

ATTACHMENT DIFFRACTED

Exploring the relevance of
attachment theory in
humanistic therapy.

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AI STATEMENT

I confirm that I have not used any AI tools in the research and creation of this assignment.

I confirm that I have not presented any AI generated materials as my own work.

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INTRODUCTION

- Attachment theory, critique and current debates
- Relevance of Adverse Childhood Experiences
- Trauma informed practice
- Change processes and the efficacy of Humanistic Therapy working with insecure attachment
- Case study.



ROOTS OF ATTACHMENT THEORY

Internal Working Models (IWMs)

(Bowlby, 1951, 1969, 1973, 1979, 1980, 1982)

Generalised models of relationships based on early experiences with attachment figures.

Adverse/inconsistent experiences - develop negative expectations in relationships – anxious response or withdrawal from intimacy.

Strange Situation

(Ainsworth, 1978)

Separation/Reunion

Secure attachment – seeks proximity and explores

Avoidant – does not seek proximity upon reunion

Ambivalent – difficult to soothe, too distressed to explore



MOVE TO THE LEVEL OF REPRESENTATION

- People form mental representations
- Availability of caregiver
- Safe-haven when threatened
(Main et al, 1985)
- Disorganised attachment – caregiver's unpredictable or frightening behaviour
(Main & Solomon, 1990)

ADULT ATTACHMENT INTERVIEW (AAI)

(Main et al, 2002)

- For assessing analogous attachment in adults
- Secure – coherent narrative, easily remembered, valued attachment experiences
- Dismissing – unsubstantiated idealization of attachment relationships, absence of specific childhood memories.
- Preoccupied/Disorganised – confusing, vague narrative, anger and ongoing struggles with memories associated with attachment figures.

(Talila et al, 2019)



PRESENTATION OF INSECURE ATTACHMENT

Presents differently in children and adults.

Children:

Anxious – unable to be soothed by caregivers

Avoidant – do not respond to carers after separation when distressed

Disorganised – cannot decide whether to come close or move away from caregiver.

Can be affectionless and demonstrate lower intelligence.

(Coffman et al, 2024)

How is this assessment qualified?

Outer presentation may not match what is happening internally (Neurodiversity)

(Greener, 2023a)

IWMs characterized by core beliefs, e.g. “I am unlovable”, “I am not worthy” which can persist into adulthood and across a lifespan.

(Coffman & Swank, 2024)



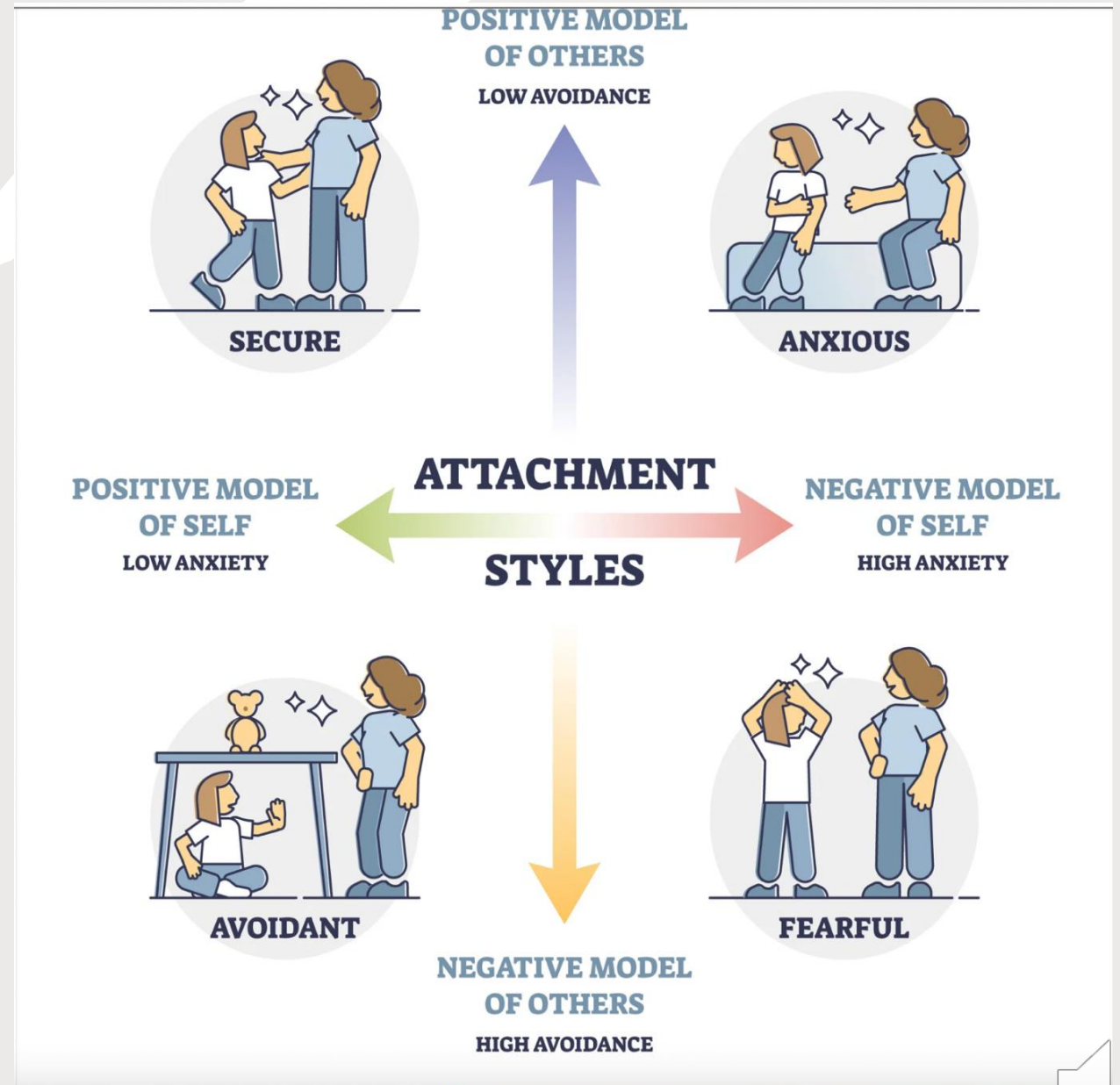
Secure – positive self-perception and of others. Positive, close relationships. Emotion regulation.

Anxious – negative self-perception and positive perception of others. Anxious and fearful of losing relationships, over-reliance on others for emotion regulation.

Avoidant – positive self-perception and negative perception of others. Excessive self-reliance, dismissing of own difficulties, difficulty naming and expressing emotions

Disorganised (fearful) – Negative self-perception and of others, push-pull relational dynamics, disconnect from emotions/memories

(Buelow et al, 2002; Mikulincer & Shaver, 2016).
Image (McCleod, 2024)



4 ATTACHMENT STYLES

SECURE

- Feelings of safety & trust.
- Calm nervous system.
- Attuned to emotions.
- Grounding & nourishing support.
- Intimate connection.

ANXIOUS-AMBIVALENT

- Needy and clingy.
- Sensitive nervous system.
- Can't trust.
- Fearful of being left alone.
- Tendency to react when triggered.

AVOIDANT-DISMISSIVE

- Downplays importance of relationship.
- "Flee" mode in nervous system response.
- Puts up walls to receiving.
- Little relationship intimacy.

DISORGANISED

- Flips between clingy and distancing.
- Chaotic or frightened nervous system response.
- Unable to self-regulate.
- Dysfunctional relationship.

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Are we doing no harm? Attachment therapies coercive and dangerous. Fringe internet groups; Rage theory. (Haney, 2021)

Image (Lim, 2024)



ATTACHMENT THEORY CRITIQUE/ CURRENT DEBATES

Do attachment relationships also signify strong emotional bonds?

Ainsworth – attachment is a specific kind of emotional bond.

Presence of attachment behaviour does not necessarily imply deep emotional bond. (Fearon & Schuengel, 2021)

Powerful emotional ties can exist between people that are not attachments. (Shaver & Mikulincer, 2021)

Platonic friendships can fulfill attachment needs similar to romantic relationships. (Aviles & Ziefman, 2021)

Attachment is a relationship-construct – later experiences combine with earlier ones to shape adult attachment. (Sroufe, 2021)



CONTINUED ...

- Focus on child/caregiver - Institutions/community in shadow. Attachment applied to education, social services, family court policies. Diverts from need for systemic change. (Harlow, 2019)
- Different development of attachment in educational, social-care and child-care. Quality evaluated in association with cognitive/behaviour performance and stress management. Gender bias. (Ahnert, 2021) Social construction of the “difficult child”. (Super et al, 2020)
- Socio-economic status often disregarded in attachment research. (Coffman et al, 2023)
- Diverse concepts of IWMs since Bowlby.
- Non-conscious or pre-conscious (Cassidy, 2021; Oppenheim & Koren-Karie, 2021)
- Broader functions – self-knowledge/relational. (Thompson, 2021)
- Social-cognitive scripts. (Waters et al, 2021; Cassidy, 2021)
- Generalised across relationships. (Waters, Waters & Waters, 2021)
- Hierarchical and relationship-specific. (Girme & Overall, 2021)



CONTINUED ...

- Most research in Western Industrialised societies. Need to extend to non-Western contexts. Criticism of attachment generalisations outside of Western context. (Mesman, 2021)
- Increasingly diverse societies, conditions and family structures. How do we study attachment?
- Transcultural applications? (Thompson et al, 2021)
- Expansion of debate on attachment and loss since Bowlby's trilogy. (Bowlby, 1969, 1973, 1980)
- Loss of parent v. older adult bereavement
- Romantic break up v dysfunctional marriage (Thompson et al, 2021)
- Grief and loss in foster care. Separation/being taken into care traumatizing. (Look, 2023)
- Stability and Change. Attachment patterns change toward adulthood (Jacobvitz & Hazan, 2021) Expectation of enduring mark.
- Dynamics of developmental processes or adult interpersonal processes.
- Genetics (Bakermans-Kranenburg & van IJzendoorn, 2016), epigenetics, intergenerational trauma. (Mate & Mate, 2022) Developmental neuroscience.



ASSESSMENT OF ATTACHMENT CRITIQUE

- AAI – rests upon coherent narrative. Could be influenced by environment, medication, medical interventions, recent trauma, neurodiversity, quality of education. Memories and narratives change over time.
- Secure-base script assessments via Attachment Script Assessment (ASA).
(Waters & Roisman, 2019; Waters, 2021)
- Experiences in Close Relationships (ECR) scale. (Zavattini & Busonera, 2020)
- Developmental scholars – indirect measures: AAI/ASA – Weak correlation. Do not predict same outcome in same way (Crowel, 2021; Waters, 2021)
- Social-personality scholars – perception and self-report. (Thompson et al, 2021). May be unreliable due to perceived stigma or shame.
- Non-significant association between assessments across developmental stages (Raby et al, 2021)
- Translational crisis between science, policy, and practice – difficulty replicating studies. Caution in application. (Ijzendoorn & Bakermans-Kranenberg, 2021)



NEUROBIOLOGY OF ATTACHMENT

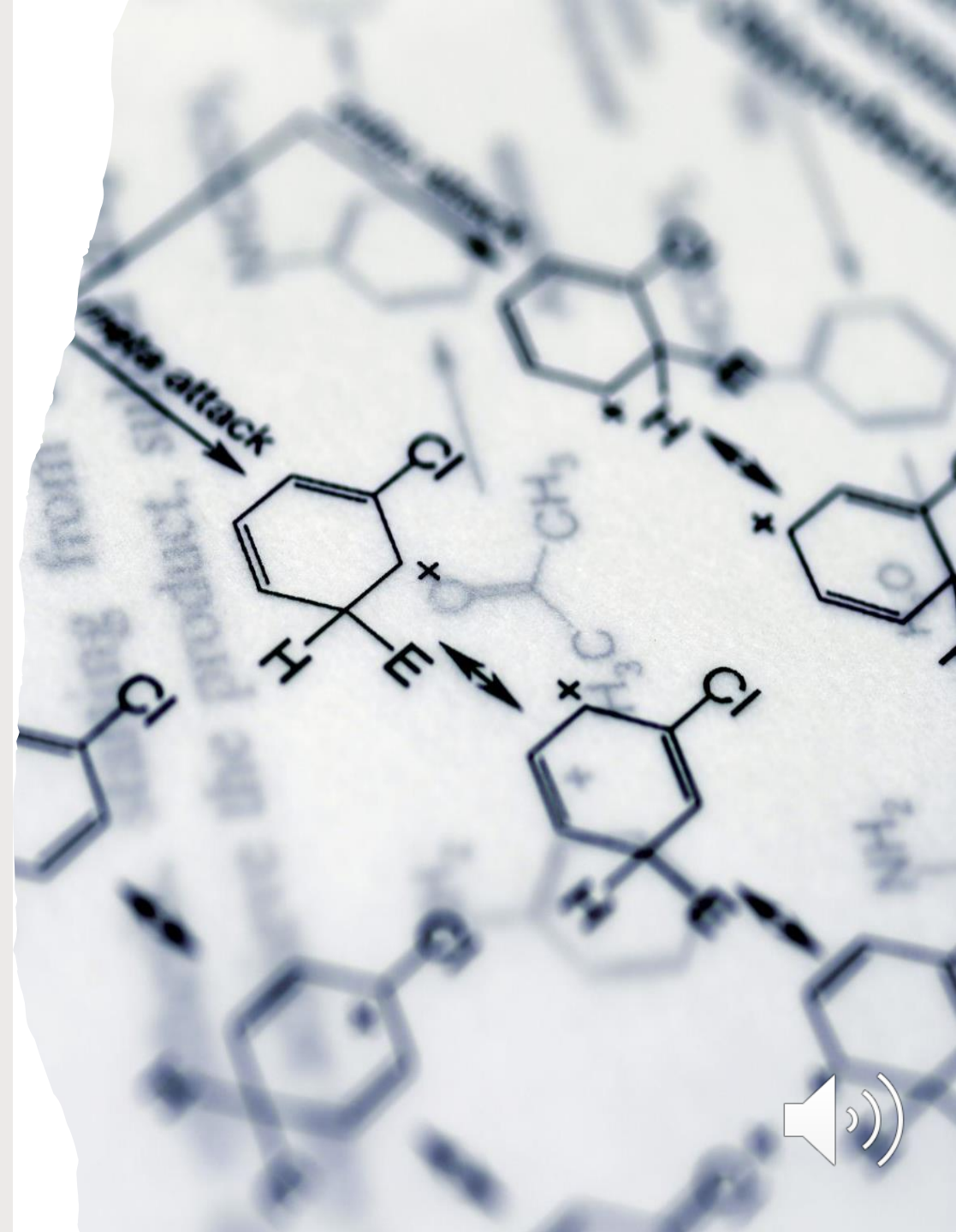
Primary studies of neurobiology of disorganized attachment (2000 – 2022): genetic, epigenetic, molecular (dopamine, serotonin, oxytocin and cortisol), anatomical changes in the brain.

Molecular studies unable to be replicated.

Anatomical changes – mainly in hippocampus, but also in occipital, temporal, parietal and insular cortices.

Lack of robust evidence – restricts clinical practice (Arancibia et al, 2023)

Attachment theory also implicated in translational crisis (Ijzendoorn & Bakermans-Kranenberg, 2021)



NEUROBIOLOGY OF ATTACHMENT AND THERAPY

- Foundation for embodied, experiential, therapeutic approaches to trauma and insecure attachment
- Sensory-motor psychotherapy (Buckley, Punkanen, Ogden, 2018)
- Eye Movement Desensitisation and Reprocessing (EMDR) (Schwartz, 2024)
- Polyvagal theory and practice; Science of Safety (Porges, 2022; Dana, 2023)
- Internal Family Systems (IFS) (Eckel, 2021)
- Parts Work: Trauma Informed Sabilisation Treatment (Fisher, 2017)
- Emotion Focused Therapy (EFT) (Greenman & Johnson, 2022)
- Gestalt Chair Work. (Joyce & Sills, 2018)
- Biologisation of psychology (Bland, 2022)
- Recognition of ACEs and Developmental Trauma



ADVERSE CHILDHOOD EXPERIENCES

- Link between ACEs and adult insecure/disorganized attachment – dissociation and difficulty with emotion regulation. (Snyder et al, 2024)



“Most trauma we see in our offices is interpersonal trauma; it occurs in the context of attachment relationships.” (Van der Kolk, 2024)

(Image: Snyder et al, 2024)



DEVELOPMENTAL TRAUMA AND DIAGNOSES

Many diagnoses in DSM-5 (APA, 2013) associated with insecure or disorganized attachment and a decreased ability to mentalize and self-regulate (Bateman et al, 2023):

- BPD
- Schizophrenia
- PTSD
- C-PTSD
- ADHD
- Autism
- Eating, affective, dissociative, and addictive disorders

Many of these have a trauma etiology. (Schwartz, 2024)

Attachment styles are adaptive processes. IWMs develop in response to threat (Cassidy, 2021)

Developmental Trauma Disorder. (Ford et al, 2022)



POWER THREAT MEANING FRAMEWORK

PTMF undermines hegemony of psychiatric positivism – both/and challenge, not either/or. (Pilgrim, 2022)

Shifts focus from “What is wrong with you?” to include “What has happened to you?” and “What did you do to survive?”

Focus on how we process events and create meaning – understandable responses (Johnstone, 2022)

Provisional General Patterns – core principle organized by meaning, not biology. (Johnstone & Boyle, 2018)

Threat response – mediated by meaning and agency. Different functions in different contexts

Exacerbating and ameliorating factors (Harper & Cromby, 2022)



MEDIATING FACTORS, RESILIENCE, TRAUMA INFORMED PRACTICE

- Biological evidence: Coregulation of respiratory sinus arrhythmia in mothers with severe depression and insecure attachment – protective factor against child internalizing problems. (Lan et al, 2023)
- Attachment to place mediates insecure attachment, especially natural environment. (Hallam et al, 2021). Geo-phenomenology. (Iwai, 2024)
- Fostering community interactions
- Animals as attachment figures
- God/Spirituality. Buddhist Precepts. But negative correlation when associated with fear (insecure/disorganized attachment to God)(Henderson & Kent, 2022). Surrender: transcendence. (Freimann & Mayseless, 2020)
- Attachment styles are pliable. Secure attachment can be practiced, earned or learned. (Dansby-Olufowote, 2019)
- Framing insecure attachment as positive adaptation - response to threat. (Cassidy, 2021) No part is wrong. (Hill, 2023)
- Trauma informed phased approach – stabilization, processing, integration. Not linear.



HUMANISTIC MODALITIES AND CHANGE PROCESSES

- **Person-Centred.** Seven Stages. Core conditions of therapeutic relationship. Principle of self-actualization. Incongruence to congruence. Fixity to Fluidity. External to internal locus of evaluation. (Rogers, 1961; Merry & Lusty, 1993)
- **Emotion Focussed Therapy (EFT)/ Emotion Focussed Individual Therapy (EFIT).** Evidence based. Therapist as safe haven. Bagge, 2024). Maladaptive emotional memories replaced by new adaptive experiences. Three stage process: stabilization; restructuring (self and system); integration/consolidation. (Greenberg, 2021; Shahar, 2020)

(Image, Campbell, 2024)



CHANGE PROCESSES CONT...

- **Internal Family Systems (IFS).** Not evidence based. Constraint release. Multiple parts with different roles, some protective. Change relationship with parts. Respect concerns of parts. Core self. Disorganised Attachment: IWM shifts from harsh, critical parent to loving, nurturing parent. (Edery, 2023; Mok, 2023) Question of core self.
- **Polyvagal.** (Porges, 2022; Dana, 2023). Science of safety. Works with ANS and vagus nerve. Hierarchy of states: Ventral; Sympathetic; Dorsal. Can increase ability for self-regulation, self-attunement and connection with others.
- **Sensory-Motor Psychotherapy.** (Ogden, 2021) Mindful, body-based and cognitive, collaborative approach to transform traumatic memories. Find ways to “complete” movements following survival states induced by trauma. Three-phased approach in line with trauma informed therapy.



ATTACHMENT, THERAPEUTIC RELATIONSHIP AND CHANGE PROCESS

- Therapist as secure attachment figure, secure base. (Bowlby, 1988)
- Therapist attachment styles shape personality. (Burkhard & Bobel, 2020)
- Shift from core conditions with changing concept of self as process and ethical presence (Chidiac & Denham-Vaughan, 2020). Process of co-creation. Emergent philosophies Metamodernism, Posthumanism. Self as 3D map. Pluralistic. (Greener, 2023b; Greener, 2023c)
- Empathy and compassion can be triggering for some clients – e.g. where kindness has been part of dynamic of abuse.
- Transference/Countertransference (Joyce & Sills, 2018; Bhola & Mehrotra, 2021)
- Rupture and Repair
- Frommian journey – benign aggression – relatedness through conflict. (Silver, 2024)
- Trauma informed, phased approach. Intersects with power, privilege and social justice. (Herman, 2023)

“Trauma informed practice prioritises client complexity, social context, and the therapeutic relationship,” (Szczygiel, 2018)



CASE STUDY

ROSE (AGE 26)

ACEs and attachment relationships:

- Teenage survivor of sexual abuse and stalking:
- Father incarcerated – high profile case
- Parental divorce (age 11)
- Mother suicidal threats, abandonment, not attuned.
- Carer for younger siblings
- Younger brother suicide attempts
- Intergenerational sexual violence, silence.
- Uprooted to Wales to escape.

Mediating factors:

Loving, stable Aunt in Wales

Siblings and cousins

Evangelical faith

School counselling

Good friendships, LGBTQ+ and church community.



PRESENTATION AND GOALS

- Anxious and hypervigilant
- Sensitive to others' needs – neglects own needs.
- Tendency to isolate
- Flashbacks
- Struggles with intimacy – freeze response, unable to say "No" partner relies on non-verbal signals
- Can be critical and intolerant of others' mistakes at work.
- Push-pull DA behaviours in current relationship, but also secure behaviours.
- Core belief: my needs and feelings don't matter.

Therapeutic goals:

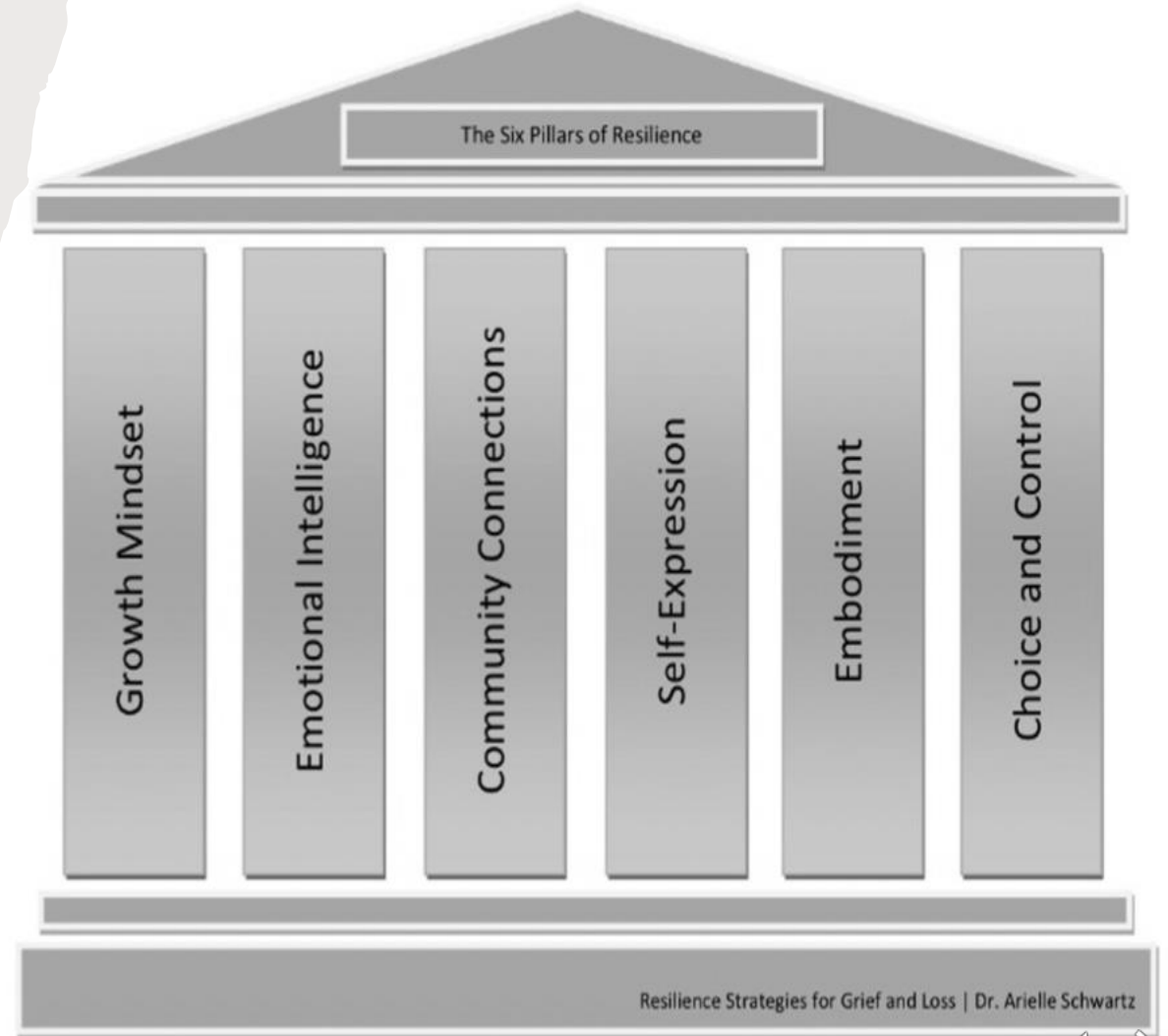
- To stop flashbacks
- To feel less anxious and disgusting
- *"I'm getting married in a year's time. I should have sorted this out by now".*



THE THERAPY

- Establish therapeutic relationship (Safe-haven). Attunement, presence. Stabilisation. Not linear.
- Psychoeducation: window of tolerance, polyvagal, normalizing survival responses, framing as adaptive processes.
- Tracking nervous system.
- Pendulation with attachment object (Levine, 2014)
- Separating thought, emotion and sensation
- Message: You can trust your body and yourself. You can self-regulate.
- Image (Schwartz, 2024)

6 Pillars of Resilience



EXPLORATION, MEANING, INTEGRATION

- Working with transference – noticing.
- Exploring consent and boundaries – in therapy and with partner (Levine, 2014; Martin, 2021)
- Dream completion technique (Havens, 2020)
- Flash Technique – use of animal attachment figures (Manfield & Engel, 2024)
- EFIT tango – use of attachment figures: Jesus, Aunt. Dual awareness, self-regulation.
- Parts work and two chair work – harsh, parental critic. (Van der Kolk, 2024)
- Creating idealized attachment figures for compassion – ideal mother/father.
- Please and Appease survival response – culturally endorsed.
- Limitations of therapy: Need for forgiveness from Elder. Exacerbating factors at work. Advocate for reasonable adjustments.



MEASURING EFFICACY OF HUMANISTIC THERAPY

Core-10. Self report measures – snapshot. Impacted by recent traumas/events

Measurement of subjective experience

Impact of therapy extends beyond therapeutic timeframe

Change process is not linear

Difficulty replicating studies

Neurodiverse people find self-report questionnaires problematic (Eaton, 2023; Greener, 2023)



CONCLUSION

- Attachment theory is evolving
- Concepts of insecure attachment cannot be separated from ACEs and trauma
- Many humanistic approaches are rooted in attachment theory and the latest neuroscience, even in absence of robust, scientific evidence.
- Efficacy of humanistic therapy is difficult to measure.
- Working therapeutically with these issues is a nuanced, co-created process
- A resilience, strengths-based, trauma-informed approach is empowering and moves beyond neat categorizations of attachment styles.



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