems in the safety of the formed safety with the therapist (Crook Lyon et al., 2007).

In building a strong, functional, and long-lasting working alliance with clients, Obegi and Berant (2009) reported that empathy is a requirement for building a secure base with clients, and those therapists who tend to exhibit a more insecure attachment style will be faced with greater difficulties in maintaining the working alliance with their clients than those of more securely attached colleagues. Building on the innate instinctive activation, which surfaces during times of

distress or danger, regardless of being an infant, child, or adult, therapists can serve clients' needs to seek proximity and act as a secure base, through which clients can seek relief and care in order to regulate themselves from emotional states, and over time, that corrective experience can be expanded into the client's own world (Greenman & Johnson, 2012).

### **Therapist Attachment Style**

For many years, the topic of therapeutic alliance and successful outcomes has weighed heavily on academic research, and while there has been a fundamental understanding that this alliance includes therapeutic goals, tasks of therapy, and bonds that include trust, collaboration, and the client's willingness to move towards change, only more recently has the aspect of attachment and its influence on therapy been examined (Bordin, 1979; Bucci, Seymour-Hyde et al., 2015). While the question of the therapist's attachment style and its impact on client outcomes with varying attachment styles continues to be examined, a therapist's own attachment style can play a role in how they see their client and move through the process of therapy with their client. In terms of attachment orientations, therapists, just as their clients, can fall into a category of secure or insecure attachment types.

According to Taylor et al. (2015), those who are securely attached have low levels of reported anxiety or avoidance, while anxiously attached individuals display distress focused around issues of abandonment or lack of acceptance, and avoidant types struggle in close personal associations and are defended in having to rely on others. As the therapist becomes aware of their attachment style, practitioners can better prepare themselves and approach clinical sessions with a greater awareness of their own triggers and discomfort, often linked to their own early attachment experiences and early wounding. While a working alliance has been shown to develop on aspects of both the client and the therapist, Bucci, Seymour-Hyde et al. (2015) stated

research has indicated therapists who themselves have an insecure attachment style can negatively influence and impact the working alliance, particularly with more notable symptomology. According to Ruiz-Aranda et al. (2021), while a therapist's individual attachment style did not significantly impact the formation of a bond in relation to the therapeutic working alliance, the attachment style of the therapist impacted the therapeutic process concerning their awareness and ability to cope with their own emotions.

According to Rubino et al. (2000), while all therapists in their research study were able to display a sufficient measure of empathy, therapists who were more anxious reacted with less empathy compared to those therapists who were more secure and were more prone to perceiving ruptures during therapy as a signal a client may wish to leave therapy, which may be an abandonment trigger for the therapist, potentially narrowing their capacity to express empathy towards the client. In noting that therapists can benefit from exploring and gaining an understanding of their own attachment style, O'Connor et al. (2019) noted such knowledge has the capacity to shape a therapist's awareness of the client and where the client is situated within the working alliance in respect to their attachment propensities. For counsellors who are in training or are recent graduates, becoming aware of their attachment styles can be helpful and impactful when considering the process of supervision and the learning that can develop.

According to Gunn and Pistole (2012), the desire to preserve proximity and seek support are two aspects of attachment that can be reflected in what would be considered a secure and healthy attachment between a trainee and supervisor. Counsellors in training and early development can benefit from learning to observe their own attachment activations and attachment and examining when they feel there is or has been a threat to their attachment needs, such as periods of increased stress, challenges with highly symptomatic clients, and gaps in

connection such as a supervisor on vacation. They could then work with their supervisor to move towards a more secure level attachment (Gunn & Pistole, 2012). Therapists can benefit from practice in becoming aware of their attachment style, as its impact can be felt in practice, as Obegi and Berant (2009) pointed out that therapists who exhibit attachment anxiety have increased challenges in maintaining working alliances with clients over longer periods of therapy. Beyond the professional limits of being a therapist, in understanding and examining their own attachment style, Vasquez et al. (2002) noted attachment theory suggests that those who are more securely attached are positioned to better navigate difficulties related to intimacy and emotional exploration in their lives in their relationships, family life, and employment.

By developing secure attachments as adults, or good enough attachment experiences, and experiencing emotional dysregulation followed by corrective emotional experiences, healthy emotional regulation can develop. As therapists, a better understanding of their own attachment style and the early events that have helped to form their internal schema can assist therapists in moving towards a more secure attachment style. In doing so, they can better understand and facilitate corrective experiences for their clients, where clients are able to develop a secure attachment and experience a de-escalation of emotion. Through corrective attachment experiences, individuals can gain the skills necessary to gain awareness and regulate emotions that historically have been too distressing to face single-handedly (Lawson-McConnell, 2018).

### **Termination**

Termination is a fundamental aspect of the process of therapy, and for many therapists and their clients, time and its limited nature pass by more quickly than one expects, and as with things that have beginnings, therapy and the therapeutic work between a client and therapist will also have an inevitable end (Knafo, 2018). The process of termination between client and

therapist with respect to attachment can signify the ending of the therapeutic relationship and forfeiture and disconnection of the established bond between client and therapist (Obegi & Berant, 2009). In considering attachment and the role it plays in termination, understanding the response clients may have to their attachment style can allow the therapist to be able to step back from the client's behaviour, approaching termination by meeting the client where they are with respect to their adult attachment style. As an example, those clients who may fall within an insecure attachment style may employ a hyperactivating strategy where they amplify feelings of distress and become hyper-sensitive to movements by their attachment figures that activate the client's fear of abandonment, even generating a sense of dread of termination given their need to maintain proximity (Mallinckrodt, 2010). Dissimilarity, with respect to termination, those clients who rely on strategies that deactivate may direct significant energy to shifting their focus away from thoughts and feelings that are disconcerting to attachment figures (Mallinckrodt, 2010).

In studies conducted by Daly and Mallinckrodt (2009), feedback for working therapists reflected the significance of speaking to the topic of termination. Their findings highlighted data that therapists were adamant about the importance of addressing termination with clients sometime before the expected ending of therapy as a means of avoiding or recreating central attachment issues that may negatively impact the client. While there are general aspects of termination that can be applied equally to all clients, therapists should make adjustments to their approach based on the individual attachment styles of their client (Obegi & Berant, 2009). Finally, at the conclusion of therapy, termination can be a time therapists share their reflection about their client's growth, and in this final session, therapists should clearly outline their availability in the future or what alternatives, such as other therapists, may be available for the client (Obegi & Berant, 2009). In termination, therapists must be ready and equipped to allow for

the client's emotions, which can be acute, and be willing to acknowledge their distress, while still providing support and reassurance, acknowledging the capability and progress the client has made at this ending of therapy (Pistole, 1999).

### **Discussion: Proposed Recommendations for Policy Makers**

In reflecting on the many challenges our current society is facing here in British Columbia and across Canada with respect to individuals' general well-being, health, and ability to effectively function in Canada's modern society, one of the recommendations I would offer to those who govern and institute policy is the idea that they begin to look at problems from their origin and do so through an attachment lens. Whether you are looking at homelessness, mental health, abuse, or issues of addiction, looking to and understanding attachment can provide another perspective that may help to shape future generations while providing a lens that can help to guide policymakers to decisions that can create sustainable and corrective solutions for difficult societal challenges. In a significant study of attachment that spanned over three decades, Puig et al. (2013) found adults' abilities to effectively function at work and in the family were highest among those with secure attachment styles. The results of this study revealed the significance of the parent-infant relationship and that poorer quality early relationships were associated with long-term future negative health outcomes that were accompanied by increased levels of mortality amongst those with chronic illness (Puig et al., 2013). With Canada expected to direct \$331 billion to health care in 2022 according to Canadian Institute for Health Information (2022), policymakers in the future may wish to consider policies that consider the impact of early attachment as a means to improve long-term health outcomes, reduce illness and its associated costs, and improve citizen's ability to effectively perform in their employment roles.

### **Limitations of Research**

In reviewing research related to attachment and remediation of early attachment wounds, much of the research highlighted the impact of early attachment experiences based on the strength of relationships with infants. The mechanisms through which changes to adult attachment could move clients from insecure attachment styles towards a more secure style are not fully understood. While the consequences of poor and inconsistent early attachment experiences were consistent throughout reviewed literature, the identification of corrective experiences and specific processes or experiences as adults to move individuals towards insecure attachment styles to one of security was less concrete. In considering the reviewed literature, the constructs around attachment may not be equally applied across all cultures, ethnicities, and family structures, as attachment figures in selected research tended to focus on more Westernized family structures.

### **Future Research**

While current attachment research has established the significance of early attachment relationships and the potential negative consequences that can carry into adulthood from early attachment wounds and maladaptive experiences, there remains a gap about what adults who fall outside a secure attachment style can do to remediate the damage. Much of the current literature that addressed the remediation of adult attachment style focused on the therapeutic relationship between the client and therapist as a means of acting as a secure base; however, more studies to clearly identify the mechanisms and internal process that allow clients to move from insecure to secure attachment styles on an enduring basis are needed. Additionally, more clarity and research around therapists' individual attachment styles and how they may interact with various attachment styles would be helpful to allow therapists to predict potential conflicts well in

advance so they can be addressed. In bringing an attachment lens to therapy, it would be interesting to see additional studies that could illuminate how practitioners of various therapeutic interventions may be better able to integrate attachment theory into their therapeutic models. Finally, while therapists can certainly provide an opportunity for corrective experiences and act as a secure base from which clients can explore their inner world, future research that develops techniques that support clients in the repair of early attachment experiences and deficits for the periods outside the confines of formal therapy sessions, where clients can initiate their own reparative work, would be welcomed.

### **Conclusion**

When considering attachment, its significance in shaping people's lives and what it can bring to therapy, therapists can bring new eyes to their client and their stories when they can look through an attachment lens. With that perspective may come new insights and understanding about the drivers that motivate a client's behaviour at its most basic levels, where unconscious decisions are driven by a need to get their most basic attachment needs met and create a sense of safety. The impacts of attachment can be long-lasting and carry with it challenges to our adult lives with respect to relationships, health, work, and life satisfaction, but there remains the possibility that through corrective experiences and challenges to existing internal working models, clients can move towards a greater felt sense of security and a greater level of resiliency to meet life's challenges.

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