

In Search of Good Enough: an exploratory case study considering the efficacy of humanistic therapeutic support

Kalindi Black
Professional Practice and Therapeutic Competencies

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ECPR7003



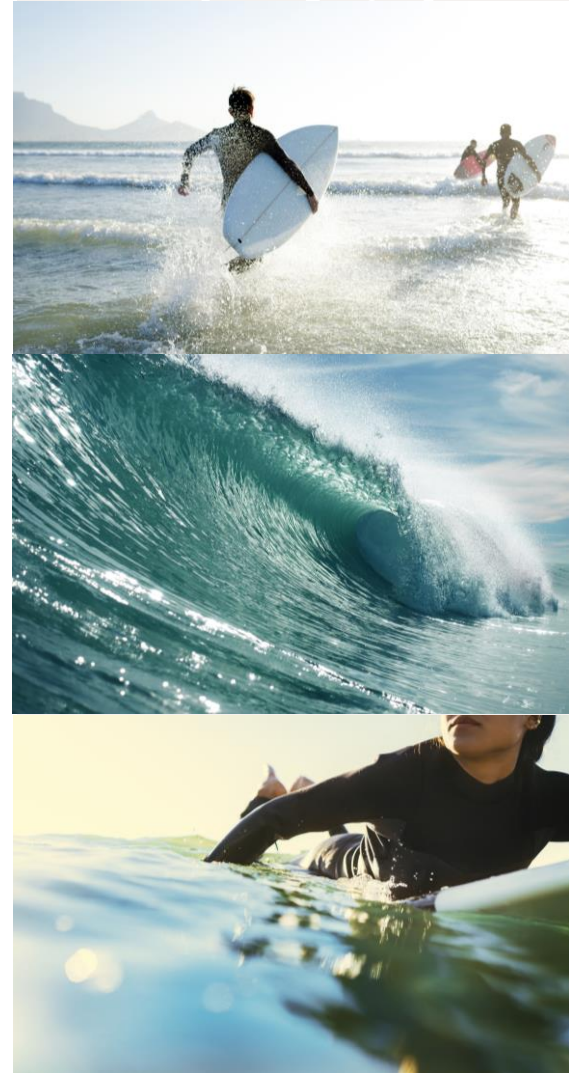
Theory

Dynamic Maturation Model of Attachment (Crittendon, 2005)

Aces Framework

Relational Depth (Mearns & Cooper, 2015)

Rogers 7 Stages of Process





Attachment Theory

1950's - Bowlby proposed that babies are born with the drive to develop emotional bonds with their mothers in order to capture and maintain their attention. This ensures their mother keeps them close, increasing their chance of survival and helping to them develop a sense of security in the world., with successful attachment tied to maternal responsiveness.

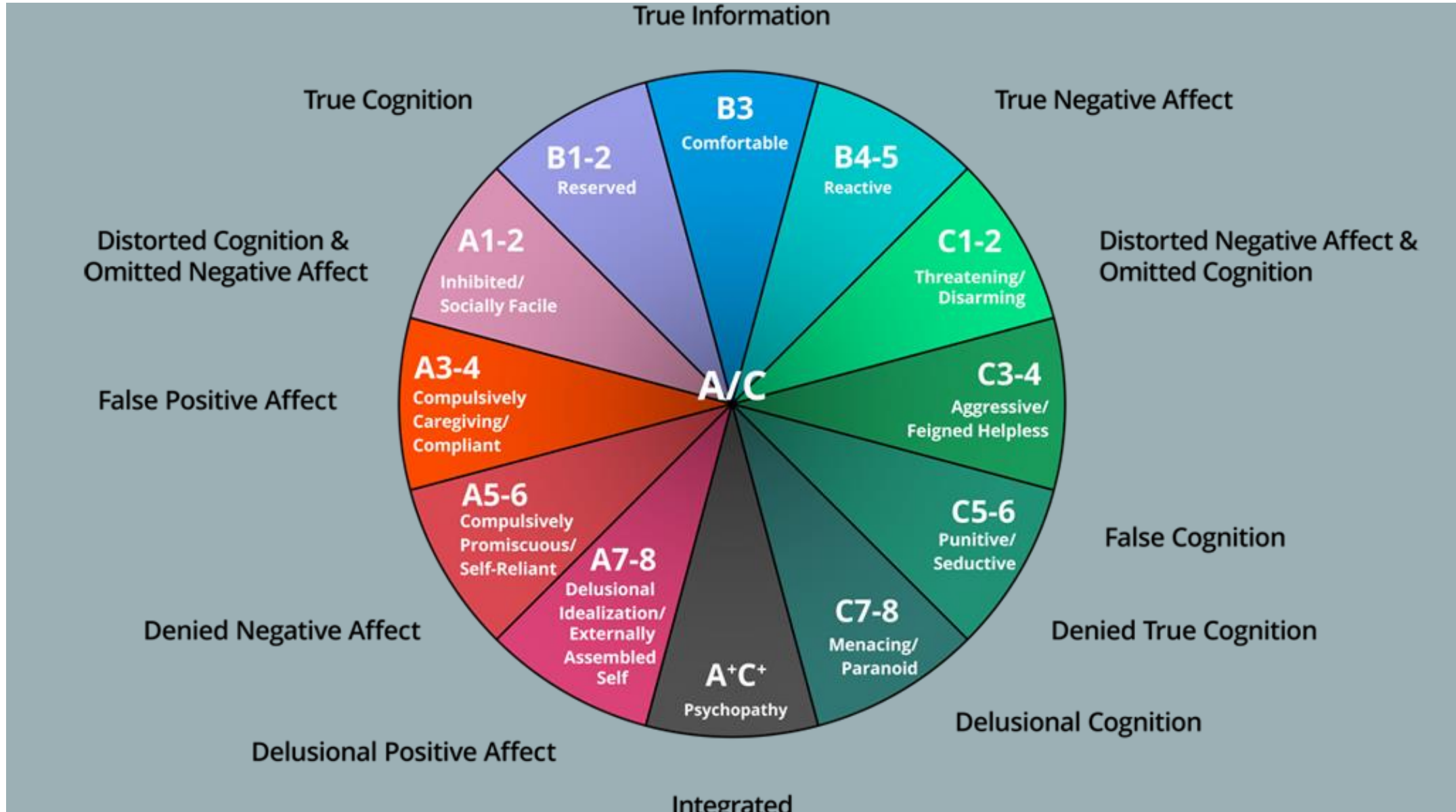
1970's - Building on Bowlby's work, Ainsworth's experiments revealed that babies tended to have 3 different attachment styles: Secure Attachment, Insecure-Ambivalent and Insecure - Avoidant

Subsequent research indicated that infant attachment styles could predict attachment behaviours and emotional bonding in subsequent relationships developed later in life



What is the Dynamic Maturational Model of Attachment?

The DMM understands Attachment Styles as fluid, organised, strategies or behaviours employed by an individual according to the level of threat they perceive (real or imagined) as they adapt to changing contexts and relationships in any given situation. (Crittenden, 2005)



Strategies/Protective Behaviours (top segments of circle)

Type B (1-5)	Self-protective of self and children Do no harm	Inherently Balanced Integrates cognition with affect. Rarely distorts incoming information	Uses a wide range of strategies - communicates directly, negotiates differences, finds compromises	Comfortable or Reserved Reactive -may exaggerate affect
Type A (1-2)	Uses cognitive prediction in context of little threat	Puts self, down a bit Idealises attachment figures	Cool/businesslike Predictable, responsible people	Relies on inhibition of feelings, setting danger at a distance to self
Type C (1-2)	Relies on own feelings to guide behaviour. Minimizes cognition	May exaggerate/change negative effect to influence others behaviour	Presents strong angry invulnerable self, blames others or appears weak, fearful & vulnerable to engage empathy	Low risk for MH issues/zest for life
			Crittenden, P. (2024) Family Relations Institute	

Strategies/Protective Behaviours (Mid segments of circle)

C				
A3-4	Compulsive Caregiving into Compulsively Obedient Protect themselves by Protecting Attachment Figure	Children care for or cheer up sad, vulnerable, withdrawn attachment figures. Adults rescue or care for others	Compulsively Obedient. Protect themselves by doing what attachment figure wants them to do especially if angry/threatening	Inhibits negative affect A4 strategies - anxious or hypervigilant playing down anxiety but exp. Somatic symptoms
C3-4	Alternates Aggression with Helplessness to get others to comply due to fear of attack or inability to care for self	Give signals of incompetence or submission or elicits compliance and guilt through fear		
C5-6	Use of active deception to carry out revenge or to elicit rescue	Blames others for their predicament or heightening their negative affect	Colder more deceptive, more distant and self-controlled than C3-4 . Appears invulnerable or misleads others re feelings of helplessness/ need of comfort or rescue.	Dismisses the perspectives of others. Misleads others re their level of anger. Often seen in gangs, bully/victim pairs and violent couples.

DMM – Subjective Relationship/Attachment Dangers

A Types

Doing the Wrong Thing or Not doing the Right Thing

Criticism

Doing What One Wants

Taking one's own Perspective

Being Seen

Rejection for Showing ones True Feelings or showing negative affect

Admitting Vulnerability

Expecting Comfort or Closeness

Shame (not humiliation)

Conflict with Attachment Figure

Inability to Understand a Childs Perspective

Failing to Achieve a High Performance

Intimacy

Memories of negative affect or feelings

C Types

- Inconsistent or Ambiguous Responses from Others
- Rejection
- Absence of Conflict (Peaceful times)
- Not Being True to One's own Feelings, even in conflict with others Desires
- Not Being Seen
- Not being attended to, particularly by subjectively important people
- Not Attending to Relationships
- Taking Responsibility/admitting one's contribution to problems
- Deception/Deceptive Parents
- Compromise
- Delaying Gratification
- Feeling comfortable – ie exploration and reflection
- Acknowledging both Good and Bad Aspects of Person or Group
- Humiliation (not shame)
- Collusion-Refusal by others
- Believing Others Will Do as They Say

Case Study - In Search of Good Enough

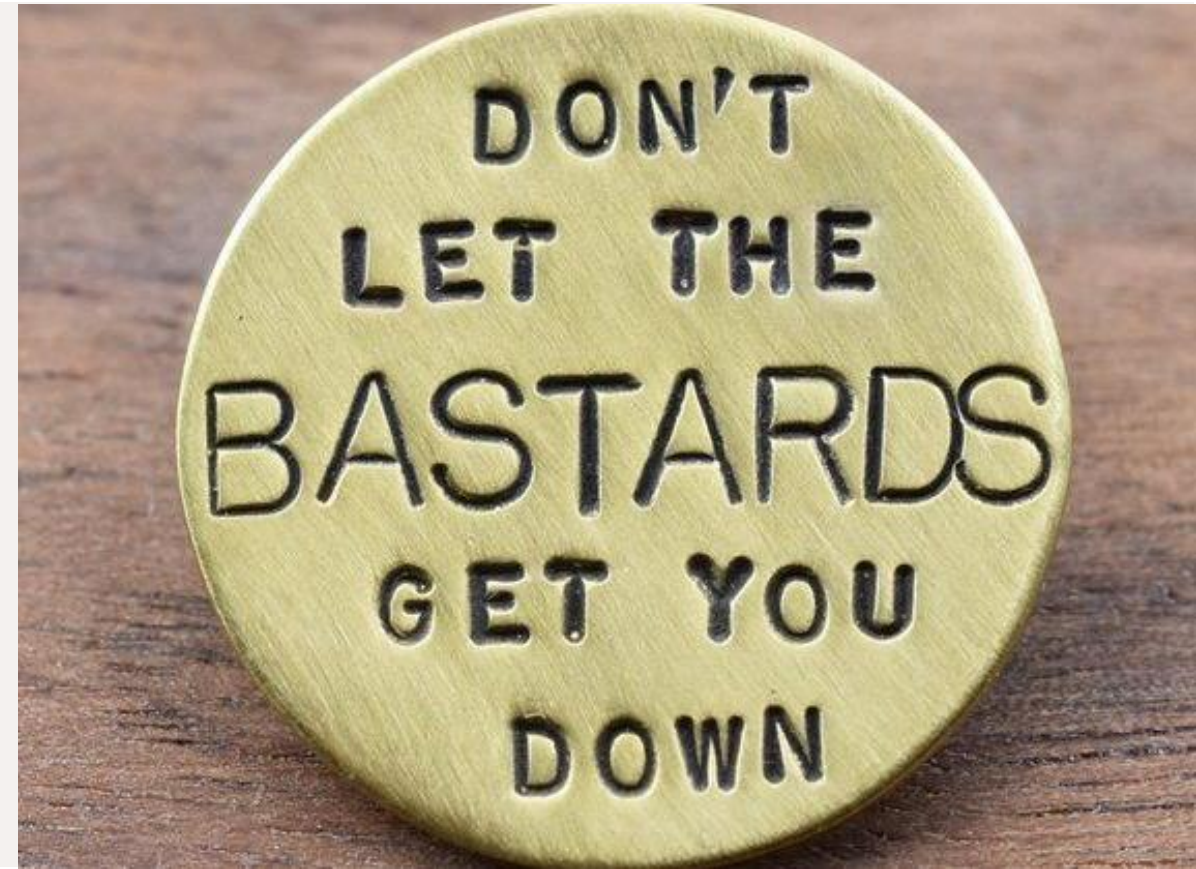
48yr old woman, oldest of 6 children. Siblings with addiction issues, schizophrenia, in abusive relationships

Married 29 yrs, mother of 4 (2 teens at home), supporting mother recovering from Cancer, father with Parkinsons, sharing care of Mother-in-Law with Dementia, MA student, working part time. History of working in caring roles. Caring for others all her life.

“Referred” to counselling due to burn out which resulted in career change

Undiagnosed PND after 4th child. Never sought counselling – financial reasons plus “others have it much worse”

Has had hard times but in a good place now. Reluctant to dig deep/destabilize current . But grateful to have a space for ongoing support/to carve out some “me time”/to feel heard



Aces, Developmental Trauma or Childhood Suffering ...?

ACES (Adverse Childhood Experiences) refer to 10 specific circumstances. They can refer to a single event or prolonged threats, breaches of safety, personal security, trust or bodily integrity. These experiences directly effect a young person and their environment and require significant social, emotional, neurobiological, psychological or behavioural adaptation

Young Minds (2024)



Case Study- Childhood Experiences Shaping Attachment Strategies

Infancy

- 7mths - Parental Separation. Father sent to India by New Religious Movement (ACE ...?)
- Moved with mother into maternal grandparents' home. Witnessed high conflict relationship between mother and maternal grandmother. Shaming/Emotional Abuse (ACE)
- Cry it Out Sleep Training
- 16mths – Birth of sibling
- 15-18mths – Sudden illness and death of maternal grandfather (ACE)
- 22 mths - Departure of grandmother to Australia for 1 yr (ACE ...?)



Case Study- Childhood Experiences Shaping Attachment Strategies

Pre- School/School Years

- **3.5yrs - Return of Father. Introduction of strict religious rules. World Rejecting, hierarchical, Indian New Religious Movement – concerned with regulating body, mind, senses, material needs/desires & requiring dedication to service of God, Community, Spiritual betters.**
- **6yrs - 3mth stint at NRM Boarding School. (ACE?) Returned home due to homesickness. Shaming/Rejection of Mother by Maternal family. Ongoing family feud.**
- **8yrs - Birth of sibling.**
- **Loss of rented smallholding triggering 4 yrs of housing insecurity, 4 house moves, 4 more primary schools.(ACE)**
- **Socio-economic difficulties - father sometimes out of work (ACE?)**
- **Depressed Father struggling with Abandonment issues, Boarding School Syndrome (ACE?)**



Case Study- Childhood Experiences Shaping Attachment Strategies

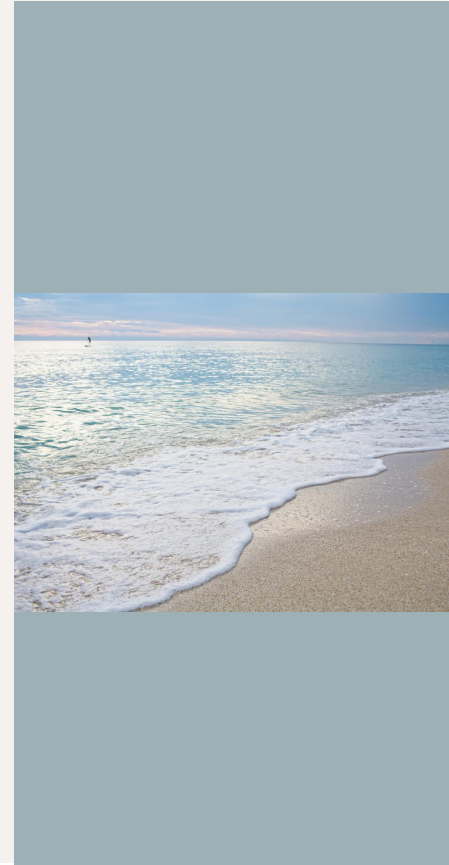
School Years/Adolescence

- **Habitual Cannabis use in the home (ACE ...?)**
- **Marginalisation/Peer Bullying. Exclusion, Shaming/ name calling for visible difference – names, food, parental dress, religious practices, artefacts in home. Code switching between home and outside environment (ACE)**
- **Birth of 2 more siblings. Increase in family responsibilities - cooking, cleaning, caring tasks, working in family shop - Parentified child (ACE)**
- **16yrs – Birth of youngest sibling.**
- **Illegal eviction from home, resulting in living in a home without a kitchen, internal doors, electricity, running water for several months. Start of 5 yr legal battle triggering loss of family friends, family pets, threats of physical violence from local community, Bailiff visits. Scared, angry parents now in high conflict relationship. Increased chores and family responsibilities. (ACE)**



Relational Depth (Mearn & Cooper, 2015)

- **Therapy doesn't just add something to clients' lives. It offers more than surface changes of actions or behaviour.**
- **It is psychological survival allowing clients to feel loved and cared for in 2 way relationship**
- **Oxytocin released in the encounter switches off stress responses, reducing nervous system activity and enables the client to feel loved and cared for.**
- **Healing is found in the encounter and the Relationship meaning therapists need to cultivate Relational Depth**



Relational Depth (Mearn & Cooper, 2015)

- **Relational depth requires a 2-way Relationship**
- **Primary Challenge for the Therapist (particularly when working with insecure attachment) is the willingness of the client to let them in/client willingness to be open and vulnerable**
- **Therapists may need to “earn the right” to work with the client and often Relational Depth hinges upon a moment when the client, recognising they are safe, decides to allow the therapist in.**





Rogers 7 Stages of Process

Roger 7 stages of Process is a continuum of growth on a Client own terms moving from Rigid Structures to Change

Stage 1: Unlikely to seek therapy - "Its not me it's them"

Stage 2: May be referred to therapy - but often uninterested in personal growth/reflection/may think therapy is a waste of time. May be ok with CBT/more direction

Stage 3: Feels things are not right "I need help" but may not own feelings may - use "we" not "I". Feel uncomfortable expressing feelings or don't have words for their feelings. People often start therapy at stage



Rogers 7 Stages of Process

Stage 4: Clients open to growth but may be hesitant. Flip flop between stage 3 and 4. Waiting for Relational Depth and to feel fully accepted before expressing deeper feelings. Trainee Counsellors often start therapy at this stage. Ownership of feelings - use of "I". Present feelings emerge and clients learn to trust own experience.

Stage 5: New insights about life and new relationships emerge. Things feel like they make sense are falling into place. Client begins to feel comfortable to take feelings from the past and look at them in the here and now.



Rogers 7 Stages of Process

Stage 6: No Turning Back. Distinctive dramatic changes, most likely irreversible changes occur. Previously suppressed feelings are fully felt. Fragmented self, starting to be experienced as integrated whole. Clients beginning to offer themselves core conditions - feeling tender/loving towards oneself/empathising with oneself. Usually these clients are training as counsellors.

Stage 7: I trust in my experience. People begin affecting change for themselves and develop a strong internal locus of evaluation.



Conclusion

Personally for me ... this one anecdotal case study Humanistic Therapy has been incredibly effective

BUT

I have a shed load of questions



Conclusion

- Do clients who are not student counsellors experience Humanistic therapy as effective as student counsellors?
- Might some clients find other modalities more effective/speedy/affordable?
- Can speed be equated with efficacy?
- How do you empirically measure efficacy?
- Does efficacy need to be measured empirically or is it purely subjective?
- Considering Rogers 7 stage process next to the DMM model and DMM subjective Attachment dangers begs the question are people with C type Attachment strategies are less likely to seek therapy?
- Which is an interesting paradox – Are people who live by their feelings and feel more comfortable expressing them, less likely to seek therapy? If not. how do they expand their attachment strategies?
- Is Therapy is more effective for people with A type strategies?

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