

**Enhancing Therapeutic Outcomes: Attachment-Based Compassion Therapy and Insecure  
Attachment**

Ash Cheney

City University in Canada, Calgary Campus

CPC 695: Counselling Psychology Research Project

Dr. Sheri Mayhew, Ed.D, M.Ed, RSW

September 27, 2024

### **Abstract**

This capstone project critically examines how Attachment-Based Compassion Therapy (ABCT) can address insecure attachment through a comprehensive review of attachment theory (specifically insecure attachment) and the intersections between psychological well-being (PWB) and self-compassion in adulthood. Understanding insecure attachment is crucial for therapists, as it impacts therapeutic outcomes, and because of its profound impact on PWB, interpersonal relationships, and its role in the intergenerational transmission of attachment patterns (Verhage et al., 2016). ABCT was developed to address the gap in compassion-based interventions (CBIs) by considering the specific cultural needs of the Spanish population (García-Campayo et al., 2016). The connection between insecure attachment and psychopathology is analyzed, and suggestions for therapists to consider when adapting the ABCT self-applied manual are made. The development and mechanisms of the ABCT protocol and self-applied manual are explored and analyzed, with a critical examination of the empirical studies on the ABCT protocol. Gaps in the existing research and opportunities for further research are highlighted, including the need for more empirical studies on ABCT and cultural considerations in therapy. Furthermore, recommendations for counselling practice emphasize the importance of a trauma-informed approach when utilizing ABCT in individual therapy. The capstone project concludes with recommendations for therapist training and reflexivity to enhance the effectiveness of ABCT in clinical settings.

## Table of Contents

Enhancing Therapeutic Outcomes: Attachment-Based Compassion Therapy and Insecure Attachment .....		5
Self-Positioning Statement.....		8
Review of the Literature.....		11
The History of Attachment Theory .....		13
Ainsworth’s Contributions: Secure, Avoidant, Ambivalent and Disorganized.....		14
Prevalence of Attachment Styles.....		16
Internal Working Models .....		23
Attachment Stability and Change.....		23
Longitudinal Perspectives on Attachment: Findings from the MLSRA .....		25
Psychological Well-Being and Attachment in Adulthood .....		27
The Connection Between Insecure Attachment and Psychopathology .....		31
Development and Foundations of Attachment-Based Compassion Therapy.....		34
ABCT: A Manual for Self-Application.....		35
Self-Compassion and Psychological Well-Being.....		36
Empirical Studies on ABCT.....		40
ABCT & Psychological Well-Being.....		43
Gaps and Opportunities .....		45
Limitations of the ABCT Self-Applied Manual.....		45

Implications for Counselling Psychology .....	46
Ethical Framework: Respecting the Dignity of All Persons and Responsible Caring .....	48
Sections of the ABCT Manual .....	49
Recommendations on How to Use the Manual .....	49
Module 3: Developing Our Compassionate World.....	50
Fundamental Next Steps for Research .....	52
Lack of Empirical Studies on ABCT .....	53
Cultural Experiences of Different Constructs .....	54
Comprehensive Assessment for Potential Participants .....	54
Ethical Considerations.....	55
Recommendations for Counselling Practice .....	55
Therapist Training in ABCT .....	55
Therapist Reflexivity.....	56
Reflexive Self-Statement.....	57
Conclusion.....	58
References .....	61
Appendix A.....	73
Attachment Based Compassion Therapy Self-Applied Manual .....	73
Appendix B: Methodology.....	77

## **Enhancing Therapeutic Outcomes: Attachment-Based Compassion Therapy and Insecure Attachment**

Insecure attachment is defined as attachment behaviour patterns resulting from inconsistent, unavailable, and unresponsive caregiving (Bowlby, 1988). According to attachment research, individuals with insecure attachment are at a greater risk of developing various mental and physical health challenges such as anxiety, depression, addiction (Cornellà-Font et al., 2020), chronic pain (Cohen, 2023), eating disorders (Cortés-García et al., 2019), and personality disorders (Bowlby, 1988; Bosmans et al., 2022; Thompson et al., 2022; Vismara et al., 2022). Other risk factors may include interpersonal difficulties with trust, intimacy, communication, negative self-image, and emotional dysregulation (Bosmans et al., 2022). In addition, insecure attachment has the potential to create long-term adverse effects; it can be transmitted intergenerationally through parenting practices (Narayan et al., 2021; Verhage et al., 2016). Consequently, insecure attachment is a significant and transdiagnostic risk factor for psychopathology, making it an important target for therapeutic interventions (Bosmans et al., 2022; Gilbert, 2020; Mikulincer & Shaver, 2005; von Sydow, 2002).

Exploring the novel intersectionality of attachment theory and compassion-based interventions demonstrates the potential for addressing insecure attachment and improving overall mental health outcomes in general and clinical populations (García-Campayo et al., 2016). *Attachment-Based Compassion Therapy* (ABCT) was developed in 2016 by Dr. Javier García-Campayo and colleagues, and is based on the theoretical foundation of *attachment theory* pioneered by John Bowlby (Bowlby, 1969). Rooted in an attachment framework, key components of ABCT include practices designed to help individuals become aware of their current attachment styles, particularly those with their parents or caregivers, and to work to

address any unhealthy patterns within themselves or their interpersonal relationships (García-Campayo et al., 2016). Additionally, ABCT comprises mindfulness and compassion practices from Paul Gilbert's *Compassion-Focused Therapy* (CFT) that help cultivate self-compassion and alleviate self-criticism (Gilbert, 2010). From *Acceptance and Commitment Therapy*, values incorporated include acceptance, being present, and committed action (Hayes & Pierson, 2005). Lastly, the concept of radical acceptance from *Dialectical Behaviour Therapy* can help enhance emotional regulation and self-compassion for individuals with insecure attachment (Linehan, 2020).

ABCT was developed into an eight-week intervention, and more recently, adapted into a self-applied manual claiming to be suitable for individuals in a psychoeducational setting or to be used as an intervention in therapy (García-Campayo et al., 2016; Garcia-Campayo et al., 2023). In addition, to address accessibility for individuals with chronic medical conditions, the ABCT protocol has been adapted and optimized into an online format called *Internet Attachment-Based Compassion Therapy* (iABCT) (García-Campayo et al., 2016). García-Campayo and colleagues (2016) developed the ABCT protocol to meet a transcultural gap in other mindfulness and compassion programs that were not well suited for the Spanish population (García-Campayo et al., 2017; Qureshi et al., 2013). For this capstone project, research on the development and mechanisms of ABCT in addressing insecure attachment will be analyzed, including attachment theory, attachment styles, internal working models, psychological well-being, and self-compassion.

In terms of the effectiveness of ABCT, studies have shown that the 8-week, face-to-face, ABCT group promoted self-compassion and mindfulness (Navarro-Gil et al., 2020), decreased levels of psychological distress in patients with anxiety and avoidance related to attachment

patterns (Collado-Navarro et al., 2021), and demonstrated clinical usefulness for decreasing anxiety and depression in patients with fibromyalgia (D'Amico et al., 2024; Montero-Marin et al., 2018; Santos et al., 2022). While these research findings suggest promising results in healthy and clinical populations in Spain, they may not be generalizable across diverse cultures (Efron & Ravid, 2019).

This capstone project critically examines and synthesizes existing research on the efficacy of the ABCT program and the therapeutic elements that specifically address insecure attachment. The effects of insecure attachment can lead to long-term negative impacts on psychological well-being and dysfunctional relationships throughout the lifespan, and may be passed down generationally (Verhage et al., 2016). Evidence from the research suggested a significant transmission rate of 60% to 75% for parents passing down their attachment style to their children (IJzendoorn, 1995; Verhage et al., 2016). This capstone project builds therapists' awareness around attachment-informed practices so they might help their clients prevent and repair the cycle of attachment transmission. Specifically, the intention is to increase understanding of attachment styles and to help therapists consider and adapt the ABCT self-applied manual for individual therapy.

If there is literature describing how to apply the ABCT self-applied manual for individual treatment, efforts to locate this information were unsuccessful for this capstone project. According to Figley (2002), the therapist's ability to express empathy and compassion is the most essential part of the therapeutic alliance for change to occur. Attachment theory further supports that healing can only take place within a trustworthy and secure relationship, with the therapist serving as this secure attachment figure (Bowlby, 1988). This capstone adds to the

existing literature on ABCT by exploring factors that therapists may consider when adapting the ABCT self-applied manual to their clinical practice.

Based on current research, this capstone project aims to answer the following research question: *how can attachment-based compassion therapy (ABCT) address insecure attachment?* The critical analysis of literature on ABCT and insecure attachment in this capstone project could influence the development of training programs for therapists. By considering ways to integrate ABCT techniques into clinical practice, the project aims to increase the application and accessibility of these methods. This, in turn, could enhance psychological well-being, improve interpersonal relationships, and help repair insecure attachment patterns in both clinical and general populations (Garcia-Campayo et al., 2023; Gilbert, 2010).

To address the research question, this capstone project begins with a self-positioning statement and an outline of my interest in the topic. The literature review explores the development of attachment theory, and the link between psychopathology and insecure attachment. The mechanisms of ABCT are explored and empirical studies on the ABCT protocol are analyzed. Practical applications for adapting the ABCT self-applied manual for individual therapy are discussed, including ethical and cultural considerations. To conclude, recommendations for future research on the cultural applicability of ABCT are outlined.

### **Self-Positioning Statement**

I identify as a 35-year-old, Caucasian, middle-class, able-bodied, English-speaking, heterosexual, and spiritual cisgender female graduate student living in the inner city of Calgary, Alberta, Canada. My social location allows me various privileges that help to facilitate my research on attachment-based compassion therapy for addressing insecure attachment. These privileges include access to higher education and academic networks where my school was able

to purchase the ABCT self-applied manual instead of me having to pay \$124.50 for it on Amazon. Being aware of these privileges encourages me to approach my research with humility and to acknowledge the biases I hold as I conduct and disseminate this research. I have personal and professional connections to this capstone topic.

As someone who has worked in the mental health field for the past 13 years with children, youth and families, I have only recently become interested in attachment theory. The majority of my professional experience has involved advocating on behalf of children and youth. It is important to acknowledge this experience has shaped my understanding and created a bias towards seeing challenges primarily from the perspectives of children or youth. As a result, I have found it challenging to fully understand, appreciate, and show empathy towards parents and/or caregivers who adhere to more traditional parenting styles, such as more authoritarian approaches. As someone who grew up in a household with emotionally distant parents, I can relate to children and youth who feel alone, misunderstood, anxious and confused.

During my clinical counselling internship for my Master's program, I had the opportunity to co-facilitate the Circle of Security parenting group for adoptive parents in Calgary, Alberta. This group sparked my interest in attachment-based practice and ignited my passion for supporting families with attachment-related concerns. As was true for many parents in the group, the concept of being a secure base and a safe haven was an essential part of embodying a secure attachment for their children. Similarly, as a future attachment-based therapist, I recognized how essential it was to have a non-judgmental, empathic, warm and genuine approach when supporting parents with attachment challenges. In my work with children and youth, I have observed that parents want to feel validated, supported and understood, and benefit from support to reframe their parenting mistakes as opportunities for growth and repair, steps that are crucial

for strengthening attachment security. I realized my strength-based and person-centred approach aligns with and complements attachment theory; the need of children and youth for security, safety, reliability, and trust is just what parents and other adult clients might need too.

Throughout my counselling internship, I noticed some adult clients struggled with self-compassion. With deeper exploration and curiosity, I found that some people experience fear in their journey to develop compassion for themselves (Pauley & McPherson, 2010). The supervision process, alongside self-reflection, helped me to acknowledge my bias and blind spot that some people struggle to experience positive emotions. I recognize that the concept of self-compassion does have Eastern spiritual roots in Buddhist philosophy, and some people may not want to engage in this practice. I acknowledge I must consider and be aware of how my own views of religion and/or spirituality may impact my clients because I do not want to impose my worldview on clients. I recognize it is essential to adhere to ethical standards by respecting and remaining curious and open-minded to the multiple and intersectional identities of clients shaped by their backgrounds, perspectives, and experiences (Canadian Psychological Association, 2017). I am aware that the exercises in the ABCT manual may not be appropriate or comfortable for some people.

I discovered the self-applied manual for ABCT during my internship and became immediately interested in the intersections between compassion-based interventions and attachment theory. I presented my findings and a few exercises from the ABCT manual to other counselling students and family therapists at my internship site. Surprisingly, their feedback included lots of engagement, insightful questions, and offering ideas about potential limitations to the ABCT manual. As a researcher, I am interested to explore how attachment theory can inform self-compassion practices to address and build awareness on attachment styles. I am also

curious about what the research shows about the importance and effectiveness of the therapist being a surrogate attachment figure. I am curious to explore effective interventions for supporting individuals with insecure attachment and to seek insights into potential exercises and strategies.

While I am passionate about the potential for ABCT to support individuals with insecure attachment, I am mindful of the need to remain objective and critical of its strengths and limitations as I analyze the research. When reviewing attachment theory, I must critically examine the differing viewpoints and theories on attachment stability and instability, and explore the fluidity and adaptability of attachment behaviours. In terms of ethical considerations, I must pay attention to how the existing research studies on ABCT obtained informed consent from their participants. For example, were participants fully informed and did they consent before beginning the program, aware of the potential risk of a backdraft when participating in self-compassion exercises? According to Germer and Neff (2015), a *backdraft* can occur when an individual confronts deep-rooted feelings of inadequacy, guilt, shame, or unworthiness which can trigger past trauma and result in emotional distress. In terms of cultural considerations, it is important to note that research on ABCT has only been conducted on individuals in Spain, therefore the findings may not be generalizable cross-culturally. Finally, I am interested to learn about the application of ABCT in the Canadian context with the goal of using this knowledge in my future practice working with children, youth, and families.

### **Review of the Literature**

Insecure attachment is a significant risk factor for developing various forms of psychopathology (Bosmans et al., 2022). Given the profound impact insecure attachment may have, addressing attachment concerns and improving psychological well-being is a critical focus

for therapy. This literature review analyzes existing literature on how ABCT addresses insecure attachment; the strengths, limitations, and gaps in the research are critically analyzed. The aim is to increase understanding of attachment styles and to consider adaptations for therapists when applying the ABCT self-applied manual to individual therapy.

This literature review is structured into four main sections to critically examine the research question: *how can attachment-based compassion therapy (ABCT) address insecure attachment?* First, the history of attachment theory is explored and analyzed, and its development and foundational principles are traced. Secondly, insecure attachment is defined, and the prevalence of attachment styles are explored. The stability and potential for change in various attachment styles is examined and the critical role of PWB in shaping attachment will be explored. Thirdly, the development and theoretical mechanisms of ABCT and the self-applied manual are outlined and examined. Finally, the review analyzes existing research to evaluate the effectiveness of ABCT in addressing insecure attachment.

For this capstone, the term *caregivers* is used to include the broad spectrum of parents, guardians, and other individuals who serve as parenting figures. When developing the section on ABCT, it is important to note this writer did not have access to the official ABCT program; it was unavailable online and written in Spanish. This discussion thus references and analyzes the self-applied manual that has been translated from Spanish to English. In addition, the writer describes and analyzes existing research on the effectiveness of ABCT and how this approach addresses insecure attachment in the therapeutic context.

## The History of Attachment Theory

John Bowlby, the pioneer of attachment theory, aimed to understand how separation from caregivers impacted children's development. Beginning in 1945, Bowlby (1951) researched British children separated from their families during WWII and placed in foster care, and conducted studies in residential nurseries and hospital settings (Allen, 2023). Bowlby discovered in his research that early attachment experiences have profound influences on a child's social, emotional, and cognitive development; he proposed children seek proximity and safety to their caregivers to survive (Allen, 2023). Bowlby's studies influenced critical developments in attachment theory, revealing the importance of early bonds between caregivers and children and the impact of these bonds on an individual's psychological well-being (Bowlby, 1988; Marrero-Quevedo et al., 2019; Mikulincer & Shaver, 2012; Snyder et al., 2023).

Across psychological research, it is important to highlight there are various theoretical perspectives on the concept of *psychological well-being* (PWB). In the context of this capstone project, it is crucial to note a significant limitation in the ABCT literature is the lack of a clear definition of PWB. Therefore, for the purposes of this capstone, PWB is defined according to Ryff and Keyes (1995) as a cluster of symptoms that reflect whether an individual experiences a presence or absence of positive emotions regarding their life. Through a developmental psychology perspective, specific components of attachment security contribute to an individual's PWB (Bowlby, 1988). As proposed by Bowlby (1988), these components include emotional security, emotional regulation, interpersonal relationships, resilience, self-esteem and self-worth, and exploration and competence.

Bowlby (1969) defined attachment as an emotional bond between an individual, typically a child or infant, and their primary attachment figure (such as a parent or caregiver) where the

individual seeks physiological and/or psychological comfort, safety and security in times of distress (Dansby Olufowote et al., 2020; Fraley, 2019; von Sydow, 2002). As Bowlby (1969) proposed, the attachment figure can be any caregiver whom the child sees regularly offering protection, care, and emotional comfort (Bakermans-Kranenburg, 2021; Bosmans et al., 2022).

### ***Ainsworth's Contributions: Secure, Avoidant, Ambivalent and Disorganized***

In the 1960s, a psychologist named Mary Ainsworth significantly contributed to Bowlby's research by conducting a research experiment known as the *Strange Situation Procedure* (SSP) involving eight discrete episodes aimed to gradually induce distress in the child (Ainsworth et al., 1978; Allen, 2023). More specifically, the SSP was a structured observational study that categorized the behaviours of infants and young children as they reacted to both separations and reunions with their caregiver and the presence of a stranger (Ainsworth et al., 1978; Zilberstein, 2014). Based on their various reactions to distress, children were classified into three different attachment categories: secure, avoidant (also known as anxious-avoidant or dismissive) or ambivalent/resistant (also known as anxious-resistant or anxious) (Ainsworth et al., 1978; Zilberstein, 2014). According to attachment research, a child with secure attachment can explore their environment freely, become distressed when the caregiver leaves, and is easily reassured when reunited with the caregiver (Ainsworth et al., 1978). In contrast, a child with an avoidant attachment exhibits little distress, often ignoring when the caregiver leaves and returns (Ainsworth et al., 1978). An ambivalent child shows difficulty organizing their distress upon separation from the caregiver and often refuses to accept comfort when reunited (Ainsworth et al., 1978).

By the 1980s, a student of Ainsworth's named Mary Main and colleague, Judith Solomon, proposed they observed behaviours in the SSP that did not identify with the original

three categories (Allen, 2023). Main and Solomon (1990) identified a new category, disorganized (also known as fearful) attachment, a pattern of disoriented, fearful or conflicted behaviour characterized by inconsistent strategies to connect with a caregiver such as freezing, showing signs of fear, and stereotyped repetitive movements (Main & Solomon, 1990; Snyder et al., 2023). Research suggests disorganized attachment could develop from a primary caregiver with unresolved trauma, loss or grief where they display levels of fear resulting in the child being incapable of managing distress (Granqvist et al., 2017; Main & Solomon, 1990). Disorganized attachment in adulthood is more challenging to assess due to the complexity of behaviours (Pollard et al., 2023). In research on childhood attachment, disorganized attachment is often overlooked and underrepresented because it is less prevalent than the other three attachment styles (Granqvist et al., 2017; Pollard et al., 2023). Research on attachment styles in children and adults is valuable for the counselling field to build understanding of how to best support individuals experiencing challenges.

According to attachment research, depending on the attachment figure's availability and responsiveness, a child will develop either a *secure* or *insecure* (anxious, avoidant or disorganized) emotional bond foundational for the development of a person's attachment style or attachment pattern (Bowlby, 1969; Dansby Olufowote et al., 2020). It is crucial for therapists to understand the historical development of attachment theory, more specifically differentiating between attachment styles, to support their clients toward attachment security (Zilberstein, 2014). Different attachment styles have been shown to affect therapy modalities. Therefore, to improve therapeutic outcomes, therapists may want to consider tailoring their interventions to fit the needs of their clients' attachment styles (Mikulincer & Shaver, 2007).

Over the past five decades, the four distinct attachment styles have been extensively researched and empirically validated. Earlier attachment theory was criticized for its' pathology-focused language on adaptive and normal variations in attachment patterns which may overlook the complexity of attachment relationships (von Sydow, 2002). Bowlby's earlier research was also criticized for being primarily conducted in Western contexts, and his universal hypothesis that attachment styles occur globally may be overgeneralized and unwarranted (Ganz, 2018). In addition, several limitations have been identified in the SSP, including its controlled and artificial laboratory setting versus a naturalistic environment, bringing into question the ecological validity of the measurement tool (Lamb et al., 1985).

### ***Prevalence of Attachment Styles***

Research on the distribution of attachment styles across the globe suggests consistent patterns despite cultural variations. For instance, an older quantitative study by Mickelson et al. (1997) investigated the prevalence of attachment styles in a nationally representative sample of 8,098 adults across the U.S.A. Data was taken from the National Comorbidity Survey (NCS), a nationwide household survey on the prevalence of psychiatric disorders, and used a stratified multistage area probability sampling frame to select a representative sample from 48 states (Mickelson et al., 1997). Attachment style was measured categorically and scaled using the Adult Attachment Questionnaire (AAQ) (Hazan & Shaver, 1987). The sample included 50.9% females and 49% males with an age distribution of 15-24 years (25.5%), 25-34 years (30.8%), 35-44 years (25.9%), and 45-54 years (17.8%) (Mickelson et al., 1997). Ethnic distribution included 75% Caucasian, 11.9% Black, 8.6% Hispanic, and 4.5% classified as other. Educational background was categorized by the years of education attained which included 0-11 years (22.5%), 12 years (36%), 13-15 years (21.2%), and 16 or more years (19.5%). The study found

approximately 59% were securely attached, 25% were avoidantly attached, and 11% were anxiously attached. Notably, the study indicated a lower proportion of anxious attachment from 8% in the 45-54 age range compared to 17.4% in the 15-24 age range. Interestingly, the data showed respondents classified as secure were more likely to be female, older, Caucasian, and have a higher educational level. Respondents classified as anxious were more likely to be young, Black or Hispanic, and have a lower educational level. Respondents classified as avoidant were more likely to be male, and either Black or classified as other (Mickelson et al., 1997).

Key strengths of Mickelson et al.'s (1997) study included the use of the NCS, a stratified multistage area probability sampling frame, and its large sample size which increases the diverse representation, generalizability, and reliability of the findings across a wide range of demographics and regions in the U.S.A (Creswell, 2014). In addition, the AAQ uses both qualitative (categorical) and quantitative (scaled) methods which provide a comprehensive assessment of attachment styles (Creswell, 2014). The AAQ is a widely utilized tool for assessing adult romantic attachment styles, and is still used today for its simplicity, accessibility, and predictive validity (de la Osa-Subtil et al., 2024). However, identified limitations of the study include the potential for self-report bias and the use of a brief version of the AAQ which may not capture the nuances, complexity and variability of adult attachment styles (de la Osa-Subtil et al., 2024). Notably, the study fails to mention if the AAQ administered was culturally adapted to fit the diverse sample; a lack of cultural consideration may impact the validity and reliability of the findings (de la Osa-Subtil et al., 2024).

This capstone project will now examine a quantitative review of insecure attachment rates in both clinical and non-clinical populations. Carr et al. (2018) performed a meta-analysis using Comprehensive Meta Analysis version 3.3, looking at 25 studies conducted between 1980

and 2015 that examined rates of insecure attachment within individuals with psychosis. Relevant studies were chosen through a systematic search of databases, and quality was assessed. Notably, a common measurement tool to assess adult attachment called the Adult Attachment Interview (AAI) was determined to have poor validity within the psychosis population (Carr et al., 2018). Therefore, the study utilized a tool called the Psychosis Attachment Measure (PAM) (Berry et al., 2007) which has been adopted and developed for individuals with psychosis. For instance, the PAM has been adapted (by shortening the length, reducing the complexity, and simplifying the language) to consider the unique needs of individuals with psychosis, including their emotional, cognitive, and relational struggles (Pollard et al., 2023). Carr et al. (2018) demonstrated that rates of insecure attachment among individuals with psychosis were significantly higher in clinical samples (76%) compared to non-clinical samples (24%). Within the insecure sample, fearful attachment had the highest prevalence at 38%, followed by avoidant attachment at 23%, and anxious attachment at 17% (Carr et al., 2018). These findings are important as they suggest a need for therapeutic interventions targeting clinical populations with higher rates of insecure attachment.

Key strengths of Carr et al.'s (2018) research included the use of the Comprehensive Meta Analysis version 3.3 tool software program which also assessed for publication bias and heterogeneity among the studies, affirming the validity and reliability of the findings (Creswell, 2014). In terms of the use of the PAM tool in assessing attachment insecurity, Pollard et. (2023) suggested it has demonstrated good psychometric properties when examining psychotic experiences. Another significant strength of this study was the inclusion of both clinical and non-clinical populations which may offer a more comprehensive perspective and understanding of the relationship between insecure attachment and individuals with psychosis. Carr et al.'s (2018)

findings point to useful clinical implications such as better assessment tools for clinical populations, diagnostic criteria, and tailoring intervention plans for individual needs.

The study by Carr et al. (2018) is not without limitations. One limitation of the study is that it does not identify and analyze demographic factors. The undisclosed age, gender, and ethnicity of the clinical and non-clinical populations studied may affect the generalizability of the findings. The study is also characterized by a high degree of heterogeneity and publication bias which may limit the ability to draw generalizable conclusions and impact reliability (Carr et al., 2018). A limitation identified by Carr et al. (2018) was that the cross-sectional studies they included only provided a snapshot of the data at a single point in time, which may prevent causal inferences about the relationship between insecure attachment and psychosis.

Schmitt et al. (2004) studied the relationship between culture and attachment styles in adult romantic relationships. As previously mentioned, Bowlby's research on the universality hypothesis of attachment styles had been criticized for being Western-focused. Schmitt et al. (2004) aimed to address this cultural gap in the attachment literature by measuring the cross-cultural variability and validity of attachment patterns and measurement tools in non-Western contexts. Their quantitative correlational study analyzed data from the International Sexuality Description Project (ISDP) that included 17,804 adults (10,372 women and 7,432 men) from 62 diverse cultural regions. The study sample was chosen through convenience sampling and was mostly composed of college students and community members. Data was collected through anonymous self-report surveys (a nine-page survey) that were culturally adapted, translated, and back-translated in multiple languages to fit individual participants. In order to assess adult romantic attachment, the study used a two-dimension (Model of Self and Model of Other) and

four-category measure (secure, anxious, avoidant, and disorganized) of the Relationship Questionnaire (RQ).

Schmitt et al. (2004) built upon previous research indicating that the distribution of insecure attachment styles (anxious and avoidant) may vary across cultures. To illustrate, findings from the study suggested that in Japan, Taiwan, and some African regions, levels of anxious attachment were higher than levels of secure attachment. At the same time, Western European countries exhibited higher levels of avoidant attachment (Schmitt et al., 2004). Additionally, findings indicated secure attachment was the most common attachment style across 79% of ISDP cultures, supporting Bowlby's universality hypothesis of attachment styles (Bowlby, 1969). On the other hand, these findings also support the notion of cross-cultural variability in attachment styles.

Schmitt et al.'s (2004) study included notable advantages, including a large and diverse sample size which increased the generalizability of their findings across cultures. The study also translated and back-translated the ISDP survey into 30 different languages, enhancing cultural relevance, variability, and global representation (Creswell, 2014). On the other hand, a limitation of the research is that they used convenience sampling which can limit generalizability, create selection bias, and may not reflect a representative sample of the population. Similarly, the sample was mainly college students and community members, increasing the homogeneity of the sample, which may limit the applicability and generalizability of the results in terms of demographic variables such as age, gender, socioeconomic status, occupation, married or divorced, mental illness etc. (Schmitt et al., 2004).

In contrast to the studies previously mentioned that did not specifically address disorganized attachment, a study by Cooper et al. (2009) looked at 98 mother-infant dyads in a

black settlement close to Cape Town, South Africa called Khayelitsha. This was a longitudinal quantitative study that used the SSP to assess infant attachment styles during the second, sixth, and 18th month postpartum periods. In terms of the demographics included, 58% of the families had no regular income, 5% lived in brick homes, 49% of the homes had no plumbing, and 51% of the pregnancies were unplanned. In addition to the SSP, a Home Observation for Measurement of the Environment (HOME) assessment tool was used to evaluate the quality of the home for raising children. Cooper et al. (2009) found that 62% of the infants were securely attached, 26% were disorganized, 8% were anxious, and 4% were avoidant. Cooper et al. (2009) also found a high incidence of postpartum depression in the mothers (35%) when their infants were two months old compared to samples from Western countries (10%). The researchers suggested postpartum depression was strongly associated with insecure attachment, specifically, disorganized attachment. The findings from Cooper et al. (2009) suggest that socioeconomic factors and maternal mental health may influence attachment security.

A strength of the Cooper et al. (2009) study was the robust longitudinal design that allowed for observations of attachment stability and change over time. This study provided valuable data on attachment styles in diverse cultural and socioeconomic contexts and looked at the impacts of maternal mental health on attachment, increasing the generalizability of attachment theory across cultural contexts (Cooper et al., 2009). Some limitations of the study by Cooper et al. (2009) included the small sample size of 98 mother-infant dyads and the lack of a control group from a different cultural context to compare data; these factors may limit the generalizability of their findings (Creswell, 2014). Although Cooper et al. (2009) focused on research in a non-Western context, the study did not use an adapted SSP to fit the cultural

contexts of the South African sample, which may have impacted the cultural validity of the findings.

These cross-cultural studies have expanded understanding of attachment theory beyond Western perspectives. Although small-scale, the cross-cultural studies provide observational and longitudinal components which are an extensive investment for the researcher (Van IJzendoorn & Sagi-Schwartz, 2008). These research components make the cross-cultural studies high in validity (Efron & Ravid, 2019; Van IJzendoorn & Sagi-Schwartz, 2008). Several studies, including Schmitt et al. (2004), used the Relationship Questionnaire (RQ), a widely used self-report measurement tool for assessing adult attachment. Like many self-report measures in attachment research, the RQ is subject to threats related to both internal and external validity (Schmitt et al., 2004). Internally, the single-item measurements may not assess the complexity of attachment styles resulting in measurement bias (Schmitt et al., 2004). Externally, the generalizability of findings may be limited due to uncertainties regarding the applicability of Westernized measurement tools across cultures (Schmitt et al., 2004). Therefore, further research on cross-cultural applicability is needed for a more comprehensive understanding of the prevalence of attachment patterns across diverse populations. Examining secure and insecure attachment across different demographics and cultural contexts could have significant implications for counselling practice. These findings may inform therapists about the diverse ways insecure attachment impacts individuals' overall functioning and well-being. This knowledge may enhance therapists' understanding, informing them to adapt and administer effective assessments and interventions for individual clients with insecure attachment.

### ***Internal Working Models***

In Bowlby's (1958) seminal paper, "The Nature of the Child's Tie to His Mother," and his three-volume series, *Attachment and Loss* (1969; 1973; 1980), he introduced and elaborated on an important concept in attachment theory called the *internal working model (IWM)*; the IWM is an internalized representation of emotions and behaviours a child develops based on their caregiver's reactions to them seeking security (Bosmans et al., 2022; Bowlby, 1969). In other words, Bowlby (1969) suggested these models influence and shape how individuals see themselves, see others, and perceive their relationships. Ainsworth et al. (1978) also observed infant and caregiver interactions in the SSP, and found that securely attached infants had a positive IWM, showing confidence to explore their environment.

### ***Attachment Stability and Change***

Infants who experience attachment insecurity tend to develop a negative IWM and may view themselves as unlovable and unworthy (Bowlby, 1969). Hazan and Shaver (1987) conducted a quantitative study of 620 individuals (205 men and 415 women) ranging in age from 14 to 82 with varying demographic backgrounds (religion, socioeconomic status, sexual orientation, and marital status). Participants completed a self-report questionnaire that assessed their attachment style. Notably, the study does not specify a particular location where the research was conducted. Results demonstrated that securely attached individuals reported higher levels of trust, satisfaction, and stability in their romantic relationships (Hazan & Shaver, 1987). Anxiously attached individuals tended to have low self-esteem and self-competence, and viewed themselves as helpless (Hazan & Shaver, 1987). Hazan and Shaver (1987) also demonstrated that anxiously attached individuals have a pessimistic and unreliable view of others in terms of their ability to provide support, dependability, and loyalty. Avoidantly attached individuals were

found to be overly self-reliant, distrustful of others, and uncomfortable with emotional closeness (Hazan & Shaver, 1987).

Hazan & Shaver's (1987) findings were critical in the development of understanding that each attachment style has distinct patterns of emotions, behaviors, and thoughts. More specifically, Hazan and Shaver (1987) acknowledged that attachment styles are "products of unique person-situation interactions" (p. 522) rather than traits. In other words, attachment styles can shift and change based on relationships, experiences, and personal growth. Hazan and Shaver's (1987) findings indicated that there was good evidence for attachment continuity between childhood and adulthood, and that this continuity may be reduced throughout adulthood. Decades after the publication of Hazan and Shaver's (1987) work, research continues to validate their findings, suggesting its ground-breaking nature for the attachment field. Romantic relationship behaviour and emotions relate to specific attachment styles. The large sample size of the Hazan and Shaver (1987) study increases the generalizability of their findings.

The fact that Hazan and Shaver (1987) do not specify where their study was conducted means it is unclear if the results can apply to diverse cultural contexts. A limitation noted by Hazan and Shaver (1987) in terms of their use of self-report assessments is that the individuals studied may have been unable to articulate their emotions and may have had difficulty remembering their relationships with their parents. This limitation may lead to a reduction in validity and generalizability, and may introduce bias. Despite limitations to their study, Hazan & Shaver (1987) show that IWMs extend into adulthood, and that attachment styles are characterized by continuity, adaptability, and evolution. As a result, attachment-based

interventions may want to focus on enhancing secure IWMs by addressing each individual's specific relational and emotional needs.

***Longitudinal Perspectives on Attachment: Findings from the MLSRA***

Findings from the comprehensive Minnesota Longitudinal Study of Risk and Adaptation (MLSRA) have provided the field of attachment with over 50 years of longitudinal data that contributes to understanding of how early attachment relationships may impact development throughout the lifespan (Sroufe et al., 2005). The MLSRA is a quantitative long-term study of 200 individuals studied from infancy to adulthood. In 1975, pregnant mothers receiving prenatal services and living below the poverty line through a local healthcare facility in Minneapolis, Minnesota were recruited. At the time of their child's birth, 65% of the mothers were single, 45% were teenagers, and 42% had not completed high school. Additionally, 65% of the infants were Caucasian/non-Hispanic, 16% were multiracial, 14% were Black, and 5% were Indigenous, Hispanic, or Asian-American.

A major contribution of the MLSRA study is that it suggested early attachment security has long-term impacts on an individual's overall well-being and development (Sroufe et al., 2005). Additional outcomes from the study emphasized that attachment styles and IWMs remain relatively stable across developmental years; however, findings also suggested that major changes to family structure e.g., divorce, loss, trauma could influence and change attachment patterns and IWMs throughout an individual's life (Sroufe et al., 2005). Positive IWMs were maintained into adulthood with continued experience of supportive and stable relationships. On the other hand, Sroufe et al. (2005) suggested negative IWMs persisted unless there were changes in relational experiences through interventions including attachment-based therapies, parenting programs, or targeted therapeutic interventions. Additionally, the MLSRA study

indicated that attachment styles can be transmitted across generations; a parent's attachment style can be passed down to their children.

Notable strengths of the MLSRA study included its comprehensive use of observational studies, self-report measures, and interview. The study provides the attachment field with a diverse and nuanced understanding of early attachment and its impact on development through a multi-method approach. Sroufe et al. (2005) identified that widely validated tools were used in this research to assess attachment, including the AAI and Experiences in Close Relationships Questionnaire (ECR). The use of validated tools increases the validity and reliability of attachment research. Another strength of the MLSRA study included its longitudinal design. This approach captured the stability and continuity of attachment styles throughout the lifespan, enabling causal inferences about early experiences and long-term outcomes to be made and increasing the reliability and validity of the research.

The MLSRA study is limited in its primary focus on the mother-infant dyad; this may underrepresent the role and impact of fathers, family members, and other caregivers in the child's life (Duschinsky, 2020). This limited perspective may overlook significant influences and relationships on a child's development and attachment. While the longitudinal design enhanced the research findings, the study experienced participant attrition, which may have introduced bias and impacted the external validity of the findings (Duschinsky, 2020). In terms of the measurement tools used, it is important to note that the AAI has been criticized for being applicable only to adolescents and adults and requiring considerable training, time and resources to administer (Zilberstein, 2014). Similarly, the ECR has been criticized for its primary focus on identifying anxious and avoidant patterns in only adult populations and romantic relationships,

potentially overlooking the complexities of attachment security throughout the lifespan (Duschinsky, 2020).

Critical discoveries from Hazan and Shaver (1987) and the MLSRA study about attachment reveal new understandings and implications for attachment-based interventions. While attachment styles and IWMs are generally stable throughout an individual's lifespan, they may shift and change due to major life events or significant relationships. This flexibility and adaptability in attachment suggests that insecure attachment and negative IWMs can be modified. Additionally, the findings show attachment can be passed on from parents to their children, perpetuating a cycle of insecure attachment across generations. Attachment-based therapies have the potential to address the cycle of intergenerational transmission; targeted interventions that address insecure attachment may foster secure attachment and break this cycle (Hazan & Shaver, 1987; Sroufe et al., 2005).

### **Psychological Well-Being and Attachment in Adulthood**

Understanding the connection between PWB and attachment security is important as it is a key element in the theoretical framework of ABCT. IWMs are formed through early attachment experiences (Bowlby, 1988) and an individual's PWB may also be influenced by attachment security (Keyes, 2002). Bowlby (1988) argued that attachment styles are linked to PWB; secure attachment in childhood supports healthy development, whereas insecure attachment can lead to various psychological disturbances. Both Marrero-Quevedo et al. (2019) and Keyes (2002) contributed to understanding the development of PWB. In addition, Ryff's PWB model outlines a comprehensive framework for measuring six components that contribute to an individual's PWB (Ryff & Keyes, 1995). This model measures self-acceptance, positive

interpersonal relationships, personal growth, environmental mastery, purpose in life, and autonomy (Ryff & Keyes, 1995).

A quantitative study by Marrero-Quevedo et al. (2019) also looked at six components of PWB as they relate to personality and attachment security. They surveyed 1403 adults (661 women and 742 men) between the ages of 17 and 78 years old from the University of La Laguna in Spain using a wide variety of measurement tools (Marrero-Quevedo et al., 2019). The sample consisted of 50.8% single individuals, 40.4% cohabiting with a partner, 7% separated, and 1.8% widowed. The data was analyzed using Pearson's correlation, Spearman's correlation, Holberg correction, dominance analysis, mediation analyses, and moderation analyses (Marrero-Quevedo et al., 2019). Findings showed that securely and avoidantly attached individuals were positively associated with healthy relationships, self-acceptance, and environmental mastery, and anxiously attached individuals showed a negative association with self-acceptance and autonomy (Marrero-Quevedo et al., 2019). Additionally, those with insecure attachment (anxious and avoidant) were found to display difficulties with emotional regulation, low social self-efficacy, and a higher degree of loneliness and stress. Results from this study supported earlier findings that individuals with insecure attachment may benefit from attachment-based interventions that focus on building positive IWMs to enhance PWB (Marrero-Quevedo et al., 2019). Depending on the type of insecure attachment an individual has, interventions aimed at enhancing their IWMs may improve their attachment security and overall PWB. This research provides therapists with insights into attachment research and the connection between attachment insecurity and PWB in order to improve attachment-based interventions.

Marrero-Quevedo et al. (2019) highlighted the complexities of attachment and PWB by utilizing diverse measurement and analytical tools and a large sample size, increasing their

study's validity, reliability, and the generalizability of their findings. On the other hand, limitations of the study included a homogeneous sample population with similar background and culture which may limit the generalizability of findings (Marrero-Quevedo et al., 2019). Additionally, the cross-sectional design of the study identified relationships between variables which may limit the ability to determine if there is a cause-and-effect relationship between PWB and attachment security.

In order to illustrate the link between attachment security and mental health, Keyes (2002) conducted a study with a randomized sample of 3,032 English-speaking adults (ranging in age from 25 to 74) across 48 different states in the U.S.A. Keyes (2002) used various self-report questionnaires, including Ryff's PWB model, to measure participants' mental health and well-being. The data analysis consisted of a combination of factor and regression analysis, and comparative and correlation analysis. Data from this study demonstrated that when an individual has higher levels of the six components of PWB, this contributes to reduced levels of mental health challenges including anxiety and depression (Keyes, 2002). Individuals with lower levels of the six components of PWB were associated with insecure attachment (Keyes, 2002). Results from this study support earlier findings that individuals with insecure attachment may benefit from attachment-based interventions that focus on building positive IWMs to enhance PWB (Marrero-Quevedo et al., 2019). Understanding the strengths and protective factors that contribute to positive PWB may help with the development of attachment-based interventions focused on increasing PWB in individuals with insecure attachment.

The research conducted by Keyes's (2002) on PWB and mental health was strong because it was conducted longitudinally and used large-scale surveys enabling it to provide insights into how PWB changes over time, and making findings more reliable and valid. Keyes's (2002) has

contributed to the growth of research into the prevention of mental illness and the development of positive psychology. On the other hand, one limitation of Keyes' (2002) study was the use of self-report measures which may be subject to bias. Another notable limitation was the focus on individual traits and characteristics, limiting consideration of external factors (including social, economic, and environmental factors) that impact mental health and PWB.

Extensive empirical research has been conducted for the past several decades on the connection between and theoretical integration of attachment security and PWB. The ABCT literature aligns with previously explored findings, and outlines interventions aimed to enhance attachment security and improve PWB. However, several limitations exist in the extant literature on PWB. First, there are varied definitions across different theoretical models that may lead to inconsistencies in measurement, outcomes, and understanding of PWB (Huppert & So, 2013; Ruggeri et al., 2020). Secondly, some studies suggest that PWB is a multidimensional construct lacking in cultural variability (Huppert & So, 2013; Marrero-Quevedo et al., 2019). Interventions developed based on Western concepts of well-being may not be relevant and appropriate in non-Western contexts (Christopher et al., 2014). For instance, concepts like happiness and life satisfaction may not be universal because they differ across cultures (Ruggeri et al., 2020). Furthermore, cultural bias may compromise the generalizability of research findings and lead to the exclusion of critical cultural aspects of well-being (Christopher et al., 2014; Ruggeri et al., 2020). More research is needed to understand how PWB manifests within different cultural contexts; cross-cultural and thus culturally diverse research has implications for understanding and implementing attachment-based therapy.

## **The Connection Between Insecure Attachment and Psychopathology**

Bowlby (1983) and Mikulincer & Shaver (2007) suggest that insecure attachment is correlated to an increased risk of developing internalizing and externalizing problems throughout the lifespan. Mikulincer and Shaver (2007) conducted a comprehensive review and meta-analysis of cross-sectional and longitudinal studies, including both clinical and non-clinical populations, to explore the relationship between attachment and psychopathology. They used a combination of meta-analysis, comparative and subgroup analysis to review and synthesize the data; however, the statistical software used was not mentioned. Results from the analysis found that insecure attachment was common for individuals with a wide range of mental health disorders. For instance, both anxious and avoidantly attached individuals are associated with a higher incidence of clinical anxiety, depression, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), suicidal ideation, and disordered eating (Mikulincer and Shaver, 2007). Mikulincer and Shaver (2007) also found that anxious attachment is associated with specific personality disorders including borderline, histrionic, and dependent, whereas avoidant attachment was found to be associated with avoidant and schizoid personality disorders.

Notable strengths of Mikulincer and Shaver's (2007) meta-analysis included the rigorous research methods used which reduced the risk of bias and ensured the reliability and validity of their findings. The meta-analysis identified significant connections between attachment styles and psychological outcomes which may contribute to the development of attachment-based interventions and inform future research in attachment theory. On the other hand, a limitation of the meta-analysis was the potential for publication bias that may have resulted in the findings being skewed and specific associations being overestimated. Another notable limitation was that the studies included in the meta-analysis may have used different measurement tools for

assessing attachment styles and psychological outcomes, leading to inconsistent findings (Mikulincer & Shaver, 2007).

Cornellà-Font et al. (2020) looked at a sample of 668 participants (ranging in age from 13 to 19) from a secondary school in Spain. Their study examined the relationship between addiction and attachment in adolescents. Self-report questionnaires were administered and the data was analyzed using a chi-square test and version 22.0 of the SPSS statistical package to calculate statistical significance. Cornellà-Font et al. (2020) found that adolescents with insecure (anxious or avoidant) attachment were at higher risk of substance addiction. Specifically, adolescents who were raised in a dysfunctional home had an increased risk of addiction and developing insecure attachment. A strength of the Cornellà-Font et al. (2020) study was their use of instruments such as the Cartes, Modèles Individuelles de Relation, Reduced version (CaMir-R), Autoconcepto Forma 5 (AF5), and Youth's Inventory-4 (YI-4); these instruments are considered to have good psychometric properties and have been adapted and validated for Spanish populations, increasing the reliability of findings. Another notable strength was that the study obtained informed consent from legal guardians and participants, ensuring the researcher's ethical responsibilities were fulfilled and study participants' rights were protected (Canadian Psychological Association, 2017). Some limitations of the study included the limited geographic regions participants were drawn from and the limited age range (13 to 19 years of age) of subjects, possibly limiting the generalizability of the research to other cultural contexts and age groups, including adults. Additionally, the cross-sectional design of the study suggested there was a correlation between attachment in adolescents and addiction, however, this does not determine if there was a cause-and-effect relationship, impacting how this finding may impact interventions.

Despite studies suggesting a prospective connection between insecure attachment and vulnerability to mental health disorders, findings are correlational; no causation has been established and there may be other contributing factors to consider in terms of this relationship (Mikulincer & Shaver, 2012). Mikulincer and Shaver (2012) conducted another comprehensive review and synthesis of existing literature on how attachment styles impact overall development. The researchers identified the importance of considering an individual's life history, including biological, psychological, environmental, and socio-cultural factors that may contribute to the attachment-psychopathology link. More specifically, they found that the loss of a caregiver during childhood and the level of caregiving received afterwards may be connected to the development of anxiety and depression in adulthood (Mikulincer & Shaver, 2012). Mikulincer and Shaver's (2012) study included empirical findings on attachment theory that strengthen the credibility of their theoretical claims. In terms of limitations, Mikulincer and Shaver (2012) selected themes which overlooked other important perspectives, resulting in selection bias. Additionally, the studies included were mainly conducted in Western contexts, limiting the generalizability and applicability of results across diverse cultural contexts.

Although several research studies support a connection between earlier attachment styles and vulnerability to developing psychopathology later in life, these studies are correlational. This means the extant research cannot determine if insecure attachment causes psychopathology, whether psychopathology influences attachment, or whether they have a bidirectional relationship (Mikulincer & Shaver, 2007; 2012). Many factors may contribute to the development of insecure attachment and psychopathology. Therefore, it is important for ABCT therapists to consider diverse influences on insecure attachment when developing and implementing interventions. Therapists need to address clients' unique needs, creating

personalized treatment plans to enhance therapeutic effectiveness and outcomes. Having established that understanding insecure attachment is critical, this discussion now moves to explore the development, foundations, and mechanisms of ABCT. Empirical studies on the efficacy of the components of ABCT in terms of addressing insecure attachment are described and analyzed.

### **Development and Foundations of Attachment-Based Compassion Therapy**

The integration of compassion-based interventions with attachment theory, known as Attachment-Based Compassion Therapy (ABCT), is an innovative intervention that can address attachment styles and enhance PWB in the general public and when treating psychiatric disorders (García-Campayo et al., 2016). In 2016, Dr. Javier García-Campayo and his colleagues developed ABCT to address the transcultural diversity of the Spanish population that existing compassion programs failed to consider (García-Campayo et al., 2016). They highlighted the importance of acknowledging and integrating cultural factors in the development of attachment-based interventions. ABCT was developed with transcultural consideration, and may be applicable to other culturally diverse populations beyond Spain.

The key elements of ABCT build upon the seminal contributions of Bowlby (1969) and Ainsworth et al. (1978) in attachment theory and incorporate elements from Paul Gilbert's *Compassion-Focused Therapy* (CFT) (Gilbert, 2010). In addition, ABCT includes techniques and values from Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT) (García-Campayo & Demarzo, 2015). ABCT uses attachment theory as its guiding framework; self-awareness practices are taught to help individuals understand their attachment styles with their caregivers with the aim to address insecure attachment patterns (García-Campayo et al., 2016). Both compassion and self-compassion practices are taught to

enhance and strengthen current interpersonal relationships with self and others and to improve PWB (Navarro-Gil et al., 2020). Like other *compassion-based interventions* (CBIs), ABCT includes traditional practices and theoretical foundations from Tibetan Buddhism and other religions where compassion is considered essential for therapeutic change and growth (García-Campayo et al., 2016). The ABCT protocol comprises eight weekly two-hour sessions that include mindfulness practices focused on self-compassion to increase attachment security (García-Campayo et al., 2016).

Efforts were made to locate more information on the ABCT protocol. The existing research on ABCT is limited and it is important to note that the majority of studies are randomized controlled trial protocols which have not yet been executed. Despite efforts to locate more research on this intervention, only the self-applied manual, translated from Spanish into English by the authors, could be found. In the following section, the components of the ABCT self-applied manual are critically analyzed.

### ***ABCT: A Manual for Self-Application***

García-Campayo et al. (2023) adapted ABCT into a self-applied manual for use by individuals in a psychoeducational context, and to assist therapists in individual therapy (García-Campayo et al., 2023). The manual is structured into nine chapters and seven sequential modules (see Appendix A). For personal use, the recommended rate of completion is one module per week, with one module taking approximately one hour. García-Campayo et al. (2023) suggest the self-applied manual will take between eight to 10 weeks. Additionally, the seven modules follow a consistent structure: objectives; theoretical content; experiential exercises and activities (including formal and informal practices); assessment of the knowledge acquired during the module; a series of tasks to be completed before advancing to the next module (homework and

self-reflection questions); annexes e.g. compassion practice journal exercises and a script of formal and informal practices; and a summary of the module learnings (García-Campayo et al., 2023). The following section explores the relationship between self-compassion and PWB, highlighting how self-compassionate practices may address attachment insecurity as is posited in the ABCT manual.

### ***Self-Compassion and Psychological Well-Being***

Compassion and self-compassion practices are incorporated into the ABCT manual as it is believed that these practices strengthen relationships and enhance PWB (García-Campayo et al., 2016). Positive PWB may support individuals with insecure attachment to develop more secure attachment (Keyes, 2002; Marrero-Quevedo et al., 2019). To understand how self-compassion may address insecure attachment, it is important to understand the primary measurement tool used to analyze self-compassion. Working from a Western psychological perspective, Kristin Neff, a psychologist and pioneer in self-compassion research defined, conceptualized and established a measurement tool for the concept of self-compassion (2003a; 2003b). This measurement tool is called the *Self-Compassion Scale* (SCS), and it measures the emotions, thoughts and behaviours associated with the six components of self-compassion. These six components, identified by Neff (2003a), include self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification. These components are then broken down into positive (self-kindness, common humanity, and mindfulness) and negative (self-judgment, isolation, and over-identification) aspects of self-compassion. SCS is the most widely used tool for examining the link between self-compassion and PWB (MacBeth & Gumley, 2012; Neff et al., 2007).

Over the past two decades, psychological research has proposed that higher rates of self-compassion may promote greater PWB (Neff et al., 2007). Specifically, higher scores on the SCS have been associated with greater levels of life satisfaction, happiness, optimism, appreciation of one's body, perceived competence, and motivation. A quantitative correlational study by Neff et al. (2007) examined the relationship between self-compassion and PWB in 177 undergraduate students (68% female and 32% male) from Southwestern University in the United States; research subjects varied in ethnicity (56% Caucasian; 25% Asian, 14% Hispanic, 5% Mixed Ethnicity, and 1% other). The participants filled out a questionnaire which included eight measurement tools focused on components of positive psychological functioning; one was the SCS. The data was analyzed using a one-way analysis of variance (ANOVA) to look at the correlations between different constructs being examined.

Neff et al. (2007) illustrated a significant positive association between self-compassion and self-reported measures of "happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness" (p. 908). In addition, the study found a negative association between negative affect and neuroticism (Neff et al., 2007). Individuals with higher self-compassion were associated with higher emotional resilience, coping skills, and lower levels of anxiety and depression. Neff et al. (2007) proposed that self-compassion may be a key protective factor in promoting PWB and reducing mental illness, countering the impacts of stress and negative emotions. Neff et al. (2007) posit that higher amounts of happiness may stem from feelings of inter-relatedness, warmth, and equilibrium that individuals experience when being self-compassionate. Because self-compassion is associated with positive PWB, it is hypothesized that self-compassion may lead to a reduction in insecure attachment, subsequently increasing attachment security.

The strengths of the Neff et al. (2007) study included a comprehensive use of psychometrically sound measurement tools, including the SCS. The SCS is proven to be a stable and reliable tool for measuring self-compassion (López et al., 2015). Additionally, the SCS has demonstrated strong predictive validity, consistently predicting higher rates of self-compassion related to lower levels of poor mental health (including symptoms of anxiety, depression, and stress). The study included a large and culturally diverse sample size which enhanced the generalizability of the findings. The use of ANOVA to analyze the data helped to control for variability between self-compassion and PWB variable, minimizing the chance of random error and increasing efficiency.

On the other hand, a limitation of the study by Neff et al. (2007) was the use of self-report measures which may have impacted the common method variance and been subject to social desirability bias (Neff et al., 2007). The sample was university students from Georgetown, Texas, U.S.A, which may limit external validity; therefore, the findings may not be generalizable to diverse populations. In terms of potential confounding variables, several factors may have influenced the research findings including participants' prior mental health status, personality traits, levels of social support and coping skills, stress levels, and cultural and demographic variables. There has been debate in the literature regarding the factor structure of the SCS, and whether self-compassion should be treated as a single construct, or whether the six components of self-compassion should be treated as individual constructs and analyzed separately (Lopez et al., 2015; Muris & Otgaar, 2020). Another critique of the SCS is that it may not fully capture the construct of self-compassion, specifically the negative aspects including self-judgment, isolation, and over-identification; this limitation may compromise the validity of the findings when this measure is used (Lopez et al., 2015).

In a quantitative meta-analysis, MacBeth and Gumley (2012) examined 20 samples from 14 studies using the SCS and explored the association between self-compassion and psychopathology (primarily anxiety, depression, and stress). Their meta-analysis included both clinical and non-clinical samples primarily from Western contexts; however, specific demographics were not mentioned. The researchers used random effects, Fisher's Z transformation, and correction for attenuation due to scale reliability to analyze the data (MacBeth & Gumley, 2012). The analysis revealed that high levels of self-compassion were associated with lower levels of anxiety, depression, and stress. These findings provide support for the hypothesis that self-compassion may help to ameliorate psychopathology and increase an individual's overall PWB. These findings are important because self-compassion practices included in the ABCT manual may help address symptoms associated with insecure attachment.

A strength of the MacBeth and Gumley (2012) study was their use of the random effects model which accounts for variability between the chosen studies and increases the generalizability of findings. The study corrected for attenuation, meaning adjustments were made to the correlations for measurement error, providing a more accurate estimate of the relationship between self-compassion and psychopathology. In addition, the study assessed for publication bias which helped to ensure the meta-analysis was not skewed, increasing the credibility of findings. Some limitations of the study included the lack of detailed information provided regarding demographics (age, gender, cultural background, etc.), and the number of individuals included across the studies which may limit the generalizability and reliability of the findings to other groups. The research was also limited because it included studies conducted mainly in Western contexts, not taking into consideration diverse cultural contexts. It is important to note

that any association between self-compassion and psychopathology may differ across contexts; future research is needed to explore this further.

Both Neff et al. (2007) and MacBeth and Gumley (2012) supported the hypothesis that self-compassion practices in the ABCT manual could help enhance individuals with insecure attachment's overall PWB. More specifically, Neff et al. (2007) found that self-compassion is associated with an increase in an individual's connection, sense of belonging, and emotional stability to self and others. Both studies suggested that the practice of self-compassion may serve as a buffer against difficulty with emotions, stress, and unhealthy coping skills linked to insecure attachment. Engaging in self-compassion practices in the ABCT manual may help to address and potentially reduce insecure attachment.

### ***Empirical Studies on ABCT***

This section explores empirical studies on the efficacy of ABCT to enhance secure attachment in general and clinical populations. As previously mentioned, Garcia-Campayo et al. (2016) claimed the ABCT protocol may help reduce psychological distress, including symptoms of anxiety and depression. Considering the strengths and limitations of the existing research on the ABCT protocol, the ABCT protocol is considered to be an appropriate intervention for addressing insecure attachment.

Navarro-Gil et al. (2020) conducted a non-randomized controlled trial to examine the impact of the ABCT protocol on improving self-compassion in a healthy population, and whether improvements may mediate a shift toward more secure attachment. The study consisted of an intervention group (45 participants) receiving ABCT and a waiting list control group (45 participants). The intervention group was made up of adults taking a mindfulness program at the University of Zaragoza in Spain. The control group were acquaintances and family members

recruited from the intervention group. The inclusion criteria for both the intervention and control group included: self-rated as not having a mental health diagnosis; can speak and write fluently in Spanish; between the ages of 18 and 65 years; and provided informed consent. The exclusion criteria for both groups included: self-rated as having a mental health diagnosis; under 18 years or over 65 years of age; unable to receive ABCT or failed to sign the informed consent form. The data was analyzed using linear mixed-effects models such as restricted maximum likelihood regression (REML), and regression coefficients and confidence intervals were calculated. There were pre- and post-intervention assessments and a 6-month follow-up. The intervention group showed significant improvements in self-compassion, experiential avoidance, mindfulness, and psychological distress compared to the control group (Navarro-Gil et al., 2020). More specifically, it was found at both post-test and during the 6-month follow-up, that ABCT reduced levels of attachment-related anxiety and avoidance but resulted in no improvements in disorganized attachment. Improved self-compassion scores predicted movement from insecure to more secure attachment.

A strength of the study by Navarro-Gil et al. (2020) was its use of a homogenous control group, ensuring groups had similar backgrounds thereby reducing the risk of confounding variables. Notably, the study used five well-utilized measurement tools to assess attachment patterns and psychological well-being, including the Relationship Questionnaire (RQ), the Five Facets of Mindfulness Questionnaire (FFMQ), Acceptance and Action Questionnaire, General Health Questionnaire (GHQ-28), and the SCS; the use of these diverse tools enhanced the validity and reliability of the research findings (Shafer, 2024). It is noteworthy that the Spanish-validated version of the RQ, Acceptance and Action Questionnaire, GHQ-28, and the SCS were used in this study (Navarro-Gil et al., 2020). All measurement tools employed have shown to be

reliable and valid measurements. This is an important strength of the study because self-compassion is considered differently in Latin contexts versus Western contexts (Garcia-Campayo et al., 2017). By using Spanish-validated versions of measurement tools, findings have cultural relevance, reliability and validity in a Spanish context. Another strength included the pre- and post-intervention assessments as well as a six-month longitudinal follow-up assessment that helped to determine the sustainability of ABCT (Navarro-Gil et al., 2020). The test-retest assessment approach increased the reliability of the data collected (Efron & Ravid, 2019).

One major shortcoming of the research done by Navarro-Gil et al. (2020) was the non-randomized design of the study which may limit generalizability, increase selection bias, lower internal validity, and lower the cause-and-effect relationship (Efron & Ravid, 2019). The use of self-report measures in the study may have been subject to social desirability or inaccurate self-assessment, impacting the validity of the findings. Additionally, because the control group did not consist of students from the mindfulness program like the intervention group, the two groups may not be comparable in motivation, self-practice, and understanding of the study. This may have resulted in selection bias, sampling bias, risk of contamination between the intervention and control group, and possible ethical concerns (Efron & Ravid, 2019). Although the homogeneity of the sample may reduce the chance of confounding variables, the findings may not be generalizable to other populations and cultural contexts outside of Spain. As for the inclusion and exclusion criteria, participants were asked about current mental health diagnoses, however, this was done through self-reported measures and not a formal clinical interview. Reliance on self-reports may result in the inclusion of participants with undiagnosed illnesses, affecting the generalizability of the findings.

### ***ABCT & Psychological Well-Being***

Nebot-Gresa et al. (2021) found that the ABCT protocol enhances PWB in clinical and general populations. Nebot-Gresa et al. (2021) applied a brief ABCT intervention to 61 participants divided into an experimental group (17 participants with 76% being women and 24% being men) and a passive controlled group (44 participants with 75% men and 23 % women) in Spain. All participants in the study were volunteers and did not receive compensation. This study aimed to test the validation and effects of a brief ABCT protocol on compassion and other positive constructs e.g., transcendence beliefs, subjective well-being or happiness, endo group solidarity, and global identity (Nebot-Gresa et al., 2021). Notably, due to time and financial constraints, the researchers created a condensed and less expensive ABCT intervention which comprised two five-hour sessions throughout a weekend (Nebot-Gresa et al., 2021). The experimental group were graduate students recruited from a public university (name not mentioned) and the control group were from a different university (name not mentioned) completing a Social Work degree. The data was analyzed using SPSS statistical software package, ANOVA and multivariate analyses of variance (MANOVAs). The results indicated an increase in self-compassion, transcendence beliefs, and endo group solidarity in the intervention group compared to the control group, suggesting these constructs may be enhanced by ABCT (Nebot-Gresa et al., 2021). There were no significant differences between the groups in global identity. Additionally, Nebot-Gresa et al. (2021) supported the hypothesis that a secure attachment is associated with a greater overall PWB, social skills, and the development of a social identity.

This study by Nebot-Gresa et al. (2021) has several notable strengths, including a well-structured experimental design with a control group that enhanced the internal validity. The brief

adaptation of ABCT (two five-hour sessions) illustrated that it can be effectively delivered in a short period, demonstrating the therapy's feasibility and potential for broader application (Creswell, 2014). Although the study used the Pemberton Happiness Index (PHI) to measure PWB, a highly validated and reliable tool in Latin American contexts according to Hervás & Vázquez (2013), the study failed to define the concept of PWB. Similarly, based on the literature available to this writer, ABCT demonstrates a notable gap in conceptual clarity by not providing a definition of PWB. This gap presents a significant limitation as it becomes challenging when evaluating the efficacy of ABCT. It is crucial to highlight that the study claimed the results proved that secure attachment is linked to a greater PWB, however, the study did not test for attachment style. Therefore, future research in ABCT should establish a clear definition of PWB to enhance measurement consistency and to assess PWB accurately. Future studies on the efficacy of ABCT should incorporate explicit measurement tools for attachment styles to validate their claims.

Navarro-Gil et al. (2020) provided evidence that ABCT has the potential to address insecure attachment by practicing self-compassion, helping to reduce attachment-related distress. ABCT may help reduce levels of attachment related anxiety and avoidance, but no improvement was found with disorganized individuals. On the other hand, Nebot-Gresa et al. (2021) used a brief ABCT intervention and found an increase in self-compassion and other positive constructs in the participants. Because Nebot-Gresa et al. (2021) did not measure attachment styles, their findings cannot support the hypothesis that secure attachment is correlated with greater PWB. There is a need for more research on the effectiveness, validity, and reliability of the ABCT model to address insecure attachment.

## **Gaps and Opportunities**

The ABCT protocol was developed to address the cultural gap in compassion-based programs within the Spanish context; the protocol was designed to fit the cultural nuances in Spanish speaking countries (Garcia-Campayo et al., 2017). However, while ABCT studies focused on the Spanish context, they failed to account for demographic variables beyond age, gender, and language. A notable limitation in the ABCT research is the absence of demographic information of the samples including their cultural backgrounds, ethnicities, socioeconomic status, family structure, etc. This absence may limit the generalizability of the findings to diverse cultural groups as this information may play an important role in how individuals experience therapy and how this information can influence an individuals' attachment-related issues.

### ***Limitations of the ABCT Self-Applied Manual***

It is important to identify some limitations in the ABCT literature in the self-applied manual. First, the ABCT manual defines and explains attachment styles in a pathology-focused manner when discussing insecure attachment. This pathologizing language around insecure attachment styles may reinforce negative self-perceptions and stigmatize individuals with insecure attachment. This language might also create barriers for individuals with insecure attachment to seek support and therapy. The ABCT manual also overlooks research supporting attachment change, giving the impression that attachment styles are fixed and stable. In addition, the manual is a one-size-fits-all intervention, which oversimplifies complexities and nuances inherent in different attachment styles.

To conclude, insecure attachment styles (anxious, avoidant, and disorganized) show considerable differences in their emotional, behavioural, and cognitive patterns (Allen, 2023; Marrero-Quevedo et al., 2019). There is a need for ABCT therapists to consider an individual's

life history, including biological, psychological, environmental, and socio-cultural influences that may impact attachment and PWB during assessment and intervention (Mikulincer & Shaver, 2012). Finally, there is a need for future research to explore how ABCT can address the ethical and cultural complexities and nuances of insecure attachment styles to improve therapeutic outcomes.

### **Implications for Counselling Psychology**

The final section of this capstone project summarizes the above findings and explores considerations for therapists when applying the ABCT manual to individual therapy. The practical implications focus on the ABCT self-applied manual, along with ethical and cultural considerations. Gaps in the existing literature on ABCT are addressed and considerations for future research are suggested. Lastly, the capstone concludes with a self-reflexive statement.

This capstone project explored insecure attachment and how different attachment styles can impact an individual's psychological well-being. The research question focused on how the ABCT protocol could address insecure attachment by looking at the connection between IWMs and PWB, and considered how both constructs may strengthen attachment security. Findings from the research suggest that interventions aimed at enhancing an individual's IWM may improve their attachment security and overall PWB (Marrero-Quevedo et al., 2019). The connection between PWB and self-compassion was then explored, indicating that self-compassion may lead to a reduction in insecure attachment (Neff et al., 2007). Empirical studies on the efficacy of the ABCT protocol were critically analyzed and gaps in the ABCT literature were noted. Given the findings from attachment research, it is apparent that tailoring the ABCT self-applied manual to an individual's attachment style is critical and trauma sensitive.

The next section identifies key components of the ABCT manual and provides recommendations about how it can be used in trauma-informed and client-centred therapeutic approaches.

### **Adapting ABCT: A Trauma-Informed Approach to Individual Therapy**

As outlined, individuals with insecure attachment often have a history of trauma and are at a higher risk of developing mental and physical health challenges throughout their lifetime (Bosmans et al., 2022; Verhage et al., 2016). Individuals with insecure attachment are more likely to report negative self-image, experience interpersonal difficulties, and use maladaptive coping skills (e.g., denial, rumination, self-blame) to handle distress (Bosmans et al., 2022; Cortés-García et al., 2019). As IWMs shape an individual's mental representation of their world beginning in early childhood, individuals with insecure attachment (anxious, avoidant, or disorganized) will have a distinct IWM depending on their attachment style (Marrero-Quevedo et al., 2019). For example, individuals with anxious attachment often see themselves as unlovable and unworthy, and have a fear of rejection and abandonment (Remondi et al., 2023). Those who report having an avoidant attachment, often have a positive self-image, a negative view of others, and are independent and emotionally distant (Remondi et al., 2023). Finally, individuals with disorganized attachment have a negative view of themselves and others and often struggle with erratic behaviours and difficulties regulating emotions in relationships (Snyder et al., 2023). Research on insecure attachment has found that insecurely attached individuals are more prone to develop high levels of self-criticism and shame due to their negative IWMs (Remondi et al., 2023).

A trauma-informed approach that includes a tailored, non-judgmental, and adaptable attachment-focused framework may be most effective when working with individuals with insecure attachment (Gilbert, 2010; Zilberstein, 2014). Trauma-informed practice emphasizes the

therapeutic relationship more than specific strategies and interventions (Alessi & Kahn, 2019; British Columbia Ministry of Children and Family Development, 2017). For example, trauma-informed principles from Compassion-Focused Therapy (CFT) begin therapy by creating a sense of internal safety and stabilization for the client (Alessi & Kahn, 2019; Gilbert, 2020). CFT therapists will then gradually introduce their clients to self-compassion exercises, being mindful of the pacing and timing of the interventions so as not to retraumatize the client (Alessi & Kahn, 2019; Gilbert, 2020). Therapists can adapt the ABCT self-applied manual so interventions are more trauma-informed by using key points from the *Trauma-Informed Practice Guide* (British Columbia Ministry of Children and Family Development, 2017). The ABCT manual can be used for psychoeducational and therapeutic purposes; however, this discussion focuses on recommendations for use of the ABCT manual in client-centred therapeutic contexts.

A trauma-informed approach for therapists and researchers is an ethical standard under the Canadian Psychological Association's (CPA, 2017) *Code of Ethics* as it aligns with four key principles: respect for the dignity of persons and peoples; responsible caring; integrity in relationships; and responsibility to society. This discussion focuses on the first two principles and how they apply when therapists employ the ABCT self-applied manual.

***Ethical Framework: Respecting the Dignity of All Persons and Responsible Caring***

It is essential to preserve the dignity of all individual clients when using the ABCT manual, including their right to privacy, confidentiality, and autonomy; these factors must be honored from the beginning stages of assessment through the end of the intervention (CPA, 2017). In alignment with trauma-informed principles, therapists using the ABCT manual must avoid causing harm and ensure client safety throughout the therapeutic process (CPA, 2017). The ABCT self-applied manual should be tailored, employing interventions for each attachment style

(e.g., anxious, avoidant, disorganized, and secure) to meet the individual client’s unique needs rather than implementing a generalized one-size-fits-all approach (Allen 2023; Borelli, 2023; Dansby Olufowote et al., 2020). When the unique needs of individual clients are met, this can encourage empowerment by giving them a sense of agency in the therapeutic process (Alessi & Khan, 2019; Borelli, 2023). Validating client experiences and attachment needs can increase client engagement, growth and healing, potentially leading to better therapeutic outcomes (Alessi & Khan, 2019; Borelli, 2023). The discussion below explores specific sections of the ABCT manual and provides recommendations for establishing a more trauma-sensitive framework.

### **Key Sections of the ABCT Manual**

#### ***Recommendations on How to Use the Manual***

When employing a trauma-informed approach that aligns with the two chosen ethical principles, every step of the ABCT intervention must be focused on minimizing all possible harms and maximizing benefit to and the safety of clients, especially for those with a trauma history (CPA, 2017). The manual acknowledges that the exercises “may elicit difficult emotions” and that the recommendations “encourage readers to pick and choose which practices best fit with their individual needs” (García-Campayo et al., 2023, p. 6). Although this is an appropriate recognition, a limitation acknowledged in the literature review about the manual was that it overgeneralizes and simplifies significant information and may not be sufficient for individuals with a history of trauma.

To be trauma-informed when using the ABCT manual, it is recommended that therapists conduct a thorough assessment of their client's history including trauma history, emotional regulation and triggers, and current psychological state before beginning ABCT (Borelli, 2023; British Columbia Ministry of Children and Family Development, 2017). Due to the complex and

differentiating attachment styles, it is recommended that an ABCT therapist also assess the client's attachment style and history (Karantzas et al., 2023; Zilberstein, 2014). This attachment assessment can be used to inform the client about how their attachment style may influence their experience, empowering them in the therapeutic process to make informed decisions and to strengthen their autonomy (Alessi & Khan, 2019; CPA, 2017). The information gathered about clients during the assessment phase informs the therapeutic approach and helps meet the unique attachment needs of each client.

### ***Module 3: Developing Our Compassionate World***

**Attachment Figure & Therapeutic Alliance.** A major emphasis of the manual is supporting clients to develop a secure attachment figure through compassionate practices. The ABCT manual explains, “It is very common for difficulties to arise when developing the attachment figure, and it will often be necessary for you to practice this exercise several times” (García-Campayo et al., 2023, p. 70). Due to deep attachment challenges rooted in childhood, individuals with insecure attachment often struggle with developing secure attachments (Snyder et al., 2023). The manual then suggests the development of an attachment figure could be based on representations of divinity or religious figures, or important people in an individual's life who offer affection and wisdom such as teachers, family members, or famous people who are associated with compassion such as the Dalai Lama or Mother Teresa (García-Campayo et al., 2023).

Both attachment research and trauma-informed practices emphasize the crucial role of the therapeutic alliance in facilitating and fostering a sense of secure attachment for the client (Alessi & Khan, 2019; Thompson et al., 2022; Zorzella et al., 2014). It is important to highlight that anxious and avoidant individuals are predicted to have lower patient ratings of therapeutic

alliance quality, suggesting that a heavy emphasis on the therapeutic alliance is crucial for the therapeutic effectiveness of individuals with insecure attachment (Allen, 2023). Therefore, it is recommended that the ABCT program adapt its approach to emphasize the use of the therapist as a secure base to facilitate change (Thompson et al., 2022). Because individuals with insecure attachment may struggle to develop a therapeutic alliance, ABCT therapists must learn to respond effectively to the unique challenges and needs of the client. Additionally, training in ABCT should focus on offering therapists strategies to strengthen the alliance depending on the insecure attachment style (Allen, 2023). This recommendation can enhance the effectiveness of the ABCT manual by ensuring that therapists trained in ABCT are well-prepared to support clients in overcoming attachment-related difficulties.

**Self-Criticism.** As compassion and self-compassion are an essential part of the ABCT manual in terms of fostering secure attachment, it is important to discuss the section in the manual that explores self-criticism and how that impacts an individual's ability to develop self-compassion. The manual states that self-criticism is caused by demanding and critical caregivers and can serve as a survival function in children suffering from child abuse (García-Campayo et al., 2023). Drawing from Paul Gilbert's research on self-criticism and compassion, the ABCT manual may oversimplify the origins of self-criticism and reinforce its purpose as a coping mechanism, unintentionally validating harmful patterns and thoughts (Gilbert, 2020). Additionally, the manual fails to address the connection between insecure attachment and fears associated with developing self-compassion (Germer & Neff, 2015; Gilbert, 2020).

To enhance the trauma-informed nature of the ABCT manual, the information on self-criticism should explore fear of compassion for some individuals and offer therapeutic strategies and interventions to support individuals in working through self-criticism (Gilbert, 2020). For

example, rather than perpetuating harmful cycles of a self-critical voice, the ABCT manual should reframe self-criticism as self-encouragement that focuses on healing, empowerment, and developing a more supportive and compassionate inner dialogue (Germer & Neff, 2013). It is recommended that the ABCT manual have more adaptations and choices with specific practical strategies to overcome self-criticism (British Columbia Ministry of Children and Family Development, 2017). To help clients overcome self-criticism in CFT, trauma-informed therapists are encouraged to introduce the concept of self-compassion gradually, especially for those who find practicing compassion difficult and/or triggering (Gilbert, 2020). ABCT therapists need to collaborate with their clients to ensure the therapeutic approach is aligned with their attachment needs, helping to foster a sense of agency and choice for the client (Alessi & Khan, 2019).

It is important to acknowledge clients' cultural backgrounds and how cultural values may impact their understanding of self-compassion and self-criticism; both concepts can be a block in therapy (Gilbert, 2020). It is recommended that the ABCT manual include guidelines for therapists on how to approach the concepts of self-compassion and self-criticism in culturally sensitive ways (CPA, 2017). For example, therapists may want to explore how each concept might be understood and experienced based on their client's cultural background.

### **Fundamental Next Steps for Research**

This capstone project explored *how ABCT can address insecure attachment* and looked at the intersecting components of attachment theory and compassion practices in enhancing attachment security in individual therapy. Recommendations were provided on ways to improve the ABCT manual to be more trauma-informed and culturally sensitive when being utilized for individual therapy. Additionally, ethical and cultural considerations were raised and suggestions were made to increase the efficacy of ABCT training for therapists. This section reflects on the

identified gaps and limitations mentioned in the literature review and provides recommendations for future research to address these areas.

### **Lack of Empirical Studies on ABCT**

There have been limited studies to date on the ABCT protocol and its efficacy in addressing insecure attachment (Navarro-Gil et al., 2020; Nebot-Gresa et al., 2021). There have been no empirical studies on the efficacy of the ABCT manual as an intervention to date. Additionally, other limitations in the existing discussion on ABCT include its use of self-report measures, and assessment tools that are not adapted to consider demographic diversity and culture (de la Osa-Subtil et al., 2024). Future research on ABCT should focus on testing the generalizability, validity, and reliability of interventions outlined in the ABCT manual (Efron & Ravid, 2019). Future research should increase the amount of randomized controlled trials (RCTs) to provide a stronger evidence base and understanding of the ABCT's effectiveness across diverse cultural contexts (Efron & Ravid, 2019). Future studies must incorporate reliable and valid objective measurement tools to assess attachment styles, such as the AAI (de la Osa-Subtil et al., 2024; Sroufe et al., 2005). In addition, future research should focus on adapting existing reliable and valid measurement tools to suit diverse cultural contexts (Ganz, 2018; Thompson et al., 2022). By tailoring tools to account for the cultural variability of attachment behaviours, researchers can improve the accuracy of assessments and improve the generalizability of research findings (Ganz, 2018; Schmitt et al., 2004). Finally, future research in ABCT should increase the demographic diversity of study participants to include ages, genders and sexual orientations, ethnicities, socioeconomic statuses, and family structures to increase the generalizability of findings (Ganz, 2018). These fundamental next steps for research in ABCT could provide stronger evidence from the RCTs and culturally validated measures. This

understanding could increase recognition of ABCT in clinical settings around the globe.

Additionally, this research could help increase understanding of appropriate cultural adaptations to the existing ABCT manual and thereby enhance therapeutic outcomes.

### **Cultural Experiences of Different Constructs**

The ABCT manual has been adapted to fit the cultural needs of the Spanish population. It is imperative that researchers and therapists continue to understand the complexities and nuances of attachment theory, self-compassion, self-criticism, and PWB, and how these constructs are understood in various cultural contexts (Ganz, 2018; Van IJzendoorn & Sagi-Schwartz, 2008). In order for the ABCT manual to be adapted to fit the Canadian population, further research will have to take place to understand how these constructs are experienced in the Canadian context. In addition, future research findings can influence cultural adaptations to the manual, enhancing its adaptability and flexibility to fit diverse cultural contexts.

### **Comprehensive Assessment for Potential Participants**

Existing research studies on the ABCT lack comprehensive screening of potential participants and consideration of clients' past trauma and mental health histories. For example, in the study by Navarro-Gil et al. (2020), the inclusion criteria included a self-rating of not having a psychological disorder or having any history of receiving psychiatric treatment. However, a limitation of individuals using a self-rate scale includes the chance of underreporting mental health struggles due to not having been formally diagnosed and the possibility of inaccurate ratings due to stigma (Karantzas et al., 2023). The literature review revealed that adults with insecure attachment have higher rates of trauma and are at risk of developing psychopathology (Bosmans et al., 2022; Mikulincer & Shaver, 2012). Therefore, future ABCT researchers should expand on their selection criteria by including a comprehensive assessment of participant's PWB,

attachment styles, and trauma and mental health history. This thorough assessment can help to minimize potential harm and ensure the ABCT intervention is appropriate and safe for each participant, increasing positive therapeutic outcomes (Alessi & Khan, 2019; CPA, 2017).

### **Ethical Considerations**

An important ethical issue to highlight regarding use of the ABCT manual interventions in clinical settings is the brevity of the informed consent documentation and the lack of acknowledgment of the potential emotional impact the therapy might have (CCPA, 2021). For example, under the section, *Recommendations on How to Use the Manual*, it states “...we recommend that readers be aware of their needs at the time in their life that they’re using this self-applied manual. Given that these meditations may elicit difficult emotions, we encourage readers to pick and choose which practices best fit with their individual needs” (García-Campayo et al., 2016, p. 6). Although this section of the manual acknowledges and encourages individual autonomy, self-awareness, and the potential for the manual to elicit difficult emotions, it could be enhanced to provide a more thorough informed consent process. For example, the ABCT manual should consider discussing the potential risks of retraumatization for individuals with a history of trauma and offer information about the potential benefits, risks, and available resources for individuals before, during, and after they consent to the intervention (Alessi & Khan, 2019; CAP, 2019).

### **Recommendations for Counselling Practice**

#### **Therapist Training in ABCT**

The limited information that is available on training in ABCT suggests it is systematically included in the Master’s degree in Mindfulness program through the University of Zaragoza in Spain (García-Campayo et al., 2016). Although the training appears to provide a

solid foundation in mindfulness and compassion-based practices, the training program is accessible to a broad audience who do not have to be trained in therapy. This raises important considerations about the need to create separate training and manuals for non-therapy and therapy use. It is recommended that training in ABCT for therapists include specific modules on trauma-informed care including recognizing trauma symptoms, understanding the impact of trauma on different attachment styles, and applying ABCT in an appropriate and attuned way to minimize the risk of retraumatization (Alessi & Khan, 2019). Additionally, for the ABCT program to be effective and applicable across diverse cultural contexts, it is crucial for the training to include an understanding of the cultural nuances of attachment styles, self-compassion, self-criticism, and PWB, and how to navigate these differences in a culturally sensitive way (CCPA, 2021; CPA, 2017).

### **Therapist Reflexivity**

When using the ABCT manual, it is crucial for therapists to maintain an ongoing practice of personal reflection and reflexivity to ensure they can ethically address the complex needs of clients with insecure attachment (CPA, 2017). Working with individuals with insecure attachment may have its challenges; therefore, it is essential for therapists to engage in self-reflection regarding their own attachment styles, values, attitudes, experiences, and social context to increase the probability that their actions and therapeutic approach will benefit the client and minimize harm (CPA, 2017). Additionally, therapists may want to consider reflecting on their own experience with self-compassion, self-criticism, and on their own attachment style in order to enhance empathy, strengthen therapeutic relationships, and reduce countertransference when working with difficult clients.

### **Reflexive Self-Statement**

This capstone project has provided me with a deeper understanding of different attachment styles and fears about developing self-compassion. I have gained insight into the significant differences between attachment styles and how each style impacts an individual's PWB. It has become clear to me that many people may struggle with the concept of self-compassion, particularly those with insecure attachment and a history of trauma. Through this research, I have realized that understandings and experiences of self-compassion, psychological well-being, attachment, and self-criticism can vary across cultures. This research has made me reflect on my social location and acknowledge my personal biases around self-compassion and the difficulties it can bring up for people (CPA, 2017).

In my future practice, I hope to embrace a learner's mindset where I remain curious about my clients' cultural context and how it may influence their experiences, beliefs, and presence in therapy (Canadian Counselling and Psychotherapy Association, 2021; CPA, 2017). Conducting this research has highlighted the importance of seeking cultural supervision and consultation from professionals who are culturally competent and have demonstrated expertise in the practice area (CCPA, 2021). Additionally, therapists must acknowledge the boundaries of their professional competence and make appropriate referrals for their clients when the client's needs exceed their level of competence (CCPA, 2021).

I appreciate that the ABCT manual was created to address a gap in compassion research by adapting the existing research on attachment and compassion practices to meet the needs of the Spanish population (García-Campayo et al., 2016). However, a limitation of the research on the effectiveness of ABCT is that it has only been studied on populations in Spain. Consequently, future research should explore the applicability of the ABCT manual in other

Latin and cross-cultural contexts to assess the generalizability of ABCT. Additionally, I appreciate that the ABCT protocol has been adapted into the iABCT, an online group format, increasing accessibility to a wider range of people (Campos et al., 2020; García-Campayo et al., 2016; Martínez-Sanchis et al., 2022). However, a limitation of the online version is that it may limit the ability of clients to build a strong therapeutic alliance with the therapist which could reduce the effectiveness of the therapy. A key component of therapeutic change in attachment-based therapies is the therapeutic relationship; a lack of in-person and face-to-face contact may reduce the clients' ability to feel safe, connected, and supported (Allen, 2023; Thompson et al., 2022).

### **Conclusion**

This capstone project provided a comprehensive exploration of attachment theory and its application in ABCT for addressing insecure attachment. The aim of this review was to build awareness and knowledge of insecure attachment styles and to offer ethical and cultural consideration of the ABCT self-applied manual if used in individual therapy. The historical foundations of attachment theory were explained, highlighting Bowlby and Ainsworth's seminal work on secure, avoidant, anxious and disorganized attachment styles. The prevalence of attachment styles across the globe were discussed, suggesting the need for therapeutic interventions to target higher rates of insecure attachment. Cross-cultural studies on attachment patterns were explored to enhance therapists understanding of cultural implications and considerations for attachment-based interventions. The research emphasized the importance of understanding the differences between each attachment style and that they can change or stay the same depending on an individual's relationships, experiences, and personal growth (Hazan &

Shaver, 1987). Research on IWMs suggested they extend into adulthood, and point to the adaptability, continuity, and evolution of attachment styles (Hazan & Shaver, 1987).

As PWB is an important construct in attachment research and ABCT, the connection between PWB and attachment security was explored. The research emphasized that individuals with insecure attachment may benefit from attachment-based interventions aimed at fostering positive IWMs to improve PWB (Marrero-Quevedo et al., 2019). This research provides therapists with valuable insights and considerations into attachment research, suggesting clinical implications of different attachment styles and the potential need for targeted interventions. Additionally, the development and mechanisms of the ABCT protocol and self-applied manual were critically analyzed, and the link between PWB and self-compassion was explored. As Neff et al. (2007) suggested, self-compassion has been linked to positive PWB which may help decrease insecure attachment and increase attachment security. These findings highlight the importance of ABCT therapists considering the complex, nuanced and diverse influences on insecure attachment when developing interventions.

This capstone project identified gaps in the research on ABCT and offered recommendations for researchers and therapists to continue to understand the intersections and nuances of attachment patterns, self-compassion, self-criticism, and PWB, as well as how these are experienced across diverse cultural contexts (Ganz, 2018). Specific sections of the ABCT self-applied manual were explored and recommendations were offered to adopt more trauma-informed approaches for supporting individuals with insecure attachment. Recommendations included placing more emphasis on the therapeutic alliance with a non-judgmental, tailored, and adaptable attachment-focused framework. There is a need for specialized therapist training in ABCT and therapist reflexivity when supporting individuals with insecure attachment.

Addressing these areas will contribute to a deeper understanding of attachment and ABCT research, and to the development of more effective attachment-based interventions for individuals with insecure attachment.

## References

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum Associates.
- Alessi, E. J., & Kahn, S. (2019). Using psychodynamic interventions to engage in trauma-informed practice. *Journal of Social Work Practice, 33*(1), 27-39.  
<https://doi.org/10.1080/02650533.2017.1400959>
- Allen, B. (2023). *The science and clinical practice of attachment theory: A guide from infancy to adulthood*. American Psychological Association. <https://doi.org/10.1037/0000333-003>
- Bakermans-Kranenburg, M. J. (2021). *The limits of the attachment network*. New directions for child and adolescent development. <https://doi.org/10.1002/cad.20432>
- Beltrán-Ruiz, M., Fernández, S., García-Campayo, J., Puebla-Guedea, M., López-del-Hoyo, Y., Navarro-Gil, M., & Montero-Marin, J. (2023). Effectiveness of attachment-based compassion therapy to reduce psychological distress in university students: A randomised controlled trial protocol. *Frontiers in Psychology, 14*, 1185445-1185445.  
<https://doi.org/10.3389/fpsyg.2023.1185445>
- Berry, K., Band, R., Corcoran, R., Barrowclough, C., & Wearden, A. (2007). Attachment styles, earlier interpersonal relationships and schizotypy in a non-clinical sample. *Psychology and Psychotherapy, 80*(4), 563-576. <https://doi.org/10.1348/147608307X188368>
- Borelli, J. L. (2023). *Relational savoring: Using guided reflection to strengthen relationships and improve outcomes in therapy* (1<sup>st</sup> ed.). American Psychological Association.  
<https://doi.org/10.1037/0000372-000>

- Bosmans, G., Van Vlierberghe, L., Bakermans-Kranenburg, M. J., Kobak, R., Hermans, D., & van IJzendoorn, M. H. (2022). A learning theory approach to attachment theory: Exploring clinical applications. *Clinical Child and Family Psychology Review*, 25, 591–612. <https://doi.org/10.1007/s10567-021-00377-x>
- Bowlby, J. (1951). *Maternal care and mental health*. World Health Organization Monograph (No. 2). World Health Organization.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, 39, 350-373.
- Bowlby, J. (1969). *Attachment: Attachment and loss: Vol. 1*. Hogarth Press.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger*. Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss: Sadness and depression*. Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- British Columbia Ministry of Children and Family Development. (2017). *Healing families, helping systems: A trauma-informed practice guide for working with children, youth, and families*. [https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed\\_practice\\_guide.pdf](https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf)
- Campos, D., Navarro-Gil, M., Herrera-Mercadal, P., Martínez-García, L., Cebolla, A., Borao, L., López-Del-Hoyo, Y., Castilla, D., del Río, E., García-Campayo, J., & Quero, S. (2020). Feasibility of the internet Attachment–Based Compassion Therapy in the general population: Protocol for an open-label uncontrolled pilot trial. *JMIR Research Protocols*, 9(8), e16717-e16717. <https://doi.org/10.2196/16717>
- Canadian Counselling and Psychotherapy Association. (2021). *Canadian code of ethics for*

*counsellors and psychotherapists* (3rd ed.). Ottawa, ON: Author.

<https://www.ccpa-accp.ca/wp-content/uploads/2020/05/CCPA-2020-Code-of-Ethics-E-Book-EN.pdf>

Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists*.

[https://cpa.ca/docs/File/Ethics/CPA\\_Code\\_2017\\_4thEd.pdf](https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf)

Carr, S. C., Hardy, A., & Fornells-Ambrojo, M. (2018). Relationship between attachment style and symptom severity across the psychosis spectrum: A meta-analysis. *Clinical Psychology Review, 59*, 145-158. <https://doi.org/10.1016/j.cpr.2017.12.001>

Cohen, S. M. (2023). *A systematic review on the relationship between attachment styles and chronic pain*. Pepperdine University.

Collado-Navarro, C., Navarro-Gil, M., Pérez-Aranda, A., López-del-Hoyo, Y., Garcia-Campayo, J., & Montero-Marin, J. (2021). Effectiveness of mindfulness-based stress reduction and attachment-based compassion therapy for the treatment of depressive, anxious, and adjustment disorders in mental health settings: A randomized controlled trial. *Depression and Anxiety, 38*(11), 1138-1151. <https://doi.org/10.1002/da.23198>

Cooper, P. J., Tomlinson, M., Swartz, L., Landman, M., Molteno, C., Stein, A., McPherson, K., & Murray, L. (2009). Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: Randomised controlled trial. *BMJ, 338*(apr14 2), b974-b974. <https://doi.org/10.1136/bmj.b974>

Cornellà-Font, M., Viñas-Poch, F., Juárez-López, J. R., & Malo-Cerrato, S. (2020). Risk of addiction: Its prevalence in adolescence and its relationship with security of attachment and self-concept. *Clínica y Salud, 31*(1), 21-25. <https://doi.org/10.5093/clysa2020a1>

- Cortés-García, L., Takkouche, B., Seoane, G., & Senra, C. (2019). Mediators linking insecure attachment to eating symptoms: A systematic review and meta-analysis. *PLoS One*, *14*(3), e0213099-e0213099. <https://doi.org/10.1371/journal.pone.0213099>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage Publications.
- D'Amico, F., Navarrete, J., Montero-Marín, J., Cardeñosa-Valera, E., Navarro-Gil, M., Pérez-Aranda, A., López-del-Hoyo, Y., Collado-Navarro, C., García-Campayo, J., & Luciano, J. V. (2024). Cost-utility of attachment-based compassion therapy (ABCT) and mindfulness-based stress reduction (MBSR) in the management of depressive, anxious, and adjustment disorders in mental health settings: Economic evaluation alongside a randomized controlled trial. *Mindfulness*, *15*(3), 559-569. <https://doi.org/10.1007/s12671-024-02319-4>
- Dansby Olufowote, R. A., Fife, S. T., Schleiden, C., & Whiting, J. B. (2020). How can I become more secure? A grounded theory of earning secure attachment. *Journal of Marital and Family Therapy*, *46*(3), 489-506. <https://doi.org/10.1111/jmft.12409>
- de la Osa-Subtil, I., Arias Astray, A., Mateo Fernandez, P. V., & de Dios-Duarte, M. J. (2024). Adult attachment questionnaire: Evidence of validity in a sample of IPVAV offenders. *Frontiers in Psychology*, *15*, 1265303-1265303. <https://doi.org/10.3389/fpsyg.2024.1265303>
- Duschinsky, R. (2020). *Cornerstones of attachment research* (1st ed.). Oxford University Press. <https://doi.org/10.1093/med-psych/9780198842064.001.0001>
- Efron, S. E., & Ravid, R. (2019). *Writing the literature review: A practical guide* (1st ed.). The Guilford Press.

- Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, 58(11), 1433-1441. <https://doi.org/10.1002/jclp.10090>
- Fraley, R. C. (2019). Attachment in adulthood: Recent developments, emerging debates, and future directions. *Annual Review of Psychology*, 70, 401-422. <https://doi.org/10.1146/annurev-psych-010418-102813>
- Ganz, Z. (2018). Attachment theory's universality hypothesis: Clinical implications for culturally responsive assessment. *Smith College Studies in Social Work*, 88(4), 262-281. <https://doi.org/10.1080/00377317.2018.1507369>
- García-Campayo, J., Campos, D., Herrera-Mercadal, P., Navarro-Gil, M., Ziemer, K., Palma, B., Mostoufi, S., & Aristegui, R. (2023). *The attachment-based compassion therapy: A manual for self-application*. Springer Nature Switzerland. <https://doi.org/10.1007/978-3-031-38032-7>
- García-Campayo, J., & Demarzo, M. M. P. (2015). *Mindfulness y compasión: La nueva revolución*. Siglantana.
- García-Campayo, J., Demarzo, M., Shonin, E., & Van Gordon, W. (2017). How do cultural factors influence the teaching and practice of mindfulness and compassion in Latin countries? *Frontiers in Psychology*, 8, 1161-1161. <https://doi.org/10.3389/fpsyg.2017.01161>
- García-Campayo, J., Navarro-Gil, M., & Demarzo, M. (2016). Attachment-based compassion therapy. *Mindfulness and Compassion*, 1(2), 68–74. <https://doi.org/10.1016/j.mincom.2016.10.004>
- Gilbert, P. (2010). *Compassion focused therapy: Distinctive features* (1st ed.). Routledge. <https://doi.org/10.4324/9780203851197>

- Gilbert, P. (2020). Compassion: From its evolution to a psychotherapy. *Frontiers in Psychology, 11*, 586161-586161. <https://doi.org/10.3389/fpsyg.2020.586161>
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology, 69*(8), 856-867. <https://doi.org/10.1002/jclp.22021>
- Germer, C. K., & Neff, K. D. (2015). Cultivating self-compassion in trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. Hopper, & D. Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 43-58). Guilford Press.
- Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., van Ijzendoorn, M., Solomon, J., Schuengel, C., Fearon, P., Bakermans-Kranenburg, M., Steele, H., Cassidy, J., Carlson, E., Madigan, S., Jacobvitz, D., Foster, S., Behrens, K., Rifkin-Graboi, A., Gribneau, N., & Duschinsky, R. (2017). Disorganized attachment in infancy: A review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & Human Development, 19*(6), 534-558. <https://doi.org/10.1080/14616734.2017.1354040>
- Hayes, S. C., & Pierson, H. (2005). *Acceptance and commitment therapy*. Springer US.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511-524. <https://doi.org/10.1037/0022-3514.52.3.511>
- Hervás, G., & Vázquez, C. (2013). Construction and validation of a measure of integrative well-being in seven languages: The pemberton happiness index. *Health and Quality of Life Outcomes, 11*(1), 66-66. <https://doi.org/10.1186/1477-7525-11-66>
- Huppert, F. A., & So, T. T. C. (2013). Flourishing across Europe: Application of a new conceptual framework for defining well-being. *Social Indicators Research, 110*(3),

837-1246. <https://doi.org/10.1007/s11205-011-9966-7>

IJzendoorn, M. H. v. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the adult attachment interview. *Psychological Bulletin*, *117*(3), 387-403. <https://doi.org/10.1037/0033-2909.117.3.387>

Karantzas, G. C., Younan, R., & Pilkington, P. D. (2023). The associations between early maladaptive schemas and adult attachment styles: A meta-analysis: Science and Practice. *Clinical Psychology*, *30*(1), 1-20. <https://doi.org/10.1037/cps0000108>

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, *43*(2), 207-222. <https://doi.org/10.2307/3090197>

Lamb, M. E., Thompson, R. A., Gardner, W. P., & Charnov, E. L. (1985). Infant-mother attachment: The origins and developmental significance of individual differences in Strange Situation behavior. *Behavioral and Brain Sciences*, *8*(1), 127-171.  
doi:10.1017/S0140525X00020010

Linehan, M. M. (2020). *Dialectical behavior therapy in clinical practice*. Guilford Publications.

López, A., Sanderman, R., Smink, A., Zhang, Y., van Sonderen, E., Ranchor, A., & Schroevers, M. J. (2015). A reconsideration of the self-compassion scale's total score: Self-compassion versus self-criticism. *PloS One*, *10*(7), e0132940-e0132940.  
<https://doi.org/10.1371/journal.pone.0132940>

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, *32*(6), 545-552. <https://doi.org/10.1016/j.cpr.2012.06.003>

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented

- during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 121-160). University of Chicago Press.
- Marrero-Quevedo, R. J., Blanco-Hernández, P. J., & Hernández-Cabrera, J. A. (2019). Adult attachment and psychological well-being: The mediating role of personality. *Journal of Adult Development*, *26*(1), 41–56. <https://doi.org/10.1007/s10804-018-9297-x>
- Martínez-Sanchis, M., Vara, M. D., Herrero, R., Campos, D., García-Campayo, J., & Baños, R. M. (2022). Effectiveness of the internet attachment-based compassion therapy (iABCT) to improve the quality of life and well-being in a population with chronic medical illness: A study protocol of a randomized controlled trial (SPIRIT compliant). *PloS One*, *17*(12), e0278462-e0278462. <https://doi.org/10.1371/journal.pone.0278462>
- Mickelson, K. D., Kessler, R. C., & Shaver, P. R. (1997). Adult attachment in a nationally representative sample. *Journal of Personality and Social Psychology*, *73*(5), 1092-1106. <https://doi.org/10.1037/0022-3514.73.5.1092>
- Mikulincer, M., & Shaver, P. (2005). Attachment theory and emotions in close relationships: Exploring the attachment-related dynamics of emotional reactions to relational events. *Personal Relationships*, *12*(2), 149-168. <https://doi.org/10.1111/j.1350-4126.2005.00108.x>
- Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. New York: Guilford Press.
- Mikulincer, M., & Shaver, P. R. (2012). An attachment perspective on psychopathology. *World Psychiatry*, *11*(1), 11-15. <https://doi.org/10.1016/j.wpsyc.2012.01.003>
- Montero-Marín, J., Navarro-Gil, M., Puebla-Guedea, M., Luciano, J. V., Van Gordon, W.,

- Shonin, E., & García-Campayo, J. (2018). Efficacy of "attachment-based compassion therapy" in the treatment of fibromyalgia: A randomized controlled trial. *Frontiers in Psychiatry, 8*, 307-307. <https://doi.org/10.3389/fpsy.2017.00307>
- Muris, P., & Otgaar, H. (2020). The process of science: A Critical evaluation of more than 15 Years of research on self-compassion with the self-compassion scale. *Mindfulness, 11*(6), 1469-1482. <https://doi.org/10.1007/s12671-020-01363-0>
- Narayan, A. J., Lieberman, A. F., & Masten, A. S. (2021). Intergenerational transmission and prevention of adverse childhood experiences (ACEs). *Clinical Psychology Review, 85*, 101997. <https://doi.org/10.1016/j.cpr.2021.101997>
- Navarro-Gil, M., Lopez-del-Hoyo, Y., Modrego-Alarcón, M., Montero-Marin, J., Van Gordon, W., Shonin, E., & Garcia-Campayo, J. (2020). Effects of attachment-based compassion therapy (ABCT) on self-compassion and attachment style in healthy people. *Mindfulness, 11*(1), 51-62. <https://doi.org/10.1007/s12671-018-0896-1>
- Nebot-Gresa, M. L., Llorens Gumbau, S., Salanova, M., Coe Calcagni, C., & Garcia-Campayo, J. (2021). Positive effects and validation of a brief intervention program of attachment-based compassion therapy. *Terapia Psicológica, 39*(3), 427-444. <https://doi.org/10.4067/s0718-48082021000300427>
- Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223-250. <https://doi.org/10.1080/15298860309027>
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85-101. <https://doi.org/10.1080/15298860309032>
- Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research*

*in Personality*, 41(4), 908-916.

- Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy*, 83(2), 129-143. <https://doi.org/10.1348/147608309X471000>
- Pollard, C., Bucci, S., & Berry, K. (2023). A systematic review of measures of adult disorganized attachment. *British Journal of Clinical Psychology*, 62(2), 329-355. <https://doi.org/10.1111/bjc.12411>
- Qureshi, A., Collazos, F., Sobradie, N., Eiroa-Orosa, F. J., Febrel, M., Revollo-Escudero, H. W., Andres, E., del Mar Ramos, M., Roca, M., Cases, M., & García-Campayo, J. (2013). Epidemiology of psychiatric morbidity among migrants compared to native born population in Spain: A controlled study. *General Hospital Psychiatry*, 35(1), 93-99. <https://doi.org/10.1016/j.genhosppsy.2012.09.010>
- Remondi, C., Casu, G., Pozzi, C., Greco, F., Gremigni, P., & Brugnera, A. (2023). A serial mediation model of insecure attachment and psychological distress: The role of dispositional shame and shame-coping styles. *International Journal of Environmental Research and Public Health*, 20(4), 3193. <https://doi.org/10.3390/ijerph20043193>
- Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S., & Huppert, F. A. (2020). Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes*, 18(1), 192-192. <https://doi.org/10.1186/s12955-020-01423-y>
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719-727. <https://doi.org/10.1037/0022-3514.69.4.719>

- Santos, A., Crespo, I., Pérez-Aranda, A., Beltrán-Ruiz, M., Puebla-Guedea, M., & García-Campayo, J. (2022). Attachment-based compassion therapy for reducing anxiety and depression in fibromyalgia. *International Journal of Environmental Research and Public Health*, *19*(13), 8152. <https://doi.org/10.3390/ijerph19138152>
- Schmitt, D. P., Alcalay, L., Allensworth, M., Allik, J., Austers, I., Bennett, K. L., Bianchi, G., Cunen, M. A. B., Braeckman, J., Brainerd, E. G., Caron, G., Casullo, M. M., Cunningham, M., Daibo, I., De Souza, E., Diaz-Loving, R., Durkin, K., Echeagaray, M., Eremsoy, E. & Woertman, L. (2004). Patterns and universals of adult romantic attachment across 62 cultural regions: Are models of self and of other pancultural constructs? *Journal of Cross-Cultural Psychology*, *35*(4), 367-402. <https://doi.org/10.1177/0022022104266105>
- Shafer, A. (2024). Meta-analysis of factor analyses of the General Health Questionnaire—Short forms GHQ-28 and GHQ-30. *European Journal of Psychological Assessment*, *40*(1), 46-58. <https://doi.org/10.1027/1015-5759/a000727>
- Snyder, K. S., Luchner, A. F., & Tantleff-Dunn, S. (2023). Adverse childhood experiences and insecure attachment: The indirect effects of dissociation and emotion regulation difficulties. *Psychological Trauma*, *16*(S1), S20-S27. <https://doi.org/10.1037/tra0001532>
- Sroufe, L. A., Egeland, B., Carlson, E. A., & Collins, W. A. (2005). *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood*. Guilford Press.
- Thompson, R. A., Simpson, J. A., & Berlin, L. J. (2022). Taking perspective on attachment theory and research: Nine fundamental questions. *Attachment & Human Development*, *24*(5), 543-560. <https://doi.org/10.1080/14616734.2022.2030132>

- Van IJzendoorn, M. H., & Sagi-Schwartz, A. (2008). *Cross-cultural patterns of attachment: Universal and contextual dimensions*. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 880-905). Guilford Press.
- Verhage, M. L., Schuengel, C., Madigan, S., Fearon, R. M. P., Oosterman, M., Cassibba, R., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2016). Narrowing the transmission gap: A synthesis of three decades of research on intergenerational transmission of attachment. *Psychological Bulletin, 142*(4), 337-366.  
<https://doi.org/10.1037/bul0000038>
- Vismara, L., Lucarelli, L., & Sechi, C. (2022). Attachment style and mental health during the later stages of COVID-19 pandemic: The mediation role of loneliness and COVID-19 anxiety. *BMC Psychology, 10*(1), 62-62. <https://doi.org/10.1186/s40359-022-00767-y>
- von Sydow, K. (2002). Systemic attachment theory and therapeutic practice: A proposal. *Clinical Psychology and Psychotherapy, 9*(2), 77-90. <https://doi.org/10.1002/cpp.322>
- Zilberstein, K. (2014). The use and limitations of attachment theory in child psychotherapy. *Psychotherapy (Chicago, Ill.), 51*(1), 93-103. <https://doi.org/10.1037/a0030930>
- Zorzella, K. P. M., Muller, R. T., & Classen, C. C. (2014). Trauma group therapy: The role of attachment and therapeutic alliance. *International Journal of Group Psychotherapy, 64*(1), 24-47. <https://doi.org/10.1521/ijgp.2014.64.1.24>

## **Appendix A: Attachment Based Compassion Therapy Self-Applied Manual**

### **Chapter 1**

#### ***Introduction to the Book and Recommendations for Its Use***

- Overview of the book's structure and guidance on its use
- Explanation of how not to use the manual
- Recommendations for adapting the manual to different contexts (clinical or psychoeducational)

### **Chapter 2: Module 0**

#### ***Understanding Attachment-Based Compassion Therapy***

- Introduction to the basics of the model
- Explanation of compassion and its applications
- Practical advice on meditation and compassion exercises
- Instructions for the *3 compassionate minutes* practice

### **Chapter 3: Module 1**

#### ***Preparing Ourselves for Compassion: Kind Attention***

- Understanding how the brain works and the nature of suffering
- Differentiation between primary and secondary suffering
- Formal practices: *Compassionate breathing and compassionate body scan* and *compassionate coping with difficulties*
- Informal practice: Self-compassion journal and *Gratitude* exercise

## Chapter 4: Module 2

### *Discovering Our Compassionate World*

- Deeper understanding of compassion and mindfulness
- Formal practices: *Connecting with basic affection, developing a safe place, the compassionate gesture, and identify the attachment figure*
- Informal practices: *The object that connects you to the world, compassion practice journal, and what are you good at?*

## Chapter 5: Module 3

### *Developing Our Compassionate World*

- How compassion works and the figure of secure attachment
- Practices: *Developing the attachment figure, replacing the critical voice with the compassionate voice, and letter from the attachment figure*

## Chapter 6: Module 4

### *Understanding Our Relationship with Compassion*

- Biological foundations of compassion and attachment patterns
- Formal practices: *Become aware of our attachment pattern, capacity to receive affection, and repairing guilt*
- Informal practice: *Letter to parents or caregivers, and observe how the attachment patterns show up in daily life*

## Chapter 7: Module 5

### ***Working on Ourselves***

- Importance of affection towards ourselves and others and understanding shame
- Formal practices: *Give affection to friends and neutral people, giving ourselves affection, reconciling with parental figures, and repairing shame*
- Informal practice: *The greatest show of affection ever received and three positive and three negative things about your parental figures*

### **Chapter 8: Module 6**

#### ***Understanding the Importance of Forgiveness***

- Concept, phases, and utility of forgiveness
- Formal practices: *Forgiving yourself, asking others for forgiveness, and forgive others and give compassion to enemies*
- Informal practice: *Interdependence and compassion in daily life*

### **Chapter 9: Module 7**

#### ***Consolidating the Practice of Compassion***

- Importance of past, present, and future perspectives, understanding envy, and being our own attachment figure
- Formal practices: *Working with envy and developing joy for the success of others, becoming our own attachment figure, and managing emotions in relationships*
- Informal practice: *Changing your perspective, our values and their relation to compassion, and what would our life be like if we started over?*



## Appendix B: Methodology

Study	Sample Size	Selection/Recruitment	Data collection process	Data analysis process	Qualitative/ Quantitative/ Mixed	Notes of findings
<p>Dansby Olufowote, R. A., Fife, S. T., Schleiden, C., &amp; Whiting, J. B. (2020).  How can I become more secure? A grounded theory of earning secure attachment. <i>Journal of Marital and Family Therapy</i>, 46(3), 489-506.  <a href="https://doi.org/10.1111/jmft.12409">https://doi.org/10.1111/jmft.12409</a></p>	<p>20 participants - 5 men and 15 women across the United States</p>	<p>Participants were recruited through purposive, convenience, and snowball sampling to find people who had experienced positive attachment change. Inclusion criteria included  a) endorsed an insecure relationship with primary caregivers in childhood and b) demonstrated a decrease in total modified Experiences in Close Relationships Scale-Short Form (ECR-S) scores of at least 5 points between the childhood to adulthood questionnaires.</p>	<p>Semi-structured interviews conducted via phone or secure video lasted one hour. Interviews were audio recorded and then transcribed by the research team.</p>	<p>The data was then uploaded into the TAMS analysis software. The analysis proceeded through “several coding steps, including initial, focused, axial, and theoretical coding” (p. 494)</p>	<p>Qualitative: Constructivist grounded theory</p>	<p>The analysis resulted in three main categories that the participants all went through during their process of earning a secure attachment. These three categories include: 1.) meta-conditions of earning security, 2.) making intrapsychic changes, and 3.) making interpersonal changes. The grounded theory from this analysis demonstrates how the process of attachment change is complex and requires intentional effort.</p>

Study	Sample Size	Selection/Recruitment	Data collection process	Data analysis process	Qualitative/ Quantitative/ Mixed	Notes of findings
<p>Navarro-Gil, M., Lopez-del-Hoyo, Y., Modrego-Alarcón, M., Montero-Marin, J., Van Gordon, W., Shonin, E., &amp; Garcia-Campayo, J. (2020). Effects of attachment-based compassion therapy (ABCT) on self-compassion and attachment style in healthy people. <i>Mindfulness</i>, 11(1), 51-62. <a href="https://doi.org/10.1007/s12671-018-0896-1">https://doi.org/10.1007/s12671-018-0896-1</a></p>	<p>90 participants (45 for the controlled group and 45 for the intervention group)</p>	<p>Recruitment was participants attending the Master of Mindfulness programme at the University of Zaragoza (Spain). The control group was recruited from relatives and acquaintances from the intervention group. The inclusion criteria for both groups included: 1.) self-rating as not having a psychological disorder and not having psychiatric treatment, 2.) fluent in Spanish, 3.) between the ages of 18 and 65, and 4.) provided informed consent.</p> <p>Limitations of this study include it is non-randomized which could limit generalizability, increase selection bias, and lower internal validity. In addition, because the control group was not students of the Mindfulness programme, like the intervention group, these two groups may not have been matched in terms of motivation, self-practice, and understanding of the study. This may result in selection bias, sampling bias, risk of contamination between the intervention and control group, and possible ethical concerns (Creswell &amp; Poth, 2017).</p>	<p>Administered socio-demographic and clinical surveys using paper and pencil questionnaires. These assessments were conducted pre-intervention, post-intervention, and six months after the completion of the course. The rigorous data collection methods used in this study likely contributed to the credibility and reliability of the research findings.</p>	<p>The data analyses involved several steps and statistical methods including: 1.) Descriptive analysis 2.) Primary between-group analysis, 3.) Secondary outcomes analysis, 4.) Mediation Analysis, 5.) Statistical considerations and the software used was STATA-12 and SPSS-19.</p>	<p>Quantitative non-randomized controlled trial</p>	<p>The intervention group showed significant improvements in self-compassion, experiential avoidance, mindfulness, and psychological distress compared to the control group. The results indicated that the effects on moving from insecure to secure attachment was predicted with the improvement of self-compassion scores.</p>



Study	Sample Size	Selection/ recruitment	Data collection process	Data analysis process	Qualitative/ Quantitative/ Mixed	Notes of Findings
<p>Pauley, G., &amp; McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. <i>Psychology and Psychotherapy</i>, 83(2), 129-143.</p> <p><a href="https://doi.org/10.1348/147608309X471000">https://doi.org/10.1348/147608309X471000</a></p>	<p>10 participants (9 women and 1 man)</p>	<p>Participants were recruited from the researcher's clinical caseload through purposive sampling. Primary inclusion criteria included a DSM-IV diagnosis of either depression or anxiety which was set to focus on this relevant population to existing research on self-compassion.</p> <p>The advantages of this research sample could include rich data from participants, trust is already built between the researcher and clients which may increase authentic responses and willingness to share their experiences (Creswell &amp; Poth, 2017). On the other hand, potential disadvantages of this sample may include potential bias as the researcher's prior knowledge of the participants may lead to a lack of objectivity (Creswell &amp; Poth, 2017). To conclude, another potential disadvantage is the sample may not be generalizable to other populations which can limit the external validity (Creswell &amp; Poth, 2017).</p>	<p>Data was collected through a semi-structured interview based on core components of compassion and self-compassion in existing literature. The interview was piloted with service users and colleagues to help shape the final interview.</p>	<p>The researchers employed an iterative process which included: 1.) initial familiarization, 2.) detailed analysis, 3.) refinement with individual transcripts, 4.) enhancing reliability: Based on participant, independent review, and supervisor feedback and 5.) refinement of themes.</p>	<p>Qualitative: Interpretative phenomenological analysis (IPA)</p>	<p>Three main themes of this research were 1.) compassion is an active process involving kindness, 2.) self-compassion is meaningful and useful in managing psychological disorders, and 3.) being self-compassionate is difficult. In addition, the study emphasized the importance of clinical considerations to adapt and refine self-compassionate interventions for the challenges one might face to connect with the concept</p>



Study	Sample Size	Selection/ recruitment	Data collection process	Data analysis process	Qualitative/ Quantitative/ Mixed	Notes of Findings
<p>D'Amico, F., Navarrete, J., Montero-Marín, J., Cardeñoso-Valera, E., Navarro-Gil, M., Pérez-Aranda, A., López-del-Hoyo, Y., Collado-Navarro, C., García-Campayo, J., &amp; Luciano, J. V. (2024). Cost-utility of attachment-based compassion therapy (ABCT) and mindfulness-based stress reduction (MBSR) in the management of depressive, anxious, and adjustment disorders in mental health settings: Economic evaluation alongside a randomized controlled trial. <i>Mindfulness</i>, 15(3), 559-569. <a href="https://doi.org/10.1007/s12671-024-02319-4">https://doi.org/10.1007/s12671-024-02319-4</a></p>	<p>90 total: 30 receiving ABCT, 30 receiving MBSR, and 30 receiving treatment as usual (TAU)</p>	<p>Participants were selected as patients at the General University Hospital of Castellon (Spain) based on the following inclusion criteria: 1.) being between 18-75 years of age, 2.) having a diagnosis of depression, anxiety, or an adjustment disorder, and 3.) fluency in Spanish. Exclusion criteria included: 1.) having done any type of meditative or contemplative practice within the last year, 2.) presence of any diseases that could affect the central nervous system, 3.) presence of any other psychiatric diagnoses, acute psychiatric illnesses, or of any medical condition or infectious or degenerative disease, and 4.) presence of delusional thoughts or hallucinations. These diagnostic assessments were conducted by psychiatrists or psychologists at the hospital.</p>	<p>Involved in gathering detailed information on participants' sociodemographic and clinical characteristics, assessing health-related quality of life using the EQ-5D-3L instrument, and collecting retrospective data on medication use and healthcare service utilization using the Client Service Receipt Inventory-Spanish Version (CSRI), which were administered at baseline and again at six-month follow-up.</p>	<p>The data analysis consisted of computed healthcare and utility costs, calculated Quality-Adjusted Life Years (QALYs), and determined Incremental Cost-Utility Ratios (ICURs) which evaluated the cost-effectiveness of ABCT and MBSR. In addition, regression analyses were conducted.</p>	<p>Quantitative: randomized control trial</p>	<p>During the six-month follow-up, both TAU &amp; MBSR and TAU &amp; ABCT showed improvements in primary healthcare services costs and QALYs compared to TAU alone. TAU &amp; MBSR demonstrated a tendency towards better outcomes with lower costs which suggests potential cost-effectiveness.</p>



Study	Sample Size	Selection/Recruitment	Data collection process	Data analysis process	Qualitative/Quantitative/Mixed	Notes of Findings
<p>Nebot-Gresa, M. L., Llorens Gumbau, S., Salanova, M., Coo Calcagni, C., &amp; Garcia-Campayo, J. (2021). Positive effects and validation of a brief Intervention program of attachment-based compassion therapy. <i>Terapia Psicológica</i>, 39(3), 427-444. <a href="https://doi.org/10.4067/s0718-48082021000300427">https://doi.org/10.4067/s0718-48082021000300427</a></p>	<p>61 participants were divided into an experimental group, of 17 participants, and a passive control group, of 44 participants, (who did not participate in an intervention).</p>	<p>The experimental group were recruited from a public university in Spain (name not mentioned) and the control group were recruited from a different university completing a Social Work degree.</p> <p>Disadvantages of this study include: convenience sampling could lead to sampling bias as the participants were not randomly selected (Creswell &amp; Poth, 2017). In addition, findings might not be generalizable beyond this population because it was all students from educational institutions in Spain (Creswell &amp; Poth, 2017). Another important factor to highlight is the age gap between the experimental participants and the control group. For the experimental group, the average age was 38.8 years and for the control group, it was 20.18 years which could introduce confounding variables (i.e., maturity and life experience, health status, and motivation and expectations). (Creswell &amp; Poth, 2017).</p>	<p>The data was collected by using several measurement scales to assess different psychological constructs. These measurements included 1.) Compassion for others scale, 2.) Self-transcendence scale, 3.) Pemberton happiness index (PHI), 4.) Endogroup solidarity, and the 5.) Global identity scale.</p>	<p>The data analysis process included: 1.) Descriptive analyses and reliability analysis were conducted using SPSS statistical software, 2.) a baseline comparison of the experimental and control groups were conducted using a one-way analysis of variance (ANOVA), 3.) multivariate analyses of variance (MANOVAs) to determine differences in means of each variable, and 4.) the effect size was estimated.</p>	<p>Quasi-experimental quantitative study</p>	<p>The findings supported the effectiveness of the ABCT intervention showing increases in self-compassion and transcendence beliefs compared to the control group. In addition, the findings highlight the potential positive effects of brief compassion interventions such as the ABCT in promoting overall well-being, and the importance of attachment theory in enhancing intervention effectiveness.</p>

