

Creating Security with Yourself and Others

by

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INTRODUCTION

There are several obstacles in one's life they will have to overcome in order to live securely in our world today. Maslow (1943) lists that the basic human needs of health and physiological wellbeing, shelter and financial security, love, accepting and belongingness are all fundamental before one is able to attain a sense of self-esteem. With the competitive economy and wide spread social influences people face in the current conditions in North America, there are threats to the security for many individuals.

Researchers in the field of relational psychology suggest that 50 % of the North American population presents with insecure attachment styles (Levine & Heller, 2010). It has been explored by Bowlby (1958), Ainsworth (1978), and many researchers following, that one's relational development can greatly influence one's affect and functionality, as well as one's ability to cope, grow, and explore as a result of one's sense of security or insecurity (Feeney & Thrush, 2004). Bowlby (1958) acknowledged that one's sense of security is directly influenced by the style of the attachments we develop with caregivers as infants or the attachments we currently have with significant others. I agree with the majority of the literature and research that suggests that our close relationships act as a secure base in that they provide the emotional security to function, achieve our goals, and overcome obstacles, I feel it is effective to assist client's struggling with insecurity to create more positive outcomes in the relational aspects of their lives. I believe that clients will be able to attend to other areas of their life with greater support and assurance after they have healed their insecurities and attained a sense of security.

The Research Question

How can we help clients in the field of counseling who experience persistent insecurity develop a sense of security in their lives?

The Purpose

The purpose of this thesis is to offer those in the field of counselling psychology a piece of literature that provides a systematic approach to assist clients who struggle with insecurity in relationships - both with themselves and with others:

- a) Gain an understanding of their insecurity, behaviour, and way of relating;
- b) Gain independence and a secure relationship with themselves; and
- c) Heal attachment injuries and establish interdependent and secure relationships with others

Research and Methods Considered

The areas of research that I am investigating encompass the development of one's self in relationships and how this development affects ways of being and relating as adults. This thesis is comprised of three essays.

In the first introductory essay, "The Development of One's Relational Being," literature that investigates evolutionary and biological explanations for human bonding and the human need to belong is reviewed. Next, the development of both insecure and secure attachment systems is reviewed. It is discussed how these different attachment systems affect us and how they are activated, as well as how certain attachment systems create insecurity when under stress.

In the second essay, "Your Relationship with Yourself: Establishing Independence and a Secure Base within Oneself," research is reviewed on how to create a

secure sense of self. The Mindfulness Self-Compassion Program, created by Germer and Neff (2013), assists individuals to transform their core sense of self and relationship to the world around them. By further reviewing the research on self-compassion, readers will gain an understanding of how these mentalities increase resilience, well-being, and self-concept. It is also suggested that the practice of self-compassion may lead to the development of independence and a more positive relationship with one's self.

In the third essay, “Your Relationships with Others: Establishing Interdependence and A Secure Base in Another,” an application of the knowledge of attachment systems is considered in order to create secure relationships with others. In this essay, I review how through emotion focused therapy, counsellors can assist clients to access and reveal emotions at the core of their insecurities, break negative interactive cycles, and gain the ability to ask those whom they are relating with to meet their needs and attain security. The essay concludes by introducing research on how humans thrive best in the other areas of their lives—including their ability to grow, explore, etc.—when they are supported by a healthy sense of security from their relationships.

Background on the Development of Relating

In order to understand the importance of the progression of the three components of this thesis, I will explain how one develops a healthy way of relating as reviewed by Morand (2007). The three stages of dependence, independence, and interdependence that one develops all coincide with one's attachment style, as well as the sense of security they have within themselves and with others.

As infants, all humans are initially dependent on others because they are not capable of taking care of themselves and attending to their needs. At this stage of

dependency, individuals will develop their original attachment styles and unique internal working models as a result of the initial attachments and relations they have with their caregivers.

If one is supported by caregivers and encouraged to develop as individuals, one can create a healthy sense of independence (Morand, 2007). This usually occurs in one's late adolescence and early adulthood. In order to attain a healthy sense of independence, one is encouraged to get to know themselves intimately and gain a true respect for themselves (Morand, 2007). Morand (2007) explains that to be an individual one must know who one is and what one needs, and one must take the steps required to meet those needs in a way that honours and respects the self. Those who develop a sense of independence feel grounded and secure within themselves.

Once one develops as a secure independent being, one can accept care and support from others to care without feeling as if one's independence or sense of self is jeopardized. From a healthy position of independence, one is able to form healthful, balanced, and respectful bonds with others.

In interdependency, one maintains independence and sense of self, while engaging with another. They are able to honour others' individuality without compromising their own (Morand, 2007). There is an equality of give and take established between the two people involved that will develop a strong sense of trust and respect. Morand (2007) explains that in a healthy interdependent relationship one speaks to what they want and need, while allowing the other to do the same. If needs between two people differ, it will be discussed among them in order to find a solution that meets both of their needs (Morand, 2007). Those within an interdependent relationship do not

take responsibility for their partner, but do what they can to provide love, support, and encouragement (Morand, 2007).

In the event that an individual was not properly supported and encouraged to attain their own sense of independence, they continue to interact with others in a codependent manor. Codependency is defined as an excessive emotional or psychological reliance on a partner (Scaturo, Hayes, Sagula, & Todd, 2000).

Unfortunately when one has experienced an attachment wound, which is most influential in the dependency stage, the development of independency and interdependency is often compromised. When one has developed a sense of insecurity from a separation experience with their attachment figure, it can manifest in affects that can be very distressing. It is often the case that these individuals will experience similar threats, as well as emotional triggers that create suffering and struggle within themselves, their relationships, and their day-to-day lives. Levine and Heller's (2010) research suggests that just under half of the population presents with insecure attachments, whether they are single, dating, or married for many years.

The events throughout an infant's upbringing, and often the support provided by his or her caregivers, will allow him or her to develop a healthy sense of independence, or can lead her or him to develop an unhealthy way of relating whereby they remain dependent, called codependence (Morand, 2007). If she or he is able to develop independence, then he or she is better able to relate in an interdependent manor with others (Morand, 2007). Unfortunately many people who present with insecure attachments carry emotional wounds that have hindered aspects of their relational development and functionality (Levine & Heller, 2010). I think that by providing

knowledge, skills, and practices to these clients, counsellors can assist them to develop interdependence and a healthy way of relating. Through healing attachment wounds and developing healthy ways of relating, I believe counsellors can lead these clients to internal liberation, peace and joy.

Relevance of the Research for Counselling Psychology

The goal of this thesis is to provide a systematic approach that both counsellors and therapists can use to assist counselling clients that present with insecure attachments and to help these individuals gain a greater sense of security, both within themselves and in their relationships.

There are two ways I believe this thesis could be utilized in order to most effectively reach out to clients in need of gaining personal and interpersonal security. First, I believe the following research and concepts could be divided into three modules in a collaborative workshop. I think presenting and practicing this material would be effective in both group and individual counselling. I also think it would be effective to apply the literature compiled in these three essays as progressive modules in a research study using human subjects. I believe by comparing the participant's evaluation of effectiveness and fulfillment in relationships, prior versus after, would show increases in both.

Whether this research is simply reviewed, discussed with clients in a counselling session, presented in a workshop, or investigated further in a research study, it is my hope that it will be valuable. If counsellors want to offer their clients the opportunity for lasting change in several of the detrimental patterns hindering their lives, whether it be in relationships, addictions, self-esteem, or others, a system that incorporates emotional and

relational behaviour at the core of client's attachment systems is one to be considered. By attaining a greater understanding of their core affects, clients have a greater opportunity to gain compassion for themselves. Once one is able to access and reveal the emotions from one's core attachment insecurities and gains the skills to regulate their emotional triggers, one is able to conduct one's self, communicate, and make choices with more awareness, security, and confidence. This can lead clients to a more regulated, secure, resilient, confident, connected, and fulfilled life.

Limitations to this Work

As with any clinical intervention, a client's complete evaluation and life circumstances must always be taken into consideration first and foremost. In order to teach a client the skills of mindfulness and provide them with insightful knowledge and information, it is essential that the client has safe conditions in her or his environment, as well as in his or her emotional and physical lives.

In the event a client is involved in an abusive relationship, or there is either suspicion or full disclosure that the client engages in self-harmful behaviour, these issues must first be addressed. Safety must be created in order to make the principles and practices that proceed available, practical, and useful.

It is important to note that this thesis promotes the concept of personal independence. Counsellors must be aware of the cultural beliefs their clients present. Many cultures do not put strong emphasis on thinking of one's self as independent; therefore, it is suggested to teach the practices of self-compassion from the objective of teaching one the practices of self-care, but limits the discussion of gaining independence.

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PART 1: THE DEVELOPMENT OF ONE'S RELATIONAL BEING

Researchers in the field of relational psychology propose that 50% of the North American population have insecure attachment styles (Levine & Heller, 2010). This statistic suggests that these individuals have experienced insecurity in a key relationship and that this insecurity has affected them at their core. These automatic reactions can cause great difficulty and suffering in one's daily life, both personally and interpersonally.

In the following manuscript I provide an introduction to Bowlby's (1958) attachment theory, explain what attachments are, and describe how attachment systems impact human beings' internal working models. Next, I highlight the applicable theories on the human need for belonging and describe how human connection is an innate driving force of one's behaviour. I then discuss how human beings develop their personal attachment systems and provide a description of each of the well-documented attachment styles. After thoroughly explaining insecure attachments, I conclude by introducing the implications of insecure attachment systems on affect regulation and affect in relationships.

It is my hope that readers—whether they are counsellors or clients—will gain a greater understanding of insecure attachment systems, as well as a greater ability to recognize those who have acquired an insecure attachment. I believe it is crucial for individuals to be able to identify with their attachment style and recognize their emotional patterns, within themselves and within their relationships.

John Bowlby's Attachment Theory

What is Attachment?

Attachment means seeking closeness in the face of stress (Nichols, 2013). Bowlby (1958) believed this closeness, or bond, was based on a biological drive for proximity ensuring survival, which evolved through the process of natural selection—children who stay close to their parents are less likely to be killed by predators than those who wander off (Nichols, 2013).

All infants are likely to experience frustration as a result of a negative internal state. When the child is securely attached to a caregiver then she or he will experience an attuned and congruent response from her or him, which supports the child to expand her coping strategies in times of stress (Conklin & Padykula, 2009). The two key elements that allow a child to develop a secure sense are parental attunement and the ability to accept protest without retaliation or excessive anxiety (Flores, 2013). This gives a child a sense of both healthy omnipotence and vulnerability, which are essential for attachment and separation experiences (Digman, 2013). This also gives the child the capacity for intimacy and autonomy, which greatly contributes to the development of healthy interpersonal relationships (Digman, 2013)

In the event an infant feels threatened and the caregiver is not available for emotional attunement, or, in other words, the delivery of protection and comfort, the child can experience extreme levels of stimulation and arousal. Dysfunctional relationships may result in poor self-regulation in the child due to the relative absence of a repair process with a caregiver (Flores, 2013). If there is no interactive repair following a threat, the infant's emotional stress response system is left with early psychobiological

imprints and increased risk factors for seeking physiological self-regulation externally (Flores, 2013).

Bowlby's theories further suggest that attachment related behaviours are instinctual in all human beings and that these behaviours will be activated by any condition that is perceived as a threat to achieve proximity with an attachment figure, such as separation, insecurity, and fear (Bowlby, 1958). Early dynamics and bonds lead to the development of one's ability to regulate and cope, as well as providing a sense of security for the individual (Flores, 2013). Patterns of insecure attachment and the resulting behaviours simply represent the compromises infants have to make to find balance in modulating their emotional discomfort (Digman, 2013).

The Internal Working Model

Schore (2003) supports the theory that one develops the ability to self-regulate through their relationship with a caregiver. Early attachment development affects our physiology, emotions, cognitions, sense of self, interpersonal relatedness, behaviours, and ability to cope. All of these inner processes are activated when human beings relate to one another (Schore, 2003). The result of these early relational experiences creates one's unique internal working model (Bowlby, 1958). It is through this model that one will perceive and experience most relational contexts throughout life (Schore, 2003); therefore, considering attachment styles can provide great insight into an individual's interpersonal mentalities and reactions. Bowlby (1958) explains that a person's internal working model is the cognitive framework of mental representations for understanding the world, self, and others.

Human Need for Belongingness

Bowlby (1988) stated that human beings have a basic, innate need to share their lives with others. Attachment theory emphasizes the drive for human beings to make and maintain powerful affectionate bonds with significant others (Bowlby, 1988). Bowlby (1988) further claimed that it is part of the human genetic make up to seek this closeness with others, regardless of one's level of independence, self love, or fulfillment.

Baumeister and Leary (1995) explain in their "belonging hypothesis" that "human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships" (p.497). When someone is not in relation with others, and therefore has not met the need for belonging, it often leads to feelings of social isolation, alienation, and loneliness (Meller, Stokes, Firth, Hayashi, & Cummins, 2008).

Meller et al.'s (2008) research found that the need for belongingness isn't fulfilled solely by social contact but also from an interpersonal bond marked by stability, affective concern, and continuation into the foreseeable future; therefore, in order to satisfy one's need to belong, the relational context of interactions with chosen others is fundamental (Meller et al., 2008). It is evident that the sense of security in relationships will directly impact one's sense of belonging and psychological well-being.

Development of Attachment Systems

"Our attachment system is the mechanism in our brain responsible for tracking and monitoring the safety and availability of our attachment figures" (Levine & Heller, 2010, p. 64). Within early attachments, humans develop activating strategies as a survival mechanism (Levine & Heller, 2010). The particular attachment an individual experiences

with their caregiver results in corresponding cognitive, affective, and behavioural outcomes (Wei, Shaffer, Young, & Zakalik, 2005). Any thoughts or feelings that compel someone to become close to their caregiver or partner, physically or emotionally, are automatic activating strategies (Levine & Heller, 2010).

Hazan and Shaver (1994) explain that attachment styles can be viewed in terms of the answer to the question, “Can I count on this person to be there for me if I need them?” (p. 5). Results from a study conducted by Ainsworth in the 1970s discovered three distinct reactions children have as a result of their attachment to their mother. Ainsworth used the “strange situation test” to study 100 infant’s reactions to the separation and re-engagement with their caregiver (Ainsworth, 1978). The three distinct reactions witnessed in Ainsworth’s experiment corresponded to the three well-known attachment styles and had great implications for attachment theory. Of all infants, 70% presented with secure attachment, 15% presented with avoidant attachment, and 15% present with anxious or ambivalent attachment (Levine & Heller, 2010).

The imprints from one’s early attachment has direct influence on their personal attachment system, the resulting affects, and contribute to the formation of their internal working model which will carry forth into adulthood (Feeney & Thrush, 2004). It is most commonly witnessed that the attachments one forms in childhood with their caregivers has direct implications to those that are formed later in life, and most often with their romantic partner (Hazan & Shaver, 1994). Again, Bowlby (1969) suggests it is a natural human instinct to have someone to share one’s life with. He explains that once human beings choose someone special, powerful and uncontrollable forces from their core attachment system come into play (Bowlby, 1969).

Emotional patterns, when unresolved, continue to resurface (Solomon, 2010). When one experiences feelings of insecurity the corresponding reactions are often automatic. Attachment behaviours function like fixed action patterns (Bowlby, 1958). One will experience automatic emotional, cognitive, and behavioural patterns, regardless of how independent they are at the time (Levine & Heller, 2010). Although individual reaction patterns differ greatly, all share the same attachment function (Bowlby, 1958). When one chooses a partner and forms attachment to this person, the brain becomes wired to seek the partner's support by ensuring their psychological and physical proximity (Johnson, 2003). If the partner fails to reassure them, it is an innate reaction to continue attempts for closeness until the partner does (Johnson, 2003). This process is explained in greater detail later in this chapter.

Attachment Styles

Along with the research completed by Bowlby (1958) and Ainsworth (1978), attachment styles have been further studied and reviewed in depth. Secure, anxious, avoidant, and disorganized attachment styles are most commonly witnessed and discussed in the relevant literature.

Secure attachment

People are only as needy as their unmet needs (Levine & Heller, 2010). Over time, when a secure attachment is formed, an individual has a caregiver who provides consistent emotional availability. When one's emotional needs are met, the caregiver or partner responds in a way that re-establishes security.

In face of a threat, secure individuals will have their needs met by their significant other and will return to a calm, functional state (Levine & Heller, 2010). This

acts as a safe haven the individual can turn to in times of distress, anxiety, or upset, in order to sooth and repair their negative affect. A secure attachment also acts as a secure base allowing the individual to know they are supported and can rely on their caregiver with complete certainty in times of need (Levine & Heller, 2010). This sense of security allows the individual to effectively cope with the negative events that arise in their life (Wei et al., 2005).

The “dependency paradox” demonstrates that the more effectively people are able to depend on one another, the more independent they become. Once one has established a safe haven, they are then innately able to turn their attention outward. A secure attachment can also function as a secure base that allows an individual to explore, develop, and learn, as well as ultimately contributing to the development of confidence, competence, and resilience (Levine & Heller, 2010).

If individuals do not attain consistent emotional availability from their caregiver, they will experience a sense of insecurity and develop an insecure attachment style as a result. The sense of insecurity inhibits individuals’ ability to cope with stressful events in their lives (Wei et al., 2005).

Anxious attachments

As mentioned previously, the insecure anxious-ambivalent child’s parents were reported to respond inconsistently. The parents may not have been available, or the parents may have been anxious themselves, and unable to respond to the child in a secure and reassuring manner. Attachment anxiety is characterized by the fear of rejection and abandonment (Wei et. al., 2005).

The attachment system is the mechanism developed in the brain, and which is

responsible for tracking and monitoring one's safety and availability to attachment figures (Levine & Heller, 2010). Those with an anxious attachment have a high sensitivity and ability to sense when a relationship is threatened. Once this sensitivity is activated, it is often observed that those with anxious attachments are consumed with thoughts that have a single purpose: to re-establish closeness with their partner (Levine & Heller, 2010).

Those with anxious attachments often use over-reactive or hyperactive strategies to gain attention from others, which is termed "emotional reactivity" (Wei et al., 2005). These individuals often respond to stress producing environmental stimuli with emotional flooding, emotional liability, or hypersensitivity to the point of being consumed by it (Wei et al., 2005). Fraley, Niedenthal, Marks, Brumbaugh, and Vicary (2006) originally designed the ECR-R attachment styles inventory and further used a "morph movie" technique to measure vigilance to social cues of the anxious attachment style (p.1165). The authors found that people with an anxious attachment style are more vigilant to changes in others emotional expression and have a higher degree of accuracy and sensitivity to other people's cues (Fraley et al., 2006). The study further showed that those with anxious attachments tend to jump to conclusions and misinterpret people's emotional state, which may lead to unnecessary distress (Fraley et al., 2006).

Anxious attachments are also often associated with ambivalent attachments. This particular attachment style often results in angry or resistant behaviours to the attachment figure, such as clinging, pursuit, and even aggressive behaviours in order to receive attention and a response (Solomon, 2010).

Avoidant attachments

The insecure avoidant child is often a result of a parenting style characterized by consistent response to the child, but with little care and affection. This type of response provides messages for the child to become overly self-reliant. Attachment avoidance is characterized as the fear of intimacy, having discomfort with closeness and dependency (Wei et al., 2005).

Those with avoidant attachments often use under-reactive or deactivating strategies in order to distance from their emotions from others, which is termed “emotional cutoff” (Wei et al., 2005, p. 592). Emotional cutoff is seen when someone feels threatened by intimacy and isolates themselves from others as a result (Wei et al., 2005). This is a deactivating strategy in which individuals suppress their negative feelings and maximize distance from others in order to avoid the frustration caused by their unavailability (Wei et al., 2005). These individuals avoid emotional closeness with their caretaker or partner because they have developed a sense that these internal emotional experiences or interpersonal interactions are too intense (Wei et al., 2005).

Disorganized attachments

The insecure disorganized child often has a caregiver who responds in frightening or abusive ways. This response causes an internal dilemma for the child because the person who is meant to provide security is also a source of threat and distress (Dallos, 2013). People with disorganized attachments often display confusing mixed behaviours. Instead of reacting with an activating strategy, they often become disoriented, dissociated, or confused in times of distress (Levine & Heller, 2010). These individuals often avoid and/or resist their caregiver or partners since they have mixed feelings of

comfort and fear associated with them; thus, leading to the development of many disorganized behaviours (Levine & Heller, 2010).

Implications of Insecure Attachment Styles

Affect Regulation

Lewis (2000) believes it is impossible for individuals to completely regulate their affective states alone. Conklin and Padykula (2009) suggest that those with a compromised ability to form healthy attachments have a lower ability to self-regulate. People with early insecure attachments will frequently experience the resulting affects of the insecurity they experienced (Conklin, & Padykula, 2009). These suggestions are in sync with Bowlby's (1988) suggestion that insecure attachments lead to discomfort that must be compensated for (Flores, 2013). If one's affect is uncomfortable then that person will self-regulate through a form of adaptation. This is often the case with those who present with compulsive or addictive behaviours, as these serve as a self-regulating function (Conklin, & Padykula, 2009).

Alexithymia—defined as difficulty in identifying and distinguishing feelings, bodily sensations, and emotional arousal—is also commonly seen as a result of poor attachments in development (Flores, 2013). It is often observed that those with alexithymia have difficulty distinguishing between impulses of anger, the arousal of anxiety, and other early learned defenses against frightening or painful affects (Solomon, 2010). The unconscious will internalize rage or painful feelings so the individual does not have to experience them, and will instead react with an impulse to project the feelings.

The common affects seen in those with insecure attachments ultimately result in some dysfunction of emotional awareness, social attachment, and interpersonal relating

(Flores, 2013). Compensatory behaviours are originally initiated as a means to help the individual manage difficulties in interpersonal relationships, which gradually impair an already fragile capacity for attachment (Flores, 2013). These behaviours usually fall into two categories: emotional hyperactivity or emotional cutoff (Wei et al., 2005). These activation strategies may have short-term adaptive value since they reduce uncomfortable feelings towards others who have been unavailable, insensitive, or rejecting (Wei et al., 2005). Continued use of these strategies and behaviours, however, has been shown to contribute to several negative outcomes.

Insecure attachment formations have been further linked to psychological distress, negative affect, pathological narcissism, emotional distress and nervousness, and other distress symptoms. Individuals with either attachment avoidance or attachment anxiety have been found to experience interpersonal difficulties, feelings of loneliness, and hostility towards others (Wei, et. al., 2005). More complex outcomes of insecure attachment styles have been further studied showing dysfunctional attitudes and low self-esteem, low self-worth (Roberts, Gotlib & Kassel, 1996), poor coping skills, as well as maladaptive perfectionism, poor social competencies, and little self-awareness, (Wei et al., 2005).

Insecure Attachments in Relationships

Injuries to one's attachment system that are unrepaired or unhealed make one vulnerable to unsatisfying relationships later in life (Solomon, 2010). Significant moments of disconnection between individuals in these partnerships may create negative cycles that mimic the dynamic in the previous attachment injury—such as abandonment or betrayal—in times of intense need (Makinen & Johnson, 2006). The feelings

associated with the previous negative experience will resurface, often forming automatic worries, concerns, anger, aggression, or any other negative state from the perception of the present dynamic, often as a by-product of the past.

Solomon (2010) explains that the recapitulation of early attachment patterns activate persons' internal working models with their adult partners and evoke intense emotions that inhibit their ability to process, reason, decision make, and, ultimately, respond appropriately. Negative cycles of relating are often created as outcomes of these reactions, commonly seen as demand-withdrawal or attack-defend; thus, making those with insecure attachment styles more vulnerable to unsatisfying relationships and negative mood (Johnson, 2003).

Wei et al. (2005) found common long-term outcomes of individuals with anxious attachments. When persons are emotionally reactive, and draw others' attention to their negative mood or interpersonal problem, they often lose the patience of others in the long run. Others may eventually even avoid or reject them, and, as a result, create the outcome of the anxious individual's core emotional fear. This further increases negative outcomes, mood, affect, interpersonal distress, and loneliness (Wei et al., 2005). Individuals with avoidant attachments, who prefer to emotionally cut off from others, often create distance and avoid potential conflicts, rejections, or disappointments. This does work effectively as a protective strategy to deal with other's unavailability and unresponsiveness; however, with long term use, they will often end up pushing others so far away that they experience greater negative mood, interpersonal problems, and even neglect or loneliness, which was their core emotional fear (Wei et al., 2005). These strong

emotional deadlocks often inhibit the restoration of connection and trust; thus, the cycle continues (Solomon, 2010).

Conclusion

Although developmental attachment patterns are often still present in adult attachments, attachment systems may change over the course of life (Levine & Heller, 2010). These patterns may be strengthened or frayed, depending on our relationships (Gurman, 2010). Although patterns of relating developed in childhood may present consistently, new experiences will create new reactions (Levine & Heller, 2010).

An individual experiencing attachment vulnerability will often feel a lack of control over the feelings and automatic reactions she or he experiences in relationships, since they are engrained in the core internal working model (Levine & Heller, 2010). This makes the individual more prone to fear, guilt, and shame.

Attachment theory can provide persons with attachment vulnerabilities with a deeper understanding of themselves and others. This clarity can further enable these individuals to have compassion for themselves and their circumstances, allowing them control over what previously felt like uncontrollable forces. Knowledge of attachment systems alone can allow individuals more insight into their behaviour patterns, as well as a greater sense of self-awareness and control over their issues related to attachment

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PART 2.: YOUR RELATIONSHIP WITH YOURSELF: ESTABLISHING INDEPENDENCE AND A SECURE BASE WITHIN ONE'S SELF

In order to help one attain greater security for themselves, self-serving techniques that aim to build a clients' ability to support themselves—contributing to a sense of independence and confidence—must be considered. Morand (2007) suggests to attain a healthy sense of independence, one is encouraged to get to know one's self intimately and to gain a true respect for themselves.

Self-compassion is the act of treating one's self with kindness, care, and concern (Terry & Leary, 2011). Morand (2007) explains that to be individual, one must know who you are, what you need, and take the steps to meet those needs in a way that is honouring and respectful of one's self. Germer and Neff (2013) explain that through self-compassion training, clients have the potential to transform their core sense of self and relationship to the world. Those who develop a sense of independence feel grounded and secure within themselves.

In the following manuscript, I first introduce self-compassion as it is discussed in recent literature and describe the three components it is comprised of. Next I discuss how self-compassion is applied in a clinical setting. I provide a summary of each of the eight sessions that are incorporated in the Mindfulness Self-Compassion (MSC) Program and explain how self-compassion can best be practiced and continually developed by clients. I conclude with a review of recent literature that discusses research and findings on the benefits of practicing self-compassion. I specifically discuss the positive outcomes of self-compassion on one's ability to cope, emotionally regulate, self-soothe, and self-

regulate, and describe how these outcomes relate to a client's overall affect and how she or he feels in relation to herself or himself.

The goal of this chapter is to share practices and mentalities that are beneficial and effective for individuals that have insecure attachment styles. The literature suggests that individuals who develop self-compassion have a greater ability to cope with distress, as well as a greater ability to self-regulate and regulate emotions. Learning how to self-soothe and become self-compassionate will help individuals create a greater sense of security and support within themselves.

Introduction to Self-Compassion

Self-compassion can help people relate to themselves in healthy ways (Neff, 2012). Compassion has been widely recognized as the concern for the suffering of others (Goetz, Keltner, & Simon-Thomas, 2010); however, when people practice self-compassion, they are emotionally supportive towards themselves and others, especially during hardship (Neff, 2003).

Self-compassion differs from self-esteem. Self esteem is widely recognized as the degree to which one positively evaluates themselves (Harter, 1999). Self-esteem tends to be contingent on success in accomplishments that align with life values, and therefore fluctuates according to performance outcomes (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000). Self-esteem is also often based on comparisons with another (Harter, 1999). Self-compassion, however, is not based on positive judgments or evaluations. It is a way of positively relating to oneself. Self-compassion is experienced as a result of a human being inevitably flawed, where self-esteem is experienced as a result of feeling

special or accomplished (Neff & Costigan, 2014). It is for this reason that self-compassion offers greater emotional stability than self-esteem (Neff & Costigan, 2014).

Neff (2003a) has broken down the components of self-compassion. Those who practice self-compassion engage in self-kindness versus self-judgement, have a sense of common humanity versus isolation, and mindfulness versus over-identification.

Self-Kindness

Everyone has times in their lives when they suffer, feel inadequate, or fail. Instead of responding to these times with self-criticism, acting with self-compassion invites an individual to be warm and understanding towards themselves (Neff, 2012). By meeting a difficult experience with self-kindness and a soothing, nurturing approach as opposed to anger or frustration, clients inhibit the struggle, create a better experience for themselves, and ultimately suffer less (Neff, 2012). Neff (2012) explains that humans can't always get what they want, and can't always be who they want to be. Neff (2012) believes when people resist or deny reality, they cause suffering and stress, frustration, and self-criticism. When reality is accepted and understood with the desire for a greater good, one can generate positive emotions of kindness and care (Neff, 2012). By acknowledging shortcomings or problems without judgement, they are further able to do what is necessary to help themselves (Neff, 2012).

Common Humanity

Harsh self-judgement can result in one feeling isolated (Neff, 2012). Neff explains that when people are aware of their own inadequacy, they are prone to irrationally think and feel that everyone else is perfect and that they alone are experiencing this inadequacy. This is a common form of distorted self-centredness. When persons' focus is

on their inadequacies it creates a tunnel vision of thought, disabling them from seeing anything outside from what they interpret as personal shortcomings (Neff, 2012). Neff believes it is also often the case that when people experience difficulty in their external environment, that these individuals assume they are experiencing greater difficulty than others would. With self-compassion, however, one reminds one's self that it is a shared, common human experience to have personal challenges and failures (Neff, 2012). This reminder allows individuals to feel less alone and isolated in times of hardship and pain (Neff, 2012).

Mindfulness

Mindfulness is the state of mind where people observe thoughts and feelings they experience without judgement. In this way individuals do not either suppress or deny uncomfortable emotions or experiences, but can observe them, without being consumed by them. Neff (2012) clarifies “you can't ignore your pain and feel compassion for it at the same time” (p.3). Neff (2012) further acknowledges that it is common for humans to react to painful or problematic times by immediately problem-solving, without recognizing the need for comfort. Conversely, when one over-identifies with a thought or feeling one is consumed by it. This type of rumination or fixation narrows one's focus, disabling individuals to be most effective and helpful to themselves in a time of need (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, 2004). The mental space provided by practicing mindfulness allows for greater clarity, perspective, and emotional calmness when facing difficult thoughts or feelings (Shapiro, Carlson, Astin, & Freedman, 2006). Mindfulness can not only provide the necessary distance from our hardship or struggle, but it can also alleviate suffering and promote individuals to see with greater clarity of

how to best respond.

The three components—self-kindness, awareness of common humanity, and mindfulness—combine and mutually interact to create a self-compassionate frame of mind (Neff & Costigan, 2014). Those who rate high in self-compassion have been shown to have higher life satisfaction, happiness, positive affect, psychological well-being, and social connectedness (Neff, 2003a).

Self-compassion is typically measured with the Self-Compassion Scale (SCS), which is a 26-item self-report scale that assesses the negative and positive poles of the three components of self-compassion (Neff, 2003a). It is often found that the development of self-compassion is contingent on early experiences within the family. If individuals with an insecure attachment who did not develop self-compassion early in life were to be taught its principles—and practiced and developed the basic tenets of self-compassion—they could also attain the beneficial outcomes and positive affects (Wei, Laio, Ku, & Schaffer, 2011). Gilbert (2005) explains that self-compassion ultimately promotes well-being and security by assisting an individual to feel cared for, connected, and emotionally calm.

Self-Compassion in Clinical Practice

Self-compassion principles have been applied in clinical settings. Germer and Neff (2013) explain that through self-compassion training, clients can transform their core sense of self and relationship to the world. Germer and Neff propose that self-compassion training can teach others how to stop being hard on themselves, how to handle difficult situations with greater ease, and how to self-motivate with encouragement rather than criticism. Acting with self-compassion can also assist in transforming difficult

relationships, both old and new (Germer & Neff, 2013). The training teaches specific mindfulness and self-compassion practices for home and every day life, the theory and research behind mindful self-compassion, and the skills for one to become their own best teacher (Germer & Neff, 2013).

The Mindfulness Self-Compassion (MSC) Program was designed as an eight-week program, with an average of 10-25 participants per group that meet for 2.5 hours a session once per week (Germer & Neff, 2013). A half-day silent meditation retreat is also included in the program and is held separately from the eight sessions. The MSC program teaches a variety of meditations and informal practices for use in daily life (Germer & Neff, 2013). Experiential exercises are practiced within the class that teach and strengthen self-compassion; these exercises encourage self-compassion to develop in a natural and applicable way (Germer & Neff, 2013). In a randomized, controlled trial, participants of the MSC program demonstrated increased self-compassion, compassion for others, mindfulness, and life satisfaction, as well as decreased anxiety, depression, and stress (Germer & Neff, 2013). The MSC program can work collaboratively with psychotherapy and is particularly proven effective for those who suffer from shame and self-criticism (Germer & Neff, 2013).

The Eight Sessions of the Mindfulness Self-Compassion Program

Session 1: Discovering Mindful Self-compassion. The MSC program is experiential in nature. In the first session of MSC, participants are asked to reflect on how they treat a loved one versus how they treat themselves in times of distress or when things go poorly in their lives (German & Neff, 2013). Participants are taught to ask themselves throughout all of the sessions “What do I need?” Whether it be washroom

breaks, a snack, or just time to themselves, getting in touch with their needs and asserting them are acts of self-compassion—the cultivation of good will to one’s self (Germer & Neff, 2013). Participants are encouraged to do so not only within the MSC program, but also in daily life (Germer & Neff, 2013). Following this introduction, the three components of self-compassion are taught, using the “Self-Compassion Break“ which is an exercise that asks the following:

When you notice that you're feeling stress or emotional discomfort, see if you can find the discomfort in your body. Where do you feel it most? Make contact with the sensations as they arise in your body . . . Now say to yourself, slowly: 1. *This is a moment of suffering*. This is mindfulness. Other options include: “This hurts”, or “This is tough” 2. *Suffering is a part of living*. This is acknowledging common humanity. Other options include: “Other people feel this way,” “We all struggle in our lives” or “I'm not alone.” Participants are now instructed to put their hands over their hearts, or wherever it feels soothing, feeling the warmth and gentle touch of your hands. This exercise promotes soothing. The participant is then asked to say 3. *May I be kind to myself*. The exercise asks the participants to find words for what they need in these difficult times. Some examples are “May I accept myself as I am,” “ May I give myself the compassion that I need,” “May I forgive myself,” “May I be strong,” “May I be safe.” If or when participants are having difficulty thinking of this dialogue for themselves, they are asked to imagine what they may say to a friend or loved one struggling with the same situation or difficulty. They would then be asked to pause, and say this dialogue to themselves, “letting the words roll gently through their mind. (Germer & Neff,

2013, p. 861)

As a whole, the exercise serves the individual by helping them disengage from rumination and to feel less isolated, as well as experiencing comfort (Germer & Neff, 2013).

Session 2: Practicing Mindfulness. In the second session, theory and practice of mindfulness are introduced. Mindfulness is defined by Germer (2005) as “awareness of the present experience without acceptance” (p. 862). The participants learn how the mind works to naturally look for problems or danger in the past and project these onto the future when it is at rest. Although this was once a survival mechanism built into the human brain and allowed humans to evolve, it no longer serves us in the present (Mason, et al., 2007).

In this session, participants are taught to calm the mind by anchoring their attention to a single object in the present moment. Often people are asked to bring their attention to their breath, as it is easily accessible and also assists in the participant’s ability to regulate and initiate calmness (Germer & Neff, 2013). In the MSC, participants receive a “here and now” stone to bring their attention to when their mind is ruminating about the past or future (Germer & Neff, 2013). One of the participants of the MSC program took his here-and-now stone out of his pocket and bringing his attention to it in the midst of a traffic jam as opposed to ruminating and fretting about how the traffic wouldn't move (Germer & Neff, 2013).

During the mindfulness exercise of focusing on the breath, facilitators further explain to the participants that the breath reminds them that they are alive here in the present moment (Germer & Neff, 2013). Another exercise introduced in the MSC

program is the practice of initiating a “soft gaze.” This involves looking around with a wide-angled vision as a way to attain a greater perspective, as opposed to the narrow-focus, where individuals may be focused on a particular thought, stressor, or detail (Germer & Neff, 2013). Germer and Neff explain that this exercise is particularly effective for those with perfectionistic tendencies or forms of narrow-focused rumination.

Session 3: Practicing Loving-Kindness Meditation. The loving kindness meditation involves repetition of the phrases “May I be safe,” “May I be kind to myself.” It is in Session 3 that many people begin the process of emotional transformation. Often, participants will experience what is called “backdraft” when repeating the loving kindness mantras as they become aware of hidden thoughts, feelings, or emotions. By bringing attention to these unsettling concepts, one may feel triggered initially. An example of this is when participants are introduced to the mantra “May I be safe” and they recognize that they often feel fearful and unsafe in their lives or some of their circumstances.

The transformation occurs, however, when participants are then guided to bring the light of loving kindness and compassion to this experience by repeating the loving kindness phrases. Not only are they able to uncover hidden wounds and fears, but the wounds also begin to lose their “sharp edge” and detrimental effect as the participant brings kindness and support to themselves (Germer & Neff, 2013). Germer and Neff explain that this process can be understood as “compassion exposure therapy” (p. 863).

Session 4: Fining your Compassionate Voice. In Session 4, participants are taught how to expand their loving-kindness phrases into a natural conversation and inner dialogue. The goal here is to develop the voice of the “compassionate self” and override

the “inner critic.” It is taught that the “compassionate self” is motivated by the intention “I love you and don't want you to suffer” and from that core intention new compassionate language flows.

The take-away from the experiential application of this exercise is noticing the difference you experience in a troubling situation, just by accessing a state of mind that changes your relationship to it. This skill is emotionally freeing, and greatly appreciated when one is able to recognize the contrast. Again, the example of persistent rumination when stuck in traffic versus a soothing inner dialogue of reassurance and support creates two very different emotional experiences as a result of accessing a self-compassionate state of mind (Germer & Neff, 2013).

Retreat. Each MSC Program involves a four-hour retreat, usually held in silence. This is an opportunity for participants to slow down and become observant. A few new exercises are introduced to the participants such as the sense and savour walk, mindful eating, and the compassionate body scan (Germer & Neff, 2013). In the sense and savour walk, participants are asked to go out into the environment and focus on their senses, enjoying anything within the experience that they can (Germer & Neff, 2013). In the mindful eating exercise, participants are asked to slow down, bringing awareness to each bite, focusing on the tastes and textures of the food while they savour it (Germer & Neff, 2013). The compassionate body scan is a body awareness exercise where participants are asked to lie down comfortably and bring awareness to each individual body part, noticing sensations and then offering it care and kindness regardless of the state the body part is in (Germer & Neff, 2013). An example could be tension in the pelvis or abdomen region, and actively offering yourself care by focusing on this body part, breathing into the

muscles, and relaxing the area (Germer & Neff, 2013). There are other exercises taught at the retreats, though most of the work is done individually by each participant in silence. Again, it is encouraged that each participant personalizes the practices (Germer & Neff, 2013).

Session 5: Living Deeply. This session is an exploration of each individual's core values that bring meaning to their lives. This session is not only beneficial in helping participants identify their core values, but it also brings awareness to the things in life individuals truly care for; thus, giving them the knowledge of how to best be responsive (Germer & Neff, 2013). Germer and Neff (2013) explain that Session 5 is also a transformative session because participants often become aware of times when they did not live in accordance to their core values.

Session 6: Managing Difficult Emotions. In Session 6, instructors introduce the concept of emotions. It is helpful for clients' to understand that there is both a physical and mental component to emotions as they occur: thoughts and bodily responses (Germer & Neff, 2013). Participants learn that when they locate and anchor sensations in their bodies as they are experiencing an emotion, they are able to gain more control over the emotion's prevalence and expression, affording the individual the ability to change (Germer & Neff, 2013). Participants learn how to identify and name the difficult emotions they are experiencing: for example, anger. Participants are guided to do so in a gentle and understanding voice, in order to direct a self-compassionate process. They are then asked to find where the emotion expresses itself in a body sensation: for example, tension in the stomach.

This process is called "soften, allow, soothe." Once the emotion and bodily

sensation is identified, clients are able to soften the reaction, as well as allowing and accepting the emotion. Participants are encouraged to soothe themselves during this process as opposed to allowing the emotion to perpetuate, which ultimately may cause unnecessary prolonged suffering (Germer & Neff, 2013). Germer and Neff (2013) explain that once individuals locate a difficult emotion, they are able to soften the area, allow the discomfort to be there, and sooth themselves with loving-kindness. This offers physical compassion through softening, mental compassion through allowing, and emotional compassion through soothing (Germer & Neff, 2013). This practice is an excellent emotion regulation exercise that would be useful and effective for anyone.

Session 7: Transforming Relationships. Self-compassion instructors explain that all relationships include pain. They explain that most of the pain in our lives occurs in relationships, but also that pain can be alleviated in relationships (Germer & Neff, 2013). By validating one's pain and offering it self-kindness, mindful self-compassion can be a highly effective first step towards releasing wounds from one's past relationships, as well as cultivating forgiveness in oneself and others. This opens one's mental and emotional capacity to further seek effective solutions to have their needs met, while respecting the needs for their other. With self-compassion for one's self and compassion for significant others, the participant is able to act with less defensiveness and protective reactions. A deeply engaging connection is created from this newfound place of understanding, consideration, and care, for both one's self and the other.

Session 8: Embracing Your Life. In the final session, instructors address the human negativity bias. Germer and Neff (2013) explain that it is a strategic survival instinct of human beings to scan for threats to their physical and emotional integrity.

Unfortunately this habit interferes with one's capacity for happiness (Germer & Neff, 2013). The sense and savour walk in the environment that is conducted within the retreat is a good way to teach participants direct their focus and attention to enjoy their experiences in the present (Germer & Neff, 2013). By participating in this form of mindfulness and by intentionally savouring moments of pleasure and bringing kindness to one's suffering, that one can learn to live the moments of life, bitter and sweet, more fully (Germer & Neff, 2013).

Outcome and Prognosis

Although each of the eight sessions has a specific agenda and breakdown, participants are encouraged to “make the program their own” and “be their own best teacher” (Germer & Neff, 2013, p. 866). MSC training is considered systematic mind training, similar to going to the gym (Germer & Neff, 2013). Participants are encouraged to practice self-compassion mentalities and exercises 40 minutes a day, consistently throughout the week (Germer & Neff, 2013). In this way, self-compassion is considered “portable therapy” in that it is a self-to-self practice, as opposed to self-to-other like other forms of psychotherapy (Germer & Neff, 2013, p.866). For psychotherapy clients, practicing self-compassion can provide consistent inner-support in between sessions and ultimately create inner-strength for participants (Germer & Neff, 2013).

Further Literature on Self-Compassion developing Security in One’s Self

Self-Compassion and Ability to Cope

Those experiencing insecurity and an activated internal working model are naturally experiencing greater amounts of distress. The poor outcomes associated with

persistent distress and lack of support are poor coping strategies and poor ability to self-regulate, which too often leads individuals to self-harm, to form addictions, and to engage in other avoidant and self-destructive behaviours. It is for this reason that increasing the ability to cope and enhancing coping skills is particularly important while helping individuals attain security for themselves.

Based on the finding that one's ability to cope effectively with stressful life events is a primary determinant of psychological security and well-being, Adams and Leary (2007) examined the effects of a self-compassion induction on self-relevant thoughts and emotion when participants were presented with a life stressor. Those who scored high in self-compassion displayed lower rates of anxiety, neuroticism, and depression after experiencing a stressor (Adams & Leary, 2007). Adams and Leary further suggested that self-compassion acts as a buffer against the maladaptive behaviours of those who rate low in self-compassion following a distressing experience (Adams & Leary, 2007). Self-compassion was found to enhance one's coping with negative events and adversity primarily through positive cognitive reframing (Allen & Leary, 2010). Adams and Leary suggested self-compassion can be conceptualized as a coping strategy that promotes well-being and positive psychological functioning.

Self-Compassion and Ability to Emotionally Regulate

Neely, Schallert, Mohammed, and Roberts (2009) identified self-compassion as a useful conceptualization of emotion regulation. Self-compassion assists with emotion regulation in three ways (Neff, 2003a). First, when people treat themselves kindly in the face of perceived inadequacy by engaging in self-soothing and positive self-talk, they are able to regulate their emotions more effectively (Neff, 2003a). Second, those who are

self-compassionate remind themselves of the common human experience and understand that discomfort is an unavoidable part of the human experience, thereby not over-identifying with the discomfort (Neff, 2003a). The concept of common humanity promotes a sense of connection to others even in the face of isolation and disappointment (Neff, 2003a). Lastly, when acting with self-compassion, individuals become mindful of the painful thought or experience, as opposed to avoiding or exaggerating it. By facing these feelings, one can further engage with self-compassion, using wisdom and awareness to promote a greater perspective and to gain recognition of the temporality of the experience (Neff, 2003a).

S-C Self-Regulation and Affect

Self-compassion has been shown to correlate with decreased rates of anxiety, depression, rumination, and fear of failure (Neff, 2013). Higher levels of self-compassion correlate with increased feelings of happiness, optimism, curiosity, and connectedness (Neff, 2013).

A study by Terry and Leary (2011) demonstrated how acts of self-compassion promote successful self-regulation of health-related behaviours. Self-compassion can promote self-regulation by lowering defensiveness, reducing emotional states of self-blame that interfere with self-regulation, and increasing compliance with medical recommendations (Terry & Leary, 2011). People high in self-compassion cope more effectively with stressful life events and may be less depleted by illness and injury, thereby having greater self-regulatory resources to devote to self-care (Terry & Leary, 2011). Rockcliff, Gilbert, McEwan, Lightman, and Glover (2008) found that self-compassion tended to decrease cortisol (a stress hormone) and increase heart-rate

variability, which is associated with one's ability to self-soothe in times of stress.

Rockcliff et al. further suggested this resilience is likely associated with the decrease in negative states of mind that those who rate as self-compassionate present. In this way, self-compassion facilitates resilience by moderating individual's reactions to stress (Neff & Costigan, 2014).

S-C and Self

Neff and Vonk (2009) found that self-compassion was associated with more non-contingent and stable feelings of self-worth over time. They also found that self-compassion further offered stronger protection against social comparison, public self-consciousness, self-rumination, anger, and close-mindedness (Neff & Vonk, 2009). The emotional stability attained from practicing self-compassion has been proven to allow others to suffer less and thrive more (Barnard & Curry, 2011).

Concluding Statements

Germer and Neff (2013) explain that through self-compassion training, people have the potential to transform their core sense of self and relationship to the world. Germer and Neff propose that self-compassion training can teach participants how to stop being hard on themselves, how to handle difficult situations with greater ease, how to self-motivate with encouragement rather than criticism, as well as how to transform difficult relationships, both old and new.

These skills can create a sense of stability and security in participants' lives as they learn to consistently attend to themselves and their needs with loving-kindness. Acting with self-compassion can also promote security in one's self by helping the individual maintain greater perspectives, as well as regulating when dealing with difficult

situations and emotions. With an ongoing practice of self-compassion practices and skills, one can develop greater well-being and reassurance and confidence in the ability to cope (Neff & Costigan, 2014). It is for these reasons that developing self-compassion could help individuals with insecure attachments create many positive outcomes, including an overall sense of security in their lives and in their relations with others.

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PART 3: YOUR RELATIONSHIPS WITH OTHERS: ESTABLISHING INTERDEPENDENCE AND A SECURE BASE IN ANOTHER

I believe that practicing self-compassion and developing a sense of independence and security from one's own means contributes to an optimal state of being; it allows one to feel more assured and competent in their capabilities, not only in times when there are stressors are present, but also when there are opportunities for growth. If a client has participated in the Mindfulness Self-Compassion Program (MSC), or has developed self-compassion in any fashion, it is likely that they will experience benefits in their interpersonal relations as a result (Germer & Neff, 2013). Neff and Beretvas (2012) suggest that self-compassion is associated with healthy relationship functioning, as well as the tendency to integrate concerns with autonomy and connectedness when faced with relationship conflicts (Neff, 2013).

As mentioned earlier, once people develop as secure independent beings, they are able to form healthful, balanced, and respectful bonds with others. In interdependency, one maintains their independence and sense of self, while engaging with another. They are able to honour others' individuality without compromising their own (Morand, 2007). Morand explains that in a healthy interdependent relationship partners speak to what they want and need, while allowing the other to do the same. Those within an interdependent relationship do not take responsibility for their partner, but do what they can to provide love, support, and encouragement (Morand, 2007).

I propose that attaining independence and a sense security will often allow people to relate with others in a healthier manor. With that being said, many people will have emotions deep within their core internal working model that will only be triggered when

interacting with a significant other or potential attachment figure. Attachment wounds that present within a relationship are characterized by the perception of abandonment, betrayal, or a potential breach of trust, and, ultimately, people will perceive the attachment bond and their security to be threatened (Makinen & Johnson, 2006). The incidents that activate an insecure attachment system are highly emotional and can be very destructive (Makinen & Johnson, 2006). It is important to consider a therapy approach or intervention that may help those with insecure attachments who are currently in relationships manage their emotions, reactions, interactions, and the overall relationship dynamic.

An Overview

I begin this essay by discussing how the concepts outlined in attachment theory manifest in adult relationships. I then revisit the discussion regarding human's innate drive to seek a sense of belonging before describing what both security and insecurity looks like in relationships. Next, I introduce the role of emotions in relationships and explain how couples regulate each others' affect. I then explain the common negative interaction cycles that result from each individual's defensive emotions.

In order to provide a framework to help clients with the issues described above, I introduce Emotion Focused Therapy (EFT): a therapy proven to be one of the most effective approaches for couples and relationships (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). I explain the goals of EFT and provide a summary of the five stages within Emotion Focused Couples Therapy (EFT-C) that I believe would best assist clients in the healing of their attachment wounds and insecurities.

The next section of this essay introduces literature on forgiveness reconciliation, which I consider beneficial for both counsellors and couples. I believe the Attachment Resolution Model would be very helpful to utilize with couples that wish to heal injuries resulting from immediate circumstances. I conclude this manuscript with a summary of literature that speaks to helping clients who strive to repair their insecure attachments and attachment injuries in order to ultimately attain a sense of security.

Attachment Theory and Adult Relationships

Attachment theory emphasizes the drive for human beings to make and maintain powerful affectionate bonds with significant others (Bowlby, 1988).

When one considers the human need for a sense of belonging and the innate desire for connection, it is evident that security within one's self—although extremely positive and effective—will not provide one with total satisfaction.

Now that the skills on how one can best relate to one's self have been discussed, one has the ability to grow and build a level of independence that creates a greater sense of security and provides support. Now, in order for one to engage with another interdependently and to attain a sense of security with another, individuals must work through the core emotional triggers that initially created this sense of insecurity. This awareness allows individuals liberation from their emotional attachment wounds so that they can experience fulfillment in the interpersonal relational sphere of their lives. In this way, individuals can relate healthily and interdependently with others.

Seeking a Sense of Belonging

Bowlby (1988) stated that it is a basic human need to share one's life with another. Bowlby (1988) argued that it was part of human genetic make up to seek closeness to

others, regardless of the level of independence, self love, or fulfillment one has in their own lives.

Baumeister and Leary (1995) explain in their “belonging hypothesis” that “human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships” (p.497). When someone is not in relation with others, and therefore has not met her or his need for belonging, then this may lead to social isolation, alienation, and loneliness (Meller, Stokes, Firth, Hayashi, Cummins, 2008).

Kelly (2001) explains that individuals vary in their need to belong. Some individuals with a lower need to belong are satisfied with few contacts, while others with a greater need to belong may need more (Kelly, 2001). Meller et al. (2008) found that the need for belongingness isn't fulfilled solely from social contact but from an interpersonal bond marked by stability, affective concern, and continuation into the foreseeable future; therefore, in order to satisfy one's need to belong, the relational context of interactions with chosen others is fundamental (Meller et al., 2008).

Security in Relationships

In order for one to have a sense of security in a relationship, the significant other takes a role as a secure base (Feeney & Thrush, 2004): someone who is sensitive and responsive, and is consistently available and reliable to attend to when one is upset or anxious (Beek and Schofield, 2005). A secure base is formed when one demonstrates, implicitly and explicitly to the other, that one is trustworthy and reliable, as well as physically and emotionally available and sensitive to his or her needs (Beek and Schofield, 2005). Levine and Heller (2010) explain that although the affects of insecure

attachments are deeply engrained, they are plastic over time. This means when one does develop a secure relationship with another, they can attain a sense of security within and recondition their internal working model and affects. It was discovered in children that exposure to warm, consistent, and reliable caregiving changed their previous expectations of both adults and of themselves, following the development of insecure attachments (Beek & Schofield, 2005).

Feeney and Thrush (2004) examined secure base support processes in adult relationships. They highlighted that the innate human urge to explore the environment is as basic as the urge to seek proximity to a significant other in times of distress (Feeney & Thrush, 2004). Their findings suggested that the support from a partner is equally as important to seek out and engage in goal strivings, personal growth, learning, discovery, and overall happiness and well-being, as the support from comfort-seeking behaviour (Feeney & Thrush, 2004). Feeney and Thrush differentiated between a “safe haven” and a “secure base” to explain the role the partner plays in both of these supporting roles when the relationship is secure. Ultimately, a securely attached individual with a secure base feels safe to explore and develop confidence, competence, and resilience (Bowlby, 1988).

Insecurity in Relationships

Naturally throughout the course of life, there are many situations or life events that will cause two people within a relationship distress. Johnson, Makinen, and Milikin (2001) explain that attachment-related incidents that are influenced by either partner’s attachment wounds will create greater difficulty and distress for the partners involved. When one’s attachment wound is activated and their security feels threatened it is highly

emotional and often result in a series of automatic reactions from the partner, as a defensive against the perceived threat (Makinen & Johnson, 2006). Because attachment wounds are often deeply engrained, the perception is repetitive and a recurring theme will continue to be present between the couple (Makinen & Johnson, 2006). Couples often attend therapy describing a rigid, negative interactive cycle they feel stuck in, which has ultimately led to marital distress (Makinen & Johnson, 2006). Johnson (1999) explains that the defining feature in an attachment-related event, versus other distressing circumstances a couple may experience, is that they are not easily forgotten and they will often define the partner's sense of relationship safety. Attachment injuries often exacerbate conflicts and block risk taking and intimacy (Johnson, 1999).

The Role of Emotion in Relationships

Affect Regulation

Levine and Heller (2010) report that once one individual is in a relationship and has formed an emotional attachment to another, the two form a single physiological unit. When together, it is reported that partners regulate each other's blood pressure, heart rate, breathing, and hormone levels (Levine & Heller, 2010). From a biological standpoint, dependency is a factual outcome, and not a choice or preference (Levine & Heller, 2010).

Coan, Schaefer, and Davidson (2006) investigated the mechanisms through which close relationships regulate human being's emotional responses. The authors used functional MRI technology to scan the brains of women while telling the participants that they would receive an electric shock; thus, presenting them with a stressful situation (Levine & Heller, 2010). The women that reported with the smallest emotional reaction were the group who had been holding the hand of their spouse and also had reported the

highest marital satisfaction. These results were opposed to the first group of women that were alone, as well as the second that were holding a stranger's hand (Levine & Heller, 2010). Coan et al. (2006) demonstrated that when two individuals are in an intimate relationship with one another they are able to regulate each other's psychological and emotional well-being (Levine & Heller, 2010). The results also demonstrated that the physical proximity and availability of one partner directly influenced the stress response of the other (Levine & Heller, 2010). These findings are congruent with the research and literature on secure base formation in relationships.

Negative Interaction Cycles

Negative interaction cycles occur when one's core identity or attachment needs are not met (Goldman & Greenberg, 2013). Emotion focused therapists believe the needs and desires of partners are mostly healthy and adaptive (Johnson & Whiffen, 1999) rather, it is the way they are enacted and perceived in an insecure manor that creates conflict (Johnson & Whiffen, 1999). These conflicts and problems are maintained by the way the interactions play out. Emotions organize these cycles—they organize both the self and interactions with others. Members in a family are highly connected through emotions. Interactions between partners or family members are guided by the interpretation of each other's emotional signals (Goldman & Greenberg, 2013). People will respond cognitively, physiologically, physically, and emotionally to different emotional cues in a partner. An individual may experience increased blood pressure and thrust forward in an organized stance to attack or defend in the presence of anger, for example. The action taken by the interpreting partner, whether it be fight or flee, will change their relationship to their environment (Goldman & Greenberg, 2013). In this way, emotion is the human race's

primary signalling system that influences interaction through nonverbal communication. The presenting affect and expression are forms of communication that regulate both the self and the other (Goldman & Greenberg, 2013).

The dominant emotion and resulting affect of each partner within the interaction forms a reciprocal feedback loop (Johnson & Whiffen, 1999). The negative interaction is most commonly observed to perpetuate, repeat, and maintain over time (Johnson & Whiffen, 1999). Conflicts and problems within relationships were viewed originally by Johnson and Whiffen (1999) as a result of adult insecurity and potential separation distress, and later by Goldman and Greenberg, (2013) as the result of one's unmet core identity or attachment needs. Gottman's (1994) research on affect and self-reinforcing interactional patterns, marital distress, and adult intimacy needs are all supported by research on adult attachment, which supports that all of these variables are relatable (Cassidy & Shaver, 1999). In order to assist individuals struggling with insecure attachments, a therapy approach that addresses all of the above variables would prove to be most effective.

Emotion Focused Therapy (EFT)

Baucom, Shoham, Mueser, Daiuto, and Stickle (1998) recognized Emotion Focused Therapy (EFT)—which focuses on addressing attachment injuries and the core emotions involved in these injuries—to be one of the most effective approaches in resolving relationship distress. Johnson and Whiffen (1999) also support Hazen and Shaver's (1994) original belief that when dealing with adult romantic relationships, theories from adult attachments prove to be most promising and evident. A meta-analysis completed by Johnson, Hunsley, Greenberg, and Schlinder (1999) found considerable effectiveness

EFT for marital adjustment after 10–12 sessions.

EFT is founded on several psychological principles, all of which support the method's effectiveness. Johnson and Whiffen (1999) explain that emotion is crucial in organizing attachment behaviours. Emotion determines how self and other are experienced, as well as guiding and giving meaning to perceptions. Emotion also motivates and cues behaviour (Johnson & Whiffen, 1999).

Goals of EFT

Johnson and Whiffen (1999) explain that “EFT focuses on reshaping a distressed couples structured, repetitive interaction patterns, and the emotional responses that evoke these patterns, fostering the development of a secure emotional bond” (p. 366). Repetitive demand/withdrawal, characterized by anger and frustration, is often witnessed. Another common observation is the withdrawal/withdrawal dynamic characterized by numbing and polarization (Johnson & Whiffen, 1999). These observations describe how emotional cutoff and emotional reactivity often transpire in interactions when these individuals are engaging in relationships with others.

EFT aims to expand these interactive cycles into a more flexible pattern where each partner is able to express their needs and vulnerabilities, while also responding to the needs of their partner (Johnson & Whiffen, 1999). As mentioned previously, most relational conflicts result from unexpressed hurt feelings or unmet needs related to security and identity. EFT focuses on the presenting emotions that guide each partner to access their feelings and thoughts, and ultimately works towards uncovering their unmet needs (Goldman & Greenberg, 2013).

The maladaptive emotions that are present when individual's core needs are

invalidated are fear and shame (Goldman & Greenberg, 2013). A common observation is that couples will express rapid-acting anger or anxiety-based withdrawal in order to protect these core emotions, however. EFT practitioners work with couples to look at the specific interactions they are having and to identify the negative interaction cycles (Greenberg & Goldman, 2013). Once the cycles have been identified, each partner can be guided and supported to reveal the underlying emotions of fear or shame, ask for validation of their unmet needs, and break the cycle (Greenberg & Goldman, 2013).

While many therapeutic models for work with couples are based on the premise that change occurs from insight, catharsis, and negotiation, EFT is based on the premise that change occurs through a new emotional experience in a context of attachment security (Johnson & Whiffen, 1999). In this way, the interaction cycle can be transformed and the couple can create growth and change both within themselves and in their relationship with each another (Goldman & Greenberg, 2013). As previously mentioned, a sense of security in another, or, in other words, a secure base, empowers partners independently and maximizes their personal growth and development (Feeney & Thrush, 2004). In EFT, successful partners are able to comfort, reassure, and support each other, which contributes to the creation of a safe haven or secure base (Johnson & Whiffen, 1999)

Emotion Focused Therapy for Couples (EFT-C)

A five-stage model of Emotion Focused Therapy for Couples (EFT-C) is used in therapy to promote emotional change in couples as discussed by Goldman and Greenberg (2013). EFT-C takes an emotion-focused therapeutic view of human functioning. EFT-C therapists suggest that the ability for individuals to access, soothe, and transform core

maladaptive emotion schemes (emotional wounds resulting from attachment relations) based on core fear, sadness, and shame, is central to self-change (Goldman & Greenberg, 2013). EFT-C deals with each partner's pain from unmet needs in the past, while assisting them to self-soothe. Self-soothing is seen as important when assisting a couple because it helps restructure emotional bonds, ensuring more enduring and stable change, which ultimately will lead to greater satisfaction (Goldman & Greenberg, 2013).

Stage One: Validation and Alliance Formation. In EFT-C, it is important, first and foremost, to establish safety within the therapeutic setting and to create a collaborative alliance with both partners. An empathic relationship allows clients to feel safe when the time comes for them to share their vulnerabilities. The sense of empathy and understanding from the therapist is also important in order for both partners to feel comfortable discussing their role in the interaction cycles with their partner (Goldman & Greenberg, 2103). It is important that the EFT-C practitioner validates each partner's needs and feelings in order to calm their client's anxiety and inhibit any reservations they may have. When working with couples, the therapist's empathic understanding of each partner will often act to soothe the pain of not being heard and understood by their partner (Goldman & Greenberg, 2013). Ultimately, EFT-C practitioners want each partner to feel safe and comfortable to open up and explore their feelings and experiences fully.

Stage Two: Negative Cycle De-Escalation. In the second stage of EFT-C the therapist typically will reframe the couple's presenting problems and describe the interaction cycle that is occurring (Goldman & Greenberg, 2013). Once this cycle is depicted, the therapist will assist each partner, one-by-one, in labeling her or his

underlying emotions as they are occurring within the interaction. The therapist will question each partner and encourage him or her to explore further, ideally identifying the underlying core sensitivities that are commonly activated within the repetitive cycle (Goldman & Greenberg, 2013).

Depending on the emotional wounds unveiled, the therapist may choose to question either of the partners about the origins of their wounds and open a discussion about past familial experiences and influences. Scheinkman and Fishbane (2004) believe that getting a sense of each partner's early relational experiences will help the therapist attain a greater understanding of the client's sensitivities, as well as how these vulnerabilities play out in current interactions. If the currently presenting sensitivities and reactions have no relation to the family of origin, it is likely that they came from another relationship or life experience. In this event, the client would also be encouraged to discuss and explore their relational history (Goldman & Greenberg, 2013). These sensitivities are viewed and described to the clients simply as current adult unmet needs, regardless of the criticisms they may have received in the past in regards to them (Goldman & Greenberg, 2013).

Stage Three: Accessing Underlying Vulnerable Feelings. In stage three, the therapist assists clients to experience and reveal the underlying emotions they experiences in their interpersonal interactions with their partner (Goldman & Greenberg, 2013). EFT-C practitioners believe it is the actual experience and display of emotion that initiates change within problematic interaction cycles. EFT-C principles emphasize that the experience of having each partner see the other's face and facial expressions will evoke and impact their own feelings. Even the imagined facial expression of another influences how one feels and what one does, even when the other person isn't present

(Goldman & Greenberg, 2013). It is for this reason that it is necessary to have both partners present as they interact face-to-face in order to create new expressions, interactions, and overall experiences (Goldman & Greenberg, 2013). It is often the case that individuals will misinterpret the facial expressions their partner is expressing. EFT-C therapists believe it is paramount to help clients verbally express how they feel, which will decrease the opportunity of misinterpretation or misunderstanding of how the other feels (Goldman & Greenberg, 2013).

It is important that an EFT-C practitioner is skilled in assisting clients with difficult emotions. Often clients will have difficulty feeling safe to access underlying vulnerable emotions. Practitioners have to be aware of the blocks to, and interruptions of, the difficult feelings and have the ability to help the client overcome the usual avoidance and fear of revealing them (Goldman & Greenberg, 2013). This requires safety not only with the therapist, but also with the partner. The therapist may choose to have a discussion about the client's protective function, validate it, and then assist the client to see that there isn't a need for protection in the context of their therapy setting. Goldman and Greenberg (2013) mention to a few sources in their description of EFT-C for techniques that practitioners can use when working with client's to reveal core emotions. *Reaching in and speaking for by Wile* (2002a) and *Focusing on the fear of opening* (Wile, 2002b), both address this process. It is possible the practitioner may have to guide either of the partners to access their blocked feelings. This stage is vital in the transformation of the interactions between the couple because in order to break the cycle, each partner has to become aware of the emotional reactions in order to actively change them.

Stage Four: Restructuring the Negative Interaction and the Self. In stage four,

clients are guided to enact new ways of being with, and respond to, each other (Goldman & Greenberg, 2013). In the process of restructuring the interaction, clients must accept the underlying feelings the partner expresses. There is a two-step process involved when each partner has an opportunity to reveal feelings. Once one partner has revealed a primary feeling about an identity vulnerability or an attachment insecurity without placing blame, the partner's task is to respond with validation and care. In the event the listening partner is unable to do so, the attention then needs to be turned to what is blocking their ability to do so (Goldman & Greenberg, 2013). In the event the practitioner needs to attend to what is blocking the listening partner, the practitioner is still aware of the vulnerability of the client that has just expressed him or her self. The therapist will provide the validation that the partner was not yet able to give. In this way, the therapist creates containment for each partner to be working through emotional blockages and responses (Goldman & Greenberg, 2013). The therapist will work with the partner until they've reached a natural acceptance and compassion for the partner's revealed vulnerability.

Next, each partner is asked to turn to one another and one-by-one express their heartfelt needs. This often creates change within the interactions. Often either partner hadn't had the ability to express their needs in the past, nor had their partner had the ability to respond to them, and doing this creates positive interactions. The practitioner will suggest the couple go through several enactments together in the therapeutic setting, and promote physical closeness and validation in support of the positive interaction (Goldman & Greenberg, 2013).

Once the positive interaction cycles are developed and practiced, and enduring

change has been ensured, each partner may need to further learn to self-soothe in order to transform maladaptive emotional responses (Goldman & Greenberg, 2013). Clients with severe attachment insecurities, traumas, or emotional wounds may still experience reactions to stimuli that have no relevance. Although they may have reassurance and new positive interactions with their partner, in the event they still experience the maladaptive emotional responses, they may need tools and skills to regulate their own affect, in support of themselves. This is also important in the event that the partner is not emotionally available or responsive in the way that the individual may need. Clients who have unmet childhood needs or trauma often present with difficulty in their ability to self-regulate. This often presents in their relationships and creates dysregulation between the couple, especially when problems arise, and lead to negative interaction cycles. The client with poor regulation abilities will be provided with assistance to help develop basic skills of self-regulation so that she or he is able to transform emotional responses from childhood unmet needs and not have these issues carried forward into the present context (Goldman & Greenberg, 2013). This involves helping clients learn to tolerate painful emotions, how to soothe them, how to make sense of them, and, ultimately, how to heal from them (Goldman & Greenberg, 2013). This practice holds the partner responsible to take constructive action and to not hold their partner responsible for their feelings. Having the other partner present for this process allows him or her to gain understanding of why their partner has the experiences, feelings, and reactions they present, and can further give her or him knowledge of how to be supportive in their partner's emotional process (Goldman & Greenberg, 2013).

Stage 5: Consolidation and Integration. In the final stage of therapy, the couple is

asked to reflect on their process and progress. EFT-C practitioners often take a narrative approach when working with couples in this final stage by asking both partners to reflect on the changes in their interactions and suggesting that they create a new narrative in regards to what is different now (Goldman & Greenberg, 2013). The therapist often will encourage each client to articulate the new narratives of both the relationship and their self and will ask each partner to share examples of experiences of personal and relational growth (Goldman & Greenberg, 2013).

Goldman and Greenberg (2013) highlight it is in this final stage of therapy that positive feelings are focused on and that their expression is encouraged (Goldman & Greenberg, 2013). The couple is also asked to continue to play out and practice the new behaviours involved in their positive cycles. EFT-C practitioners have also found that it is effective to ask the clients to reflect on the actions they could take in order to precipitate the previous negative cycle (Goldman & Greenberg, 2013). It is observed that asking for this reflection has provided clients with a sense of their personal role and responsibility in, and control of, negative interactions with their partner (Goldman & Greenberg, 2013).

Forgiveness and Reconciliation

It is important to make note of the common circumstance where one has developed an insecure attachment as a result of an injury within a current significant relationship. Common injuries found within couples were reported as abandonment, perceived abandonment following miscarriage, infidelity, flirtation, exotic massage, Internet relationships, friends with the opposite sex, financial deception and loss, and insults (Makinen & Johnson, 2006).

Forgiveness occurs in response to an interpersonal violation and involves mending emotional wounds, restoring trust, and repairing the relationship bond (Makinen & Johnson, 2006). Couples therapists in recent times have found the resolution process of relationship traumas and attachment incidents difficult to achieve without the role of forgiveness (Hargrave, 2004). Makinen and Johnson (2006) highlight that forgiveness may be an important step in the process of resolving attachment incidents among couples. Gordon and Baucom (1998) explain that forgiveness positively impacts not only the injured partner, but also the offending one through the dyadic interaction between the two.

The Attachment Injury Resolution Model

The Attachment Injury Resolution Model is described by Makinen and Johnson (2006) and is used by EFT therapists as a series of eight indicators of change that are seen as key events essential to the resolution process. The key timing of this resolution process is following the de-escalation of the initial negative interaction cycle the couple initially presented in therapy. Makinen and Johnson (2006) conducted a study to verify the attachment injury resolution model and forgiveness within EFT. Within the study, 24 couples were involved in EFT and worked towards resolution of their attachment injuries (Makinen & Johnson, 2006).

The EFT practitioners were to report whether the couple had successfully worked through the steps of the attachment injury resolution model (therefore considered “resolved”) or if the couple was stuck in a negative interaction cycle (therefor “non-resolved”). First, the Attachment Injury Marker is indicated when the injured partner describes an incident in which he or she experienced a violation of trust and damaged

attachment with the partner. The next event is often one where the offending partner takes a defensive stance in some manner (Makinen & Johnson, 2006). The Differentiation of Affect occurs when the injured partner stays in touch with the injury and continues to explain the impact and significance of it. In this phase, the offending partner changes their stance and begins to understand the significance of the event. In the Reengagement phase, the injured partner moves toward a more integrated articulation of the event, allowing the partner to witness their vulnerability in expressing the grief and fear experienced. The offender has to become more emotionally engaged and acknowledge responsibility for her or his actions and part in the attachment injury. Often they will express empathy, regret, and remorse. Lastly, forgiveness and reconciliation is reached when the injured partner risks asking for the comfort and care that was not previously given by their partner. The last indication of resolution is reached when the offending partner responds to the injured one in a caring manner. This is seen as acting as an anecdote to the traumatic experience experienced by their partner (Makinen & Johnson, 2006).

The results of the study showed that 63% of the participants involved resolved the attachment injury and showed clinically improved rates of relationship distress and forgiveness (Makinen & Johnson, 2006). The rate of recovery found in this study was lower than that found in EFT literature by Johnson, et al (1999); however, results of Schnare, Makinen, and Johnson (2006) showed the results of this study had remained stable in a three-year follow up (Makinen & Johnson, 2006). Overall, the results provided empirical support for the Attachment Injury Resolution Model within EFT for partners presenting with attachment injuries (Makinen & Johnson, 2006).

Ultimately Helping Client's attain Security in their Relationships

Although the benefits of a sense of security in a significant relationship, or, in other words, a secure base, were already discussed, it is important to acknowledge the benefits to be had once partners who originally sensed insecurity within their attachment relationship reach a sense of security.

Intimacy has been defined as trusting self-disclosure and empathic responsiveness (Wynne & Wynne, 1986). If partners are able to stay with and support each other through revealing and unblocking core emotion, as well as hearing each other's experiences, repair is possible (Solomon, 2010). In this way, the person is able to work through, overcome, and heal the circumstances that created the sense of insecurity initially.

Partners who are either secure or have developed a level of security within their relationship have a greater ability to integrate new information from their partners and are less likely to jump to negative conclusions in the face of ambiguous signals they perceive (Johnson & Whiffen, 1999). Partners who reported feeling secure in their relationships were better able to consider alternative perspectives and also better able to engage in problem solving (Johnson & Whiffen, 1999). Johnson and Whiffen describe one's ability to meta-monitor as stepping outside of an action loop and goal-directed activity within a relationship in order to attain a greater perspective of the dynamics at play and to evaluate alternative strategies. Gottman (1979) believed that lasting marital satisfaction was contingent on the ability to “unlatch” from the negative interactional cycles that those with a secure attachment are reported better able to do.

Interdependency experienced in a secure manner involves reciprocity in meeting each other's core needs (Solomon, 2010). Kobak and Hazan (1991) acknowledged that

through emotional communication working models can be adjusted within a marriage. Secure partners engage in open, direct, and coherent communication in order to be clear on how their partner can respond appropriately to their needs (Kobak, Ruckdeschel, & Hazan, 1994). Johnson and Whiffen (1999) more specifically explain “the ability to disclose and confide in a clear direct way about attachment needs and fears, to respond to the other empathically, and to consider alternatives is crucial if couples are to define the relationship as a secure base” (p. 374).

Conclusion

The need to attain and maintain positive social connections is an innate human drive, as is the need to belong (Bowlby, 1988). Just as caregivers directly influence our development and sense of self, the partner one chooses to be in relationship with later in life also has a powerful influence over how one feels about themselves, and their sense of security (Levine & Heller, 2010). Research on the effects of a secure base shows that one’s partner influences the degree to which one believes in one’s self, and whether one will attempt to achieve hopes and dreams (Levine & Heller, 2010). Being in an intimate relationship with a partner who is inconsistently available or supportive can be a debilitating and demoralizing experience. This has further been shown to stunt an insecure partner’s growth and hinder her health (Levine & Heller, 2010).

In knowing that an activated insecure attachment system can be highly destructive for those with insecure attachments, it is important to consider a therapy approach or intervention to help impacted individuals manage their emotions, reactions, interactions, and their overall relationship dynamic. Emotion focused therapy has been widely recognized for its usefulness when taking into consideration early developed internal

working models, affects, and attachment styles. Couples that attend EFT are guided to gradually shift their interactional positions and reorganize them into supportive, reassuring, and bonding experiences (Johnson & Whiffen, 1999). Treating attachment insecurities can stop an continuous negative dynamic in a relationship and can lead to mutual dependency where each partner takes responsibility in caring for the other, which will ultimately contribute to each partner experiencing emotional security within the relationship (Solomon, 2010).

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CONCLUSION

In the counselling field there is a vast amount of social isolation, relationship problems, and divorces presented by clients. Much of the anxiety, depression, and addictions presented by counselling clients go hand-in-hand with these relational issues and need to be considered while addressing their symptoms.

Many individuals that have developed poor coping abilities in response to the relational issues they may experience are often found to have an insecure attachment style (Levine & Heller, 2010). The core emotional responses these individuals experience derive from automatic perceptions of insecurity which creates difficulty, distress, and, oftentimes, suffering for many.

In 2006, it was found that one in five Canadians experience a mental health or addiction problem (Government of Canada, 2006). Statistics Canada further reported that roughly 38% of all marriages taking place in 2006 are predicted to end in divorce by 2035. This has profound effects, not just on the two people within the relationship, but on the relational experiences of children and others involved as well. A large amount of Canadians are struggling with relationships, both independently and interdependently.

Summary

This thesis is written as an attempt to offer a solution to the question “How can we help clients in the field of counselling that experience persistent insecurity develop a sense of security?” Bowlby (1958) acknowledged that one’s sense of security is directly influenced by the style of attachments individuals developed with their caregivers as infants, as well as the attachments they currently have with significant others. In this thesis, I have offered a series of well-researched therapeutic techniques used in the

counselling field today. I suggest that these techniques can assist clients to learn a healthy way of relating to themselves and also to others. In developing these ways of relating, individuals can heal past attachment wounds, manifest current secure attachments, and attain a greater sense of security in their daily lives.

The concepts I mentioned above have been covered in three progressive manuscripts. In the first essay, I looked at the evolutionary and biological background of human relations and attachments. I included a description of the theory and research that contributed to the development of Ainsworth (1978) and Bowlby's (1958) attachment theory. I then considered the research of Solomon (2010) and others (e.g., Schore, 2003) on attachment systems and discussed the core affects associated with each style of attachment.

In the second essay, I reviewed research by Neff and associates (Germer, 2013, & Beretvas, 2013) on self-compassion. I provided a detailed outline of the Mindfulness Self-Compassion program, which teaches individuals the skills required in order to develop self-compassion, as well as greater human resilience and well-being.

In the third essay, I described practices that encourage effective interpersonal relations. I introduced and applied the principles of Emotion Focused Therapy—as well as further research completed by Goldman and Greenberg (2013), Solomon (2010) and others (e.g. Schore, 2003)—and described how this therapeutic approach can help couples access, reveal, and heal from attachment related or emotional wounds. I concluded by discussing how Emotion Focused Therapy may guide individuals to reconnect with their partners, while also providing acceptance, support, and reassurance to strengthen the relationship.

The knowledge provided in Bowlby's (1958) attachment theory allows clients to gain an understanding of their presenting circumstances. Clients can identify their attachment style and to gain recognition of their emotional patterns, both within themselves and within their relationships. I believe attaining this knowledge alone normalizes individuals' insecure experiences and can alleviate a sense of confusion, fear, guilt, or shame that they may have in regards to their thoughts, emotions, and behaviours that stem from their core insecurities and attachment wounds.

I believe clients can develop a healthy sense of independence and security within themselves by practicing self-compassion. Self-compassion helps an individual to develop awareness of and identify her needs. It also promotes love, kindness, and care for one's self. Research (e.g. Neff, 2003a) on self-compassion has shown the great outcomes of applying self-compassion practices, as well as the results and improvements in one's way of relating to themselves. Research shows the positive correlation between the practice of self-compassion and the outcomes of personal awareness, effective coping strategies, emotion regulation, interpersonal effectiveness, and more (Neff, 2003a).

Lastly, it is important to consider how one can engage interdependently and attain a sense of security with another. In Emotion Focused Therapy (EFT), clients are assisted as they work through the core emotional triggers that initially created their sense of insecurity. By readdressing the skills that help self-regulate, and, particularly to regulate emotions in instances when they have been emotionally triggered and threatened, individuals are better able to de-escalate negative interaction cycles with their partner (Johnson & Whiffen, 1999). After accessing their core emotional needs, learning to apply effective communication allows clients to ask for their needs from others (Levine &

Heller, 2010). In the event the client is relating with a partner that they can attain interdependency with, the client will continually navigate a way to have their needs met, as well as maintain fulfillment within the relationship. In the event the client's partner is not willing, the client will gain the awareness that their needs cannot be met in her or his current relationship (Levine & Heller, 2010). This liberates clients from their emotional attachment wounds, as well as the awareness and skills required to relate functionally and to attain fulfillment in their relationships. In this way, clients can relate healthily and interdependently, and attain security with others.

The Purpose

The purpose of this thesis was to provide a systematic approach both counsellors and therapists can use to assist clients that present with insecure attachments gain a greater sense of security, both within themselves and in their relationships.

The components I have considered provide a set of healthy principles that assist these individuals to:

- a) Gain an understanding of their insecurity, behaviour, and way of relating;
- b) Gain independence and a secure relationship with themselves; and
- c) Heal attachment injuries and establish interdependent and secure relationships with others

The three essays function together as a way of providing counsellors and their clients with the knowledge, skills, and support required to heal from their relational insecurities. Processing, connecting, and reframing these insecurities allows individuals to develop healthy independence and interdependent relationships that can ultimately provide them with security.

Further Research

I believe it would be effective to apply the literature introduced, reviewed, and discussed within these three essays as progressive modules in empirical research. After comparing the participants' evaluation of effectiveness in relationships, prior versus after their participation in a study, I believe an increase in both security and fulfillment would be found.

I would invite individuals who report having problems in relationships to participate, particularly clients who are new to counselling for relationship issues. I would then have a survey and questionnaire to identify their personal attachment style and ask them to provide some commentary on the dynamics and problems in their relationship. The participants would report practicing what they learned from the self-compassion workshops and inventories on a pre-determined regular bases. The participants would undergo 10-12 therapy sessions that apply the five stages of Emotion Focused Couple's Therapy (EFT-C) with a significant other. To gather the qualitative data, participants would complete a similar survey and questionnaire following the study in order to compare the results with the responses from the initial survey. I would ask the participants to assess if they have achieved more security and fulfillment in their relationships.

Limitations to this Work

A client's complete evaluation and life circumstances must always be taken into consideration first and foremost. In order to teach a client the skills of mindfulness and provide her or him with knowledge and information it is essential that the client has a safe environment. Safety must be created in order to make the principles and practices

that proceed available, practical, and useful.

It is also important to note that this thesis promotes the concept of personal independence. In the counselling profession, counsellors must be aware of the cultural beliefs their clients present. Many cultures do not support thinking of oneself in an independent way. It would therefore be suggested to teach the practices of self-compassion in a way that promotes self-care, but also in a way that refrains from discussing self-compassion practices as a means of gaining independence.

Final Thoughts

Based on the research by Bowlby (1958), Ainsworth (1973) and many attachment researchers (e.g., Schore, 2003 & Solomon, 2010) one's relational development has great influence one's affect, functionality, as well as one's ability to cope, grow, and explore as a result of one's sense of security or insecurity (Feeney & Thrush, 2004). Researchers in the field of relational psychology suggest that 50% of the North American population present with insecure attachment styles (Levine & Heller, 2010).

In the counselling field there is a vast amount of, social isolation, relationship problems, and divorces presenting by clients. Much of the anxiety, depression, and addictions presented by counselling clients go hand-in-hand with these relational issues. I am proposing counsellors offer liberation and joy to those who struggle with insecurity by providing knowledge, skills, and practices that lead to healthier ways of relating. Ultimately, the application of these new ways of relating can heal attachment wounds for clients and create greater security that will increase the functionality in all areas of their lives.

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