

Understanding and Addressing the Importance of the Therapists Attachment Orientation

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**Abstract**

This study was done with the aim to develop a better understanding of the impacts of insecure attachment on a therapist's work with clients. Understanding the specific ways in which attachment impacts a therapist's clinical efficacy may help address insecure attachment among therapists to improve client services. Offering supervision to insecurely attached therapists is one means of addressing and ameliorating the negative effects of this attachment style on therapists' work with clients. A focus on attachment has the potential to improve not only clients' experiences with therapy but also therapists personal satisfaction with their profession and thus their longevity in the field.

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## CHAPTER 1: AN ISSUE OF ATTACHMENT

Attachment theory is one of the most widely researched psychological theories of our times. There is a substantial body of research looking at the negative impacts of insecure attachment (IA) across psychological, physical, and social domains (Wallin, 2014; Schore & Schore, 2008; Ein-Dor, Mikulincer, & Shaver, 2011; Marganska, Gallagher & Miranda, 2013; Otis, Huebner & Hills, 2016; Hadden, Smith, & Webster, 2014). However there is a scarcity of research exploring the impacts of a therapist's attachment style on their professional efficacy. In particular insecure attachment is correlated with a negative view of the self, ability to self-reflect, and regulate intense emotions (Ein-Dor, et al., 2011; Schore & Schore, 2008; Wallin, 2014). These variables have the potential to profoundly impact a therapist's ability to demonstrate important therapeutic qualities when working with clients (Berry & Danquah, 2016; Corey, 2013). While there is general consensus that these qualities are important across diverse therapeutic approaches, there is little research on the role of attachment in explaining differences among therapists' demonstration of such qualities and thus their ability to work effectively with clients.

This thesis looks at the connection between therapists' insecure attachment orientation, their degree of therapeutic qualities, and consequently their ability to establish an attachment relationship with clients as a means of producing therapeutic gains. The conditions that a therapist must provide to create an attachment relationship with her or his clients are, he or she is viewed by the client as a strong and wise figure with whom the client would want to seek proximity during times of distress, the creation of a sense of safety, and the promotion of the client's willingness to explore painful memories and interpersonal dynamics as a means of producing therapeutic gains (Mallinckrodt, 2010). Difficulty in emotion regulation, diminished

self-reflection capacity, and a negative self-view have the potential to negatively impact a therapist's clinical work through hampering the provision of the important therapeutic qualities that underwrite one's ability to provide the conditions for an attachment relationship (Mallinckrodt, 2010; Berry & Danquah, 2016; Corey, 2013). Attachment informed supervision is one means of promoting awareness of a therapist's attachment orientation on their work with clients (Watkins & Riggs, 2012; Marmarosh, Bieri, Schutt, Choi, & Kivlighan, 2014). Supervision that attends to the therapist's attachment orientation can promote therapeutic qualities that can enhance effective therapeutic work (Watkins & Riggs, 2012; Marmarosh, et al, 2014). Supervision can also inform therapists' professional development and self-care efforts to promote both personal and client well-being (Wallin, 2014).

### **Brief Overview of Attachment Theory**

Attachment theory was first conceived of by John Bowlby (Bowlby, 1982/1969), and later empirically supported and advanced by Marry Ainsworth (Ainsworth, 1979/1989). The theory emphasizes the quality of the emotional bond between the primary caregiver and infant as explaining many aspects of child development (Bowlby, 1982/1969; Ainsworth, 1979/1989). Attachment is considered an innate biological system that promotes survival by producing proximity seeking behaviours in the infant when they are under real or perceived threat (Bowlby, 1982/1969). The quality of the attachment bond is dependent on the ability of the primary caregiver to be sensitively attuned to the infant's need for nurturance, protection, proximity, and love (Bowlby, 1982/1969; Ainsworth, 1979/1989). If the primary caregiver meets the infant's needs, a secure attachment bond develops (Ainsworth, 1979/1989). Attachment theory considers this bond to be the foundation of the child's ability to develop social competencies, through the creation of a sense of safety that enables the child to explore their social, psychological and

physical environments (Bowlby, 1982/1969; Ainsworth, 1979/1989; Wallin, 2014). In addition to social competencies, the nature of the attachment bond has predictive value for many developmental outcomes across the lifespan (Wallin, 2014; Schore & Schore, 2008; Ein-Dor, Mikulincer, & Shaver, 2011; Marganska, Gallagher & Miranda, 2013; Otis, Huebner & Hills, 2016; Hadden, Smith, & Webster, 2014).

An insecure attachment bond develops when the primary caregiver is unable to consistently and sensitively respond to her or his infant's emotional and physical needs (Ainsworth, 1979/1989; Wallin, 2014). If the infant is unable to establish a consistent sense of safety, exploration efforts are restricted in favour of seeking proximity to the primary caregiver for protection (Ainsworth, 1979/1989; Wallin, 2014). This hampers important developmental trajectories for the infant including the formation of robust social competencies (Ainsworth, 1979/1989; Wallin, 2014). Insecure attachment between primary caregiver and infant are correlated with personal and interpersonal challenges for the person across the lifespan (Ainsworth, 1979/1989; Wallin, 2014).

### **Research Questions**

When I began this thesis, I had many questions that guided the research: How does insecure attachment between primary caregiver and infant impact specific qualities that may relate to a person's ability to be an effective therapist? What are these specific qualities and how exactly do they relate to the therapeutic process and an insecurely attached therapist's ability to work effectively with clients? Are the impacts of insecure attachment on a therapists professional capacity permanent or amenable to change and if so, how? <sup>1</sup>

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<sup>1</sup> See "Methods, Scope, and Limitations" section for a more detailed look at the evolution

### **Purpose Statement**

The purpose of this thesis was to gain a robust understanding of the impact of insecure attachment on a therapist's clinical efficacy and to explore the role of supervision in addressing a therapist's attachment related struggles and future professional development efforts.

### **Significance**

This thesis highlighted the importance of attending to a therapist's attachment orientation as a means of enhancing important therapeutic qualities and clinical efficacy. This thesis is intended to help insecurely attached therapists understand the potential impact of their attachment orientation on their work with clients and provide an avenue to improve on these negative impacts. In seeking and receiving attachment informed supervision, therapists are capable of understanding and resolving many of the negative impacts of their attachment orientation. Doing so has the potential to enhance both their personal and professional lives.

### **Critiques on Attachment Theory**

It is claimed within attachment theory that the attachment system is biologically innate and that for that reason attachment theory is universally relevant and applicable (Bowlby, 1982/1969). Despite the universal aspect of the attachment system, proponents of this theory acknowledge that primary caregivers go about meeting infants attachment needs in accordance with norms and values that vary from culture to culture (Bowlby, 1982/1969).

Critics suggest that attachment theorists do not go far enough in considering the impact of culturally informed notions of parental sensitivity, and corresponding responses of children (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). They suggest that the cultural differences

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of these general questions into the specific research questions that informed this thesis.

manifested in parental norms are so great that they challenge the validity of the theory beyond Western cultural norms (Rothbaum, et al, 2000). Critics therefore suggest that it is not prudent to attribute specific behaviours as indications of secure attachment across all cultures and instead call for more research on the meaning of behaviour as it relates to culturally diverse notions of attachment (Rothbaum, et al., al, 2000). This enquiry may result in distinct attachment categorizations based on divers cultural norms that differ markedly from those in the West (Rothbaum, et al., 2000).

Interestingly, proponents of attachment theory have found greater within culture variations than cross cultural variations of attachment bonds between infant and primary caregiver during research across cultures (Van Ijzendoorn, & Kroonenberg, 1988). This finding requires additional research to determine the relevance and compatibility of attachment theory across diverse cultural settings. As more research is garnered, we may more fully understand the influence that culture exerts on the nature of the emotional bond between parent and child and better understand the relevance of attachment theory (or lack thereof) beyond the Western context.

An important philosophical assumptions of attachment theory is the assertion that nurture plays a more central role to how an individual “turns out” than nature. While the attachment system is considered biologically innate, the unfolding of this system and the consequent development of a child, is contingent upon a primary caregivers ability to respond to the child’s attachment needs in a sensitive and consistent manner (Bowlby, 1982/1969; Ainsworth, 1979/1989). According to attachment theory the behavior of the parent toward the child determines, to a large extend, many developmental outcomes of their children (Bowlby, 1982/1969; Ainsworth, 1979/1989).

Some critics of attachment theory suggest that too much emphasis and responsibility is placed on parents, and that peers, romantic partners, and genetics play an equal or greater role in individual development (Harris, 1998). Identical twin studies are given as evidence for this—twins separated at birth demonstrate many of the same habits, interests, hobbies, and behaviours (Harris, 1998). While proponents of attachment theory suggest that the attachment bond between parent and child is a major contribution toward a child's developmental outcomes, the evidence garnered from studying identical twins, who demonstrated similar developmental outcomes despite being raised by different primary caregivers in separate homes, suggest that genetics also contribute in important ways. In addition, critics of attachment theory note that children raised in the same home are not alike, as a challenge to the central assumptions that nurture trumps nature (Harris, 1998).

### **Assumptions**

This thesis is based on the assumption that one's attachment orientation can change via the formation of additional corrective attachment relationships beyond that of parent and child (Zaccagnino, Cussino, Saunders, Jacobvitz, & Veglia, 2014). It is assumed that this relationship can be established between therapist and client. Such a relationship can provide a sense of interpersonal safety that promotes the client's willingness to take therapeutic risks such as exploring painful memories and making changes to core aspects that underwrite well-being (Mallinckrodt, 2010). Such aspects include, increasing the client's ability to engage in self-reflection about her or his and others' thoughts, feelings, and actions, ability to self-soothe distressing emotions, and cultivate a more positive self-view (Wallin, 2014). These are considered important elements of producing therapeutic progress that stem from the therapist's ability to create an attachment relationship with their client (Mallinckrodt, 2010; Wallin, 2014).

### **Methods, Scope, and Limitations**

This thesis takes the form of a manuscript literature review. When I began the research, it was hypothesized that IA would negatively impact a therapist's work with clients, however I did not know which aspects of insecure attachment exerted the greatest impact, nor the type of impact that such variables had on the therapists work with clients. Through the research, I began to clarify the focus of this thesis by fine-tuning research questions and working toward generating answers.

I began this thesis with an interest in the power of relationships to heal. Through the research process, I decided to focus on the relationship between insecure attachment, mentalizing, internal working models, and emotion regulation and the effects of these variables on a therapist's ability to develop the necessary therapeutic qualities to create a healing attachment relationship with their clients. This interest was informed by an optimistic assumption, as mentioned above, that while attachment has a pervasive impact across many variables, people have the power to change these impacts through novel and corrective connection. This sense of optimism was applied to both clients and therapists. Though I believed that insecure attachment negatively impacted therapists work with clients, I was motivated by the belief that therapists can work toward recognizing the impact of their attachment orientation on their therapeutic capacity and work toward ameliorating these negative effects. The connection between the person of the therapist and their professional capabilities, lead me to believe that addressing the therapists personal attachment orientation, would better enable them to serve their clients diverse needs, including their clients desire to address the negative impacts of their attachment orientation.

While there are many variables that likely impact a therapist's efficacy, I limited the

focus of research to attachment theory and specifically those aspects that are related to therapeutic qualities that impact the creation of an attachment relationship between therapist and client. There may have been additional variables that contributed to a therapist's efficacy that can be explained using attachment theory. These were not included in this thesis due to the limited scope of this project. It must also be noted that while attachment theory garners important insights into a therapist's clinical efficacy, other theoretical perspective may also provide additional insights, not covered by attachment theory. As such, an integration of a wide range of contributing factors and theories must be considered in order to arrive at a conclusive and robust understanding of the factors impacting therapeutic efficacy, which was beyond the scope of this thesis.

### **Thesis Outline**

Chapter 2 begins with a brief introduction of the basic tenets of attachment theory by describing the importance of an emotional bond between primary caregiver and infant for specific developmental trajectories. The classification of three attachment categories in childhood are outlined followed by a brief description of a corresponding four-dimensional model of attachment in adulthood. Characteristic patterns of secure and insecure attachment are identified and compared.

Chapter 3 explores the potential for creating an attachment relationship from a therapeutic relationship. This theoretical perspective purports that the capacity to create an attachment relationship between client and therapist supports the therapist's ability to assist clients in making important therapeutic gains (Mallinckrodt, 2010; Wallin, 2014). The conditions that are required to establish an attachment relationship are outlined followed by a discussion of specific therapeutic qualities that a clinician must poses in order to establish each

condition. The connection between these qualities and specific attachment variables are explored.

In Chapter 4 I argue for the importance of providing attachment informed supervision to insecurely attached trainee therapists. Possible attachment dynamics that occur within the supervision relationship and the potential impact of such dynamics on the supervision process and outcome are explored. The capacity for this approach to promote comfort, exploration, self-disclosure, insights and learning processes among trainee's are discussed as enhancing the supervision dynamics and outcomes (Bennett, 2008; Watkins & Riggs, 2012). These benefits are achieved when the supervisor is able to attend to, make explicit and thus ameliorate the negative effects of their trainee's insecure attachment through the creation of safety and security within the supervisor relationship (Bennett, 2008; Watkins & Riggs, 2012). This chapter is concluded by a discussion of the necessary skills and qualities that an attachment informed supervisor must possess to provide effective supervision for this theoretical perspective.

## CHAPTER 2: INSECURE ATTACHMENT

Attachment theory explains human behaviour as resulting from foundational affectional bonds between infants and their primary caregiver (Bowlby, 1982/1969). The vulnerability of human infancy necessitates adult protection for survival (Bowlby, 1982/1969). As such humans have evolved innate attachment system that encourage a strong connection between the infant and their primary caregiver, especially in times of threat (Bowlby, 1982/1969). Infants experience threat when they are tired, hungry, sick, scared, or separated from their attachment figure (Bowlby, 1982/1969). When real or perceived threat is detected, the child's innate attachment system is activated, which elicits attachment behaviours that are intended to gain proximity and protection from the primary caregiver (Wallin, 2014). A caregiver who detects, interprets, and responds to the child's attachment behaviours addresses the cause of the child's suffering and soothes her or him (Wallin, 2014). A parent who can consistently perform this function is able to reassure the child's sense of safety and her or his trust in the attachment bond (Wallin, 2014). This leads to secure attachment between caregiver and child (Bowlby, 1982/1969).

Attachment theorists state that three related systems operate within an individual— attachment, exploration, and caregiving systems (Mikulincer & Shaver, 2007). When the individual's attachment system is activated, neither the exploration nor caregiving systems are able to operate optimally (Bowlby, 1982/1969). While the caregiving system is less instrumental in childhood, the exploration system is important for the child's development as it promotes

curiosity, self-reflection, and important cognitive and learning processes (Bowlby, 1982/1969; Schore & Schore, 2008).

A child who feels safe is able to explore, which in turn promotes her or his ability to learn about his or her external and internal worlds (Wallin, 2014). Parents who are inconsistent in their ability to accurately and sensitively respond to attachment needs often have children who develop insecure attachment (Bowlby, 1982/1969). Children who learn that it is never safe to approach their primary caregiver for comfort and protection may develop a disorganized attachment (Bowlby, 1982/1969). Insecure and disorganized attachment orientations result in the frequent activation of the child's attachment system, having deleterious effects on their exploration system and learning processes (Bowlby, 1982/1969).

Although original attachment theory conceptualized three attachment styles in childhood, subsequent research has led to the expansion of this model to include a two dimensional framework of adult attachment orientations that results in four attachment orientations (Bartholomew & Horowitz, 1991). Bartholomew devised a model of adult attachment style that is arranged along two dimensions—attachment anxiety and avoidance (Bartholomew & Horowitz, 1991). The person's position along the attachment anxiety scale represents her or his concern with attachment figure availability, which is connected to their self-concept (Bartholomew & Horowitz, 1991). A person high in attachment anxiety has a negative view of the self and worries about the availability of the attachment figure (Bartholomew & Horowitz, 1991). Someone who is low in attachment anxiety has a positive view of the self and generally trusts that attachment figures will be available in times of need (Bartholomew & Horowitz, 1991).

The avoidance dimension captures a person's concept of others and the degree to which she or he feels comfortable approaching others for comfort, intimacy, and support in times of need (Bartholomew & Horowitz, 1991). High scores on the avoidance dimension promotes a negative view of others and a tendency to minimize emotional and physical intimacy with others, with a preference for self-reliance (Hazan & Shaver, 1994). A person low in this dimension has a positive view of others and will demonstrate a strong preference to approach attachment figures during times of need to seek reassurance, comfort, and protection (Bartholomew & Horowitz, 1991).

These two dimensions produce four adult attachment styles—secure, preoccupied, fearful-avoidant, and dismissing-avoidant (Bartholomew & Horowitz, 1991). Securely attached individuals are low in both attachment anxiety and avoidance and tend to have positive views of themselves and of others (Bartholomew & Horowitz, 1991). Preoccupied attachment orientation is characterized by high attachment anxiety and low avoidance, which is correlated with a positive but wary view of others and a negative view of the self (Bartholomew & Horowitz, 1991). People with fearful-avoidant attachment score high on both of these measures have negative views of both the self and of attachment figures (Bartholomew & Horowitz, 1991). Finally, people with dismissing-avoidant attachment are high avoidant and low anxiety, which is correlated with a positive view of the self and a negative view of others (Bartholomew & Horowitz, 1991).

Each attachment style in both the infant and corresponding adult classification systems has important consequences for the development of the individual across many life domains (Wallin, 2014). However the full range of theoretically and empirically supported correlates of attachment is too vast to cover for the scope of this chapter. The remainder of this chapter will

contrast the effects of secure and preoccupied attachment bonds on the individuals perceptions of self and other, ability to regulate their emotional states, and their ability to think about the nature of the human mind in subjective and complex ways. I will use the term anxious and preoccupied attachment interchangeably.

### **Internal Working Models**

Infants develop knowledge about the interpersonal world through repetitive interactions with their primary caregiver (Wallin, 2014). Over time, these interactions enable an infant to recognize and establish expectations of their parent's behavioural patterns (Ein-Dor, Mikulincer, & Shaver, 2011). These expectations are called internal working models (IWMs), which enable the child to predict her or his parent's behaviour and select responses that will maximize personal safety (Ein-Dor, et al., 2011).

An accurately attuned and responsive parent establishes an expectation in their child that others will be attentive, reliable, caring, and trustworthy (Ein-Dor, et al., 2011). These expectations likely develop into the child's positive IWM's of attachment figures as well intentioned, trustworthy, and available (Ein-Dor, et al., 2011). The same caregiver behaviours signal to the infant that they are valued and worthy of attention, love, and care, which commonly leads to positive IWMs (Mikulincer, Shaver & Pereg, 2003; Ein-Dor, et al., 2011). Effective attempts by the child to influence parental attention and care, through the enactment of attachment behaviours, give her or him a sense of mastery and control, which lays the foundation for feelings of competence, self-efficacy, and esteem (Mikulincer, Shaver, Sapir-Lavid, & Avihou-Kanza, 2009; Mikulincer, et al., 2003).

The children of inconsistent caregivers, on the other hand, often do not trust that others will be reliably available and effective at soothing and supporting them in times of need (Ein-

Dor, et al., 2011). However, intermittent care and attention from such parents promotes the child's continued attempts to elicit parental attention, love, approval, and protection (Marganska, Gallagher & Miranda, 2013; Campbell & Marshall, 2011; Ein-Dor, et al., 2011). As such, inconsistent caregiver behaviours are correlated with children's development of a positive but apprehensive view of others (Campbell & Marshall, 2011; Bartholomew & Horowitz, 1991; Fraley & Shaver, 2000; Mikulincer, Shaver, Bar-On, & Ein-Dor, 2010). The inconsistent ability of insecurely attached children to elicit desired parental behaviours hampers the development of a sense of mastery (Mikulincer, Shaver, Sapir-Lavid, & Avihou-Kanza, 2009). This is correlated with a sense of self-doubt, helplessness (Mikulincer, et al., 2003), and a lack of self-confidence (Mikulincer, Shaver & Rom, 2011). As such, insecurely attached children frequently internalize these experiences and develop negative IWMs and see themselves as unworthy of love, care, and attention (Marganska, et al., 2013). Negative IWMs are correlated with feelings of vulnerability, dependence on others, and emotional instability (Ein-Dor, et al., 2011). Unsurprisingly, negative IWM's of the self are also correlated with a hopeless orientation toward one's future, which have important consequences across life domains (Otis, Huebner & Hills, 2016).

Once established, internal working models can have a pervasive impact on emotions, behaviours, and expectations (Fraley & Shaver, 2000). Insecurely attached individuals desire emotional intimacy, support, and closeness, however, a pervasive concern with caregiver proximity and availability result in a tendency to survey interpersonal interactions for signs of threat (Campbell & Marshall, 2011; Marganska, et al., 2013; Ein-Dor, et al., 2011; Mikulincer, et al., 2003). Particularly threatening to an insecurely attached person is the expectation of waning interest, disapproval, and abandonment or rejection from attachment figure and thus a preoccupation with maintaining proximity to that person (Marganska, et al., 2013; Mikulincer, et

al., 2003; Ein-Dor, et al., 2011). This expectation of rejection biases an insecurely attached person's attention, attribution process, and memory in important ways (Campbell & Marshall, 2011).

Attentional bias towards rejection is positively correlated with more detection, faster and deeper processing, and retrieval of threat related material (Ein-Dor, et al., 2011). This promotes rumination, which fosters deeper processing of negative experiences into memory (Ein-Dor, et al., 2011). As such, insecurely attached people often display quick retrieval of negative memories that conform to their IWMs (Ein-Dor, et al., 2011). In addition, these biases are correlated with more frequent negative attributions about the cause of attachment figures' behaviours (Campbell & Marshall, 2011). When negative attributions are made, insecurely attached people are more likely to respond by catastrophising the meaning and outcome of the threat than their securely attached peers (Ein-Dor, et al., 2011). These processes often lead to the confirmation and reinforcement of negative IWMs, making them resistant to change (Ein-Dor, et al., 2011).

As a child ages, she or he generalizes the IWM of primary caregivers to important others (Roelofs, Onckels & Muris, 2013). While IWM are evolutionarily adaptive in childhood, they can lead to interpersonal difficulties later in life (Roelofs, et al., 2013). In adulthood, an individual will likely interpret interpersonal interactions with important others in accordance with her or his IWM despite experiences that contradict their perceptions and expectations (Li & Chan, 2012). IWM's often operate outside of conscious awareness thereby exerting an influence on relational dynamics that is hard to detect and thus alter in response to novel interpersonal experiences (Wallin, 2014).

The tendency to expect and detect threat has the potential to cause many difficulties in

interpersonal functioning, and social competence for insecurely attached people (Roelofs, et al., 2013). Relational threat will likely activate one's attachment system and lead to the enactment of behaviours intended to keep the attention and love of significant others (Mikulincer, et al., 2003). These behaviours have the effect of promoting over dependence on one's attachment figure as a source of stability and support (Mikulincer, et al., 2003). These behaviours may lead to relational conflict, which is evidenced through the increased likelihood of such persons reporting stable but less satisfying romantic relationships, and more instances of divorce (Hadden, Smith, & Webster, 2014). Insecurely attached people may also extend their negative expectations of others toward a set of global negative social beliefs (Skarzynska & Radkiewicz, 2014). Social connectedness is a vitally important aspect of human wellness making the negative impacts of IWM's of extreme concern to a person's happiness (Carr, Colthurst, Coyle, & Elliot, 2013).

### **Affect Regulation**

From infancy to death, emotions are the primary means through which humans communicate their most fundamental internal states to the world (Wallin, 2014). Emotions constitute our core experiences of personhood by informing the way we assess the meaning and quality of our experiences, which in turn informs our actions (Wallin, 2014; Bowlby, 1969/1982).). In infancy our emotional states are communicated to the world nonverbally through facial, vocal, and bodily expressions (Schore & Schore, 2008). As the human brain develops and matures, these internal states are additionally communicated through the use of language (Schore & Schore, 2008). Despite the later development of language, the primary means through which humans communicate emotions continues through nonverbal "bodily based expressions" (Schore & Schore, 2008, p. 33). Whether communicated verbally or nonverbally,

emotions comprise our core sense of self, making emotion regulation of primary importance to our experience of personhood (Schore & Schore, 2008).

Of paramount importance to human development is the ability to recognize and manage overwhelming emotions (Wallin, 2014; Moutsiana, Fearson, Murry, Cooper, Goodyer, Johnstone & Halligan, 2014). Babies are not born with the ability to recognize, understand, or regulate their emotional states and they depend on their primary attachment figure for emotional as well as physical survival (Wallin, 2014; Moutsiana, et al., 2014). Emotion regulation occurs within the intimate attachment relationship between the primary caregiver and child (Wallin, 2014; Moutsiana, et al., 2014). The attachment relationship enables more than the development of a set of skills, it enables the “experience dependent maturation” of brain regions that are responsible for emotion regulation (Schore & Schore, 2008; Moutsiana, et al., 2014). A caregiver who provides the necessary conditions helps to facilitate brain development that underpins these vital personal and interpersonal capacities (Schore & Schore, 2008; Moutsiana, et al., 2014).

The attentive primary caregiver provides the necessary conditions to cultivate emotion recognition and regulation through accurately monitoring and addressing their infant’s attachment needs and emotional cues (Wallin, 2014). Infants’ attachment needs become activated when they are under real or perceived threat (Mikulincer, et al., 2003). The sensitively attuned parent notices the child’s distress and communicates an understanding of the cause of the infant’s upset and her or his ability to cope with and address its source (Schore & Schore, 2008). These communications are nonverbal and consist of body movement, facial expressions, and vocal tone and cadence (Schore & Schore, 2008). This communicative exchange signals to the child that she or he is safe and protected, which soothes the child’s emotional arousal (Mikulincer, et al., 2003). The infant’s attachment system will deactivate and the exploration system will

reengage, which promotes self-discovery and the acquisition of knowledge about internal emotional states (Campbell & Marshall, 2011). Over time, the parents' ability to consistently and accurately understand, communicate, and regulate the infant's emotions enables infants to develop the "first representation of their own affects," which leads to emotion recognition and eventually regulation (Wallin, 2014, p. 49). A securely attached infant learns to use somatic sensations as a vital source of information and method of self-soothing throughout life (Wallin, 2014).

Some caregivers are not able to accurately or consistently interpret, monitor, or respond to their infant's attachment behaviours and emotional cues, and may therefore be unable to create the necessary conditions for the child to develop emotional recognition and regulation (Campbell & Marshall, 2011). When attachment needs are inconsistently or inaccurately responded to, the child's secondary attachment system may become activated (Campbell & Marshall, 2011). The activation of this system is associated with exaggerated behaviours that are intended to gain the attention, love, and protection of the primary caregiver (Campbell & Marshall, 2011; Mikulincer, et al., 2003; Campbell & Marshall, 2011). These behaviours consist of amplified emotional displays such as crying, clinging, and preoccupation with the surveillance of danger and caregiver whereabouts (Shaver & Hazan, 1993). Enactment of these behaviours consume the child's time and effort and leave little personal resources left to explore their external and internal worlds (Shaver & Hazan, 1993). As such, the child is less able to engage their exploration system, which is vital for their pursuit of nonattachment related endeavours such as important learning processes (Mikulincer, et al., 2003; Campbell & Marshall, 2011). An inaccurately attuned or inattentive caregiver also does not provide the necessary consistency of nonverbal communications that inform infants' ability to learn about their internal states (Schoore

& Schore, 2008). Inaccurate or inconsistent information about one's internal states in addition to the frequent activation of the attachment system and hindrance of the exploration system lead to less than optimal conditions for an infant to acquire knowledge about his or her emotional worlds (Mikulincer, et al., 2011; Mikulincer, et al., 2003). Finally, attachment system activation is accompanied by distressing bodily sensations (Wallin, 2014). Repeated experiences of unpleasant sensations can promote the rejection of one's own somatic sensations because they are a source of pain and conflict, which diminishes a vitally important source of information (Wallin, 2014).

The consequences of not having gained emotion regulation capabilities are manifold and can impact an individual across the life span (Gross, 2007). The ability to regulate emotions in response to life's challenges is associated with adaptive behavioural, cognitive, and social engagement (Gross, 2007). Conversely the inability to effectively regulate emotions is associated with various forms of psychopathology, interpersonal struggles, as well as difficulties in general adjustment (Gross, 2007; Ein-Dor, et al., 2011). For example, in a recent study participants with insecure attachment orientation were found to have difficulty increasing their positive emotions when compared to their securely attached peers (Moutsiana, et al., 2014). This was demonstrated through increased activity in areas of the brain that are associated with effortful control of mood and emotion regulation (Moutsiana, et al., 2014). Unsurprisingly, insecure attachment is associated with mood-regulation disorders such as anxiety and depression (Marganska, et al., 2013), social anxiety (Mennin, McLaughlin, & Flanagan, 2009; Turk, Heimberg, Luterek, Mennin, & Fresco, 2005), panic disorder (Tull, Stipelman, Salters-Pedneault, & Gratz, 2009), complicated grief (Schenck, Eberle, & Rings, 2016), and self-harm (Slee, Garnefski, Spinhoven, & Arensman, 2008), all of which involve an emphasis on negative emotional states (Marganska,

et al., 2013).

Negative affect influences cognitions in important ways (Mikulincer, et al., 2003). Insecurely attached people are more likely to think about unpleasant memories when their mood is negative (Mikulincer et al., 2003). Because hyperactivation of one's attachment system results in negative mood, insecurely attached people are more likely to ruminate over negative thoughts and memories (Mikulincer et al., 2003). Negative thought rumination in turn promotes the increase of negative affect, which explains the tendency for insecurely attached people to experience situations in a more distressing manner than their securely attached peers (Morley & Moran, 2011; Mikulincer et al., 2003). This contributes to a reduced capacity to cope with stressful life events (Mikulincer et al., 2003).

A bias toward negative emotions and thought processes is correlated with the development of trauma related psychopathology (Ogle, Siegler & Rubin, 2015). This is evidenced by a greater experience of PTSD symptom severity among insecurely attached people in comparison to their securely attached counterparts (Ogle et al., 2015; Marganska, et al., 2013).

Insecure attachment is also correlated with producing negative affect following the experience of positive emotions (Mikulincer, et al., 2003). Theorists propose that this may happen because positive emotions trigger memories of past disappointments and these memories elicit accompanying negative emotions (Mikulincer, et al., 2003). Alternatively, theorists have suggested that insecure attachment is associated with emotion dysregulation of both positive and negative emotions such that feelings that are strong in either direction are experienced as threatening and therefore lead to negative cognitions and affect (Mikulincer et al., 2003).

## **Mentalizing**

Central to the development of social intelligence and social competencies is the ability to mentalize (Fonagy & Target, 2006). Mentalizing skills enable an individual to recognize, understand, and predict the behaviour of others as well as one's own behaviours (Wallin, 2014). This is achieved through a constellation of cognitive abilities such as emotional comprehension, effortful attention and control, and the ability to think explicitly about the nature of thoughts and the human mind (Fonagy & Target, 2006). Of primary importance in developing this capacity is a person's ability to recognize and regulate her or his emotional states (Fonagy & Target, 2006). One must first be able to recognize and name personal feelings before being able to recognize and name the emotional states of others (Fonagy & Target, 2006).

If used effectively, mentalizing skills are applied in both self-reflective and interpersonal interactions to promote a person's ability to get along and collaborate with others, as well as respond flexibly to novel situations (Fonagy & Bateman, 2016). This leads to the cultivation of healthy and rewarding interpersonal relationships, and general social success (Fonagy & Bateman, 2016).

Secure attachment relationships provide the context for an infant to develop mentalizing capacities (Fonagy & Bateman, 2016). The attachment relationship is evolutionarily adaptive because it provides the context in which the social brain can develop and with it the vitally important mentalizing skills that enable our species to collaborate, cooperate, and survive (Fonagy, & Targe, 2006; Fonagy & Bateman, 2016). The relationship between attachment and mentalizing is bidirectional, with both processes unfolding together in the development of social capacities, mental health, and psychopathology (Wallin, 2014).

Interaction with a sensitive and attuned parent allows the child to relax and focus time, attention, and effort on the acquisition of social skills (Fonagy & Target, 2006). The parent's

ability to sooth their child's emotional states ensures that the child is able to activate important brain regions that facilitate mentalizing skill acquisition (Fonagy & Target, 2006). Biological development sets a limit to the speed at which children can acquire these skills, resulting in the child's progression through three sequential modes of experience as they mature (Wallin, 2014). Infants who benefit from a secure attachment relationship will likely progress through all the stages and develop sufficient mentalizing skills (Wallin, 2014).

### **Psychic Equivalence**

Psychic equivalence is the most basic developmental mode of psychological experience (Wallin, 2014). If an individual does not develop beyond this mode they will lack the capacity to differentiate between their thoughts and feelings and external reality (Wallin, 2014). With an inability to differentiate between what is felt and what is real, a person will often feel pushed around by their emotions (Wallin, 2014). They accept others' interpretations as facts because they lack the ability to stand back and view an opinion as one of many possible interpretations of reality (Wallin, 2014). For a person in this mode, hurtful words from others are often internalized and thought to be true. As such, people in this mode tend to catastrophize their experiences with self and others, which leads to many personal and interpersonal problems (Ein-Dor, et al., 2011). An inability to differentiate between internal and external reality also hampers a person's accurate attunement to others and instead results in the fusion of their internal emotional states with those of others (Wallin, 2014). This results in instable emotions and sense of self (Wallin, 2014).

### **Pretense**

The second mode of psychic experience is that of pretense (Wallin, 2014). This stage is characterized by a severing of internal from external reality such that the facts of the external

world have no bearing on the experience of the individual (Wallin, 2014). This is exemplified through experiences of denial, narcissistic grandiosity, and dissociation (Wallin, 2014). The full expression and experience of the self is restricted when a person is in this mode because a full account of reality “threatens what has been imagined and opens the door to what has been ignored” (Wallin, 2014, p. 47). Stuck in pretense mode, an individual is bolstered by unrealistic thoughts of the self, which inadvertently isolates them from the full range of feelings and experience, thereby often keeping them from having authentic relationships with the people who matter most to them (Wallin, 2014).

### **Insecure Attachment and Mentalizing**

Insecure attachment between an infant and their primary caregiver stymies the child’s development of mentalizing capacities (Fonagy & Bateman, 2016). Chronic activation of one’s attachment system has an inhibitory effect on the brain systems that promote curiosity, self-reflection, learning and thus the cultivation of social skills (Fonagy & Target, 2006). The evolutionary significance of gaining proximity to the caregiver for survival causes all mental resources to be channelled into obtaining safety at the expense of learning processes (Fonagy & Bateman, 2016).

Monitoring one’s parents for availability and preoccupation with threat and danger are mentally and emotionally all consuming (Fonagy & Bateman, 2016). Consequently such children have little time, energy and resources left to focus on the cultivation of some mentalizing skills (Fonagy & Target). The inconsistency of caregiving that insecurely attached children receive can promote an excessive concern with the mental states of others as a means of surveying interpersonal relationships for signs of threat (Chiesa & Fonagy, 2014). This will likely promote inaccurate over identification with and focus on other people’s mental states and inaccurate

assumptions about the nature of their mental states (Chiesa & Fonagy, 2014).

The child will need to find alternative social relationships within which to acquire and practice effective social skills, which may be challenging or limited (Fonagy & Target). Instead of moving through the three modes of psychic experience, insecurely attached children remain stuck in the developmentally earlier stages of experiencing reality (Fonagy & Target). A lack of mentalizing capabilities result in less empathy, and social competence, which exposes an individual to many interpersonal struggles across their lifetime (Fonagy & Bateman, 2016).

### **Conclusion**

The quality attachment bond between primary caregiver and infant is correlated with characteristic ways in which the infant and later the adult views him or herself, others, and their emotion regulation and mentalizing capacities (Fonagy & Target; Schore & Schore, 2008; Ein-Dor, et al., 2011). Secure attachment is correlated with the development of a positive view of self and important others, effective emotion regulation strategies and strong mentalizing capabilities (Fonagy & Target; Schore & Schore, 2008; Ein-Dor, et al., 2011). Insecure attachment, on the other hand, is correlated with a negative self-view and a positive but apprehensive view of others, and minimal emotion regulation and mentalizing capabilities (Fonagy & Target; Schore & Schore, 2008; Ein-Dor, et al., 2011). The correlates of attachment have many impacts on a person's experience of reality, interpersonal relationships, social competence, psychothathology, the development of the human brain (Fonagy & Bateman, 2016; Ein-Dor, et al., 2011; Schore & Schore, 2008). Such challenges make the study of attachment important to people in the health care profession as a contributing factor to human development and client suffering (Daly & Mallinckrodt, 2009).

### **CHAPTER 3: CULTIVATING A SECURE ATTACHMENT RELATIONSHIP IN THERAPY**

Attachment theory purports that the therapeutic relationship can be transformed into an attachment relationship thereby promoting a corrective emotional experience for clients (Mallinckrodt, 2010). This corrective emotional experience has the potential to produce therapeutic change and move clients closer to a secure attachment orientation (Zaccagnino, Cussino, Saunders, Jacobvitz, & Veglia, 2014).

Bowlby (1988) theorized that five conditions are required to cultivate an attachment relationship in adulthood. Mallinckrodt (2010) later empirically tested the five criteria and found that they were present in adult attachment relationships including the therapeutic relationship. The core therapeutic qualities have been well studied and validated as contributing to therapeutic success and outcome across theoretical modalities. The therapeutic qualities are empathy, appropriate responsiveness, genuineness, and presence (Berry & Danquah, 2016; Corey, 2013). These qualities are necessary for the creation of an attachment bond between therapist and client (Berry & Danquah, 2016; Corey, 2013). A therapist's insecure attachment orientation challenges the cultivation of these qualities and as such, it is argued that insecurely attached (IA) individuals may struggle to provide the necessary conditions to create an attachment relationship with their clients and to achieve optimal therapeutic efficacy (Berry & Danquah, 2016; Corey, 2013).

I begin this chapter by outlining the five conditions and associated tasks that are required to form an attachment relationship in adulthood. Once the conditions are outlined, the paper discusses the therapeutic qualities that are needed to achieve these conditions. A discussion follows on the correlation of these therapeutic qualities with insecure attachment (Berry & Danquah, 2016; Corey, 2013).

### **Condition # 1**

The first condition that Mallinckrodt lists as important in the creation of an attachment relationship between client and therapist is the client's perception of the therapist as a strong and wise figure (2010). While this condition is evolutionarily essential for survival in an attachment relationship between parent and child, it is not considered a necessary element for the development of healthy attachment relationships in adulthood (Mallinckrodt, 2010). It may, however, remain an important factor in many adult attachment relationships, and as such warrants mention (Mallinckrodt, 2010). Importantly, this criterion neither precludes viewing the client as the expert of his or her own life, nor does it prevent a therapist working from a client-centred perspective. Instead, it suggests that the client must perceive the therapist as possessing specific knowledge, expertise, and skills to produce important therapeutic gains.

Achieving this criterion is contingent on the therapist's ability to elicit and maintain the client's view of the therapist as knowledgeable, confident, and competent (Goldner, 2016; Theriault & Gazzola, 2010). The ability to gain and maintain client's confidence is supported by the therapist's accurate and empathetic attunement, presence, and responsiveness to her or his clients needs (Berry & Danquah, 2016; Corey, 2013). Important to this criterion is the therapist's professional and personal self-concept and confidence and ability to manage personal and professional feelings as they arise within therapy (Theriault & Gazzola, 2010).

### **Condition # 2**

Proximity seeking and the eventual development of an emotional bond constitute the second criterion that is required to create an attachment relationship between client and therapist (Mallinckrodt, 2010). A belief in the therapist as a stronger and wiser figure bolsters the client's hope that the therapist will be able to provide comfort in times of distress (Mallinckrodt, 2010).

This belief will likely promote proximity seeking by the client in which they book regular sessions with their therapist. The fulfillment of this criterion requires that the client perceive the therapist as both physically and emotionally present and available (Berry & Danquah, 2016; Corey, 2013). Over time, many therapeutic relationships between client and therapist have the potential to develop an emotional connection, thereby fulfilling this criterion (Mallinckrodt, 2010). A sensitively attuned and empathetic therapist who is emotionally present and available to her clients and who provides the conditions for positive regard is likely to fulfill the second criterion (Berry & Danquah, 2016; Corey, 2013).

### **Condition # 3**

The third condition that is necessary to transform the therapeutic relationship into an attachment relationship is the client's willingness to rely on the therapist as a secure base when feeling threatened (Mallinckrodt, 2010). The secure base function of the attachment relationship requires that the therapist is able to sooth the client's overwhelming affect before proceeding with other therapeutic tasks (Berry & Danquah, 2016; Corey, 2013).

Containment is the means through which one person assists another in soothing overwhelming emotions (Wallin, 2014). A sensitively attuned and responsive therapist is able to contain clients' intense and seemingly intolerable emotional experiences by communicating an understanding of, and ability to tolerate and alleviate, their client's distress (Wallen, 2014).

The client experiences emotional distress when his or her attachment system is activated within therapy (Marmarosh, Kivlinghan, Bieri, Lafauci Schutt, Barone, & Choi, 2014). Effective containment simultaneously acknowledges and meets the client's attachment needs (Marmarosh, et al., 2014; Daly & Mallinckrodt, 2009). This results in the deactivation of the client's attachment system and consequently, a reduction in the client's distressing emotions (Wallin,

2014). Repeated experiences of exposure, naming, and containment of distressing affect, and consequently the deactivation of the client's attachment system, assists the client in becoming more familiar and comfortable with her internal experiences and confident in the therapist's ability to co-regulate their emotions (Wallin, 2014). This increases the client's trust in the safe haven function of the therapeutic relationship (Wallin, 2014).

Essential in containing the clients distressing affect is the therapist's ability to remain present and attuned to the client's emotional and behavioural cues (Berry & Danquah, 2016). This sensitivity increases the therapist's ability to detect and respond to the client's attachment needs (Wallin, 2014). In addition, the therapist's ability to demonstrate empathy, understanding, acceptance, and positive regard in the face of their client's disturbing thoughts and feelings helps to put clients at ease and facilitates the secure base criterion of the attachment relationship (Berry & Danquah, 2016).

A sense of safety within the therapeutic relationship can bolster a client's willingness to explore painful memories and emotions in addition to their "characteristic but destructive defenses, and maladaptive beliefs and behaviors" (Mikulincer, Shaver, & Berant, p, 608, 2011). This can promote important therapeutic change and as such, Bowlby considered the creation of a secure base as the precondition for the rest of therapy (as cited in Mikulincer et al., 2011).

#### **Condition # 4**

The fourth condition of an attachment relationship is the creation of a safe haven from which a client can explore and learn about her personal and interpersonal experiences—past and present (Mallinckrodt, 2010). The provision of this condition enables clients to begin to consider how their beliefs of self and other impact their thoughts, feelings, and actions within interpersonal exchanges, including the therapeutic exchange (Gelso, Palma, & Bhatia, 2013).

This condition promotes the therapist's efforts to assist clients to see how previous patterns, which may have been adaptive in childhood, may now constitute a source of suffering (Gelso et al., 2013). Once insight has been developed, the client and therapist can experiment with alternative ways of relating, coping, and thinking as a means of promoting the client's secure attachment (Gelso, Palma, & Bhatia, 2013).

### **Transference-Countertransference**

Exploring transferences as they emerge within the therapeutic relationship can help clients to gain important insights regarding past and present relational dynamics and specifically develop an understanding of how their past attachment experiences influence their current thoughts, feelings, behaviours, and relationships (Berry & Danquah, 2016). Transference is the process by which the client's unconscious past experiences with attachment figures are brought into the present through an interpersonal interaction (Corey, 2013).

Individuals develop mental representations, called internal working models (IWM), of caregivers through their attachment relationship (Gelso, Palma, & Bhatia, 2013). As individuals age, they apply their IWMs of caregivers to important others, often causing them to transfer memories and emotions associated with past attachment figures to present relationship partners, including the therapist (Gelso et al., 2013; Corey, 2013). A client may experience transference within the therapeutic context in which interactions with the therapist elicits memories of important attachment figures that are unwittingly placed on or attributed to the therapist (Corey, 2013). As such, clients will likely respond to the therapist in ways that align with their thoughts and feelings of their primary caregiver (Gelso, Palma, & Bhatia, 2013). If used appropriately, transferences can provide important information about a client's characteristic ways of relating that might be a piece of the therapeutic puzzle (Gelso et al., 2013).

Transference can be expressed as both positive and negative feelings toward the therapist (Gelso et al., 2013). If the client does not have positive IMWs of caregivers, then she or he may have negative thoughts, feelings, and behaviours being directed toward the therapist who occupied the role of caregiver within the therapeutic relationship (Gelso et al., 2013). As such the therapist needs to be able to tolerate and validate their client's transference related thoughts, feelings, and actions by putting aside personal feelings and needs for assurance and acceptance (Gelso et al., 2013). Additionally, therapist's must be able to help sooth their clients' emotional arousal that results from transferences in therapy (Schore & Schore, 2008). This requires a non-defensive and non-judgmental approach toward the client's transferences (Gelso et al., 2013; Berry & Danquah, 2016). It also requires the ability to view the situation from another perspective and responding empathetically (Berry & Danquah, 2016).

### **Complimentary Process**

The client's use of the therapist as a safe haven may be challenging for some therapists as some clients may inadvertently influence their therapist to enact the role of their primary attachment figure within the dynamics of the therapeutic relationship (Berry & Danquah, 2016). This interactional dance has the potential to maintain or reinforce the client's attachment expectations and thus patterns (Berry & Danquah, 2016; Daly & Mallinckrodt, 2009). One means through which a sensitive therapist can work effectively with a client to avoid reinforcing negative attachment styles and instead promote new ways of relating to the world, is through facilitating a corrective emotional experience (Daly & Mallinckrodt, 2009).

Using the therapeutic relationship as an attachment relationship facilitates a corrective emotional experience for clients whereby they are able to broaden their emotional, intellectual, and behavioural repertoire (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009). This is not a static,

but rather dynamic process in which the sensitive therapist adapts her emotional and physical proximity to the client's shifting and evolving attachment needs (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009). This process is called distancing and is described as the "level of transparency and disclosure in the psychotherapy relationship from both client and therapist, together with the immediacy, intimacy, and emotional intensity of a session" (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009). The level of distancing will change depending on the phase of therapy and the emotional readiness of the client (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009).

The initial phase of therapy usually consists of meeting the client where she or he is at by attempting to acknowledge and meet her attachment needs (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009). This is synonymous with the provision of a secure base function of the attachment relationship. In this phase, the therapist will work to detect and meet the client's attachment needs as a means of soothing emotional distress and fostering emotional safety within the relationship (Mallinckrodt, 2010). Once the client's overwhelming emotions have been soothed and a sense of safety established, she is more likely to engage in the challenging work of addressing and challenge maladaptive attachment related thoughts, feelings, and behaviours in the working phase of therapy (Mallinckrodt, 2010).

During the working phase the therapist will gradually begin to counter the client's attachment expectations and redirect her toward more secure style of attachment relating (Mallinckrodt, 2010). This might require that a therapist refuse a client's request in regards to her desire for proximity and as such this phase is often accompanied by the client's sense of frustration (Mallinckrodt, 2010). A successful attachment informed therapist must be able to tolerate the client's frustration and work with this emotion to help the client become comfortable

with new ways of interpersonal relating (Mallinckrodt, 2010).

Providing a counter-complementary approach requires exceptional interpersonal sensitivity on the part of the therapist (Mikulincer, Shaver, & Berant, 2012). This dynamic process requires a therapist to respond flexibly to her client's shifting attachment needs during different phases of therapy (Mallinckrodt, 2010). The ability to be flexible and thus appropriately responsive to the client's changing attachment needs requires a therapist who is empathetic, client focused, and emotionally and intellectually present to the client's attachment cues and needs (Mallinckrodt, 2010; Marmarosh, Beiri, Schutt, Barone, Choi & Kivlighan, 2014).

The relationship between the safe haven and secure base functions of the attachment relationship is bidirectional (Mallinckrodt, 2010). Client exploration is often accompanied by overwhelming affect and the need to return to the comfort and safety of the therapeutic relationship to regulate intense emotions (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009). The importance of establishing the therapeutic relationship as an attachment relationship is to promote this cycle of exploration and regulation until the client slowly moves toward healthier interpersonal relating and demonstrate signs of secure attachment (Mallinckrodt, 2010; Daly & Mallinckrodt, 2009). Over time, the client learns to re-conceptualize and internalize more positive IWMs of him or her self and others, and more effective affect regulation (Gelso, Palma, & Bhatia, 2013). The therapist can serve as an updated IWM of caregivers as supportive, available, and caring (Gelso et al., 2013). The care and attention that therapists give clients can also help shift the client's IWM of the self in a positive direction (Gelso, Palma, & Bhatia, 2013). These re-conceptualized internal representations of the self and others can become a source of comfort in times of distress after therapy has been terminated (Gelso, Palma, & Bhatia, 2013).

### **Therapeutic Qualities**

Specific therapeutic qualities are required to achieve the five conditions of an attachment relationship (Berry & Danquah, 2016). The therapeutic qualities that are needed are implicit communications, being empathetically attuned, appropriate responsiveness, and genuineness (Berry & Danquah, 2016; Corey, 2013). Cumulatively they constitute the necessary requirements for interpersonal sensitivity (Mikulincer, Shaver, & Berant, 2012).

The therapeutic qualities are supported by strong mentalizing and affect regulation capabilities and positive IWMs, which are positively correlated with secure attachment (Mikulincer & Shaver, 2007). Conversely, these therapeutic qualities are hindered by deficits in mentalizing and affect regulation capacities and a negative IWM of the self (Mikulincer et al., 2012). These challenges are correlated with insecure attachment (IA) and as such IA therapists may struggle to possess the appropriate therapeutic qualities that are needed to create an attachment relationship with their clients (Wallin, 2014; Mikulincer, Shaver, & Berant, 2012).

### **IWM**

The therapeutic setting may be sufficient to activate an insecurely attached therapist's attachment system (Wallin, 2014). Because insecurely attached individuals have internal working models of the self as unworthy, unlovable, and incompetent they are more likely to survey their interpersonal interactions for signs of rejection (Therault & Gazzola, 2010). Interactions with clients may constitute a threatening interpersonal interaction for an IA therapist (Wallin, 2014). As mentioned in Chapter 2, insecurely attached individuals are more likely to interpret benign behaviours as indicative of rejection or threat. For example, normal client transferences may cause the client to respond negatively toward his or her therapist (Bennett, 2009). IA therapists may interpret such client behaviours as source of rejection, criticism or

threat, and therefore experience attachment system activation (Bennett, 2009; Campbell & Marshall, 2011). This will likely be correlated with a cascade of challenges for the IA therapist's ability to demonstrate the necessary therapeutic qualities (Campbell & Marshall, 2011). Specifically, attachment system activation will likely make the IA therapists negative IWM of the self more salient, which is associated with challenges in directing care and attention toward others, affect regulation, mentalizing, and therefore empathetic and appropriate responsiveness toward client's attachment needs (Mikulincer, Shaver, & Berant, 2013; Campbell & Marshall, 2011).

Negative IWM of the self may manifest in a lack of confidence, pervasive self-doubt, insecurity and general feelings of incompetence (Theriault & Gazzola, 2010). Instances of self-doubt occupy the mind with negative self-talk and prevent attention and care from being focused outward towards another person (Velotti, D'Aguanno, Campora, Di Francescantonio, Garofalo, Giromini, Petrocchi, Terrasi, Cesare Zavattini, 2016). Attachment system activation may enhance experiences of self-doubt and redirect attention toward the detection of threat and the attainment of personal attachment needs (Velotti, et al., 2016; Campbell & Marshall, 2011). This can take the form of rumination about abandonment or craving emotional support through seeking emotional or physical closeness with their client (Campbell & Marshall, 2011). As such, an IA therapist may struggle to accurately attune to client's attachment needs (Velotti et al., 2016; Campbell & Marshall, 2011).

### **Affect Regulation**

Therapists must be able to cope with, and regulate, emotional arousal if they are to remain empathetically attuned and responsive to their clients needs during the therapeutic process (Mikulincer, Shaver, & Berant, 2013). The activation of the attachment system is

experienced as distressing and is often accompanied by reduction in affect regulation and coping abilities (Velotti, et al., 2016). IA individuals have been found to have a lower threshold for experiencing emotional arousal than their securely attached peers (Mikulincer, Shaver, & Berant, 2013). Likewise, IA therapists have been found to experience more distress than their securely attached peers when faced with another persons emotional upset (Mikulincer, Shaver, & Berant, 2013). Emotional dysregulation challenges a persons ability to stay focused on others' needs and instead directs attention toward self-soothing (Fonagy & Bateman, 2016; Marmarosh, Bieri, Schutt, Barone, Choi, & Kivlighan, 2014).

Emotional arousal may heighten the therapists misplaced desire to meet their needs for self-soothing and security within the therapeutic relationship (Wallin, 2014). Attachment system activation is accompanied by the increased salience of ones negative IWM which is adds to ones experience of emotional upset (Wallin, 2014). In such instances an IA therapist may depend on their clients to make them feel better through bolstering their self-confidence, feelings of efficacy, and sense of security (Wallin, 2014).

Empathy is motivated by the goal of promoting others wellbeing (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Conversely, IA therapists helping behaviours are, in part, motivated by the need to sooth personal up set and improve self-esteem and self-image (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). IA individuals experience distress in the face of others suffering and are therefore motivated to alleviate this distress through helping behaviours, in part to sooth their negative emotional states, and meet their personal needs to feel effective and helpful (Mikulincer, Shaver, Gillath, & Nitzberg, 2005; Wallin, 2014). This motivation prevents effective and accurate attunement to others' needs and therefore reduces their capacity for empathy (Mikulincer, Shaver, Gillath, & Nitzberg, 2005).

Attachment system activation also reduces important cognitive functioning through the deactivation of one's exploration system (Fonagy & Bateman, 2016; Marmarosh, Bieri, Schutt, Barone, Choi, & Kivlighan, 2014; Campbell & Marshall, 2011). Because cognitive functioning enhances mentalizing and implicit communication skills, which are necessary for empathy, this may present challenges for IA therapists (Fonagy & Bateman, 2016; Marmarosh, Bieri, Schutt, Barone, Choi, & Kivlighan, 2014). Finally, the ability to self-soothe enables a person to tap into her own bodily cues to access much of the content of implicit communications, which are often too subtle to be perceived with the mind (Fonagy & Bateman, 2016; Marmarosh, Bieri, Schutt, Barone, Choi, & Kivlighan, 2014). As such, emotion dysregulation may be associated with an IA therapist's ineffective implicit communication capacities (Fonagy & Bateman, 2016; Marmarosh, Bieri, Schutt, Barone, Choi, & Kivlighan, 2014).

### **Mentalizing**

The therapist's aptitude for interpersonal sensitivity, empathy, and more broadly social intelligence, is contingent upon her mentalizing abilities (Marmarosh et al., 2014). Mentalizing is a set of cognitive functions that enable self-awareness about the nature and meaning of one's thoughts, feelings, and actions (Luyten, Nijssens, Fonagy, & Mayes, 2017; Fonagy & Bateman, 2016). When applied to interpersonal interactions, mentalizing enables a person to recognize, understand, and predict the intentions, thoughts, feelings, and actions of others (Fonagy & Bateman, 2016). Activation of one's attachment system is associated with reductions in mentalizing capacity because of emotion dysregulation, which has inhibitory effects on important brain regions associated with creative thinking, problem solving, and learning (Mikulincer, Shaver, & Rom, 2011). Mentalizing also enables implicit communication, which is required for accurate attunement to others (Schoore & Schoore, 2008).

Mentalizing enables a person to gain insight into his or her own internal states and personal experiences, which underwrites the ability to recognize and relate to the emotions of others (Fonagy & Bateman, 2016). Mentalizing also enables implicit communications, which promotes accurate detection and inferences of emotional cues, which provides accurate information for empathetic attunement (Fonagy & Bateman, 2016).

### **Implicit Communications**

The therapist's ability to accurately attune to clients' implicit communications is important for the cultivation of empathy (Schore & Schore, 2008). Implicit communications are the primary means through which individuals convey intimate and often unconscious attachment needs and emotions (Schore & Schore, 2008). Implicit communications occur through nonverbal signals that consist of subtle changes in a tone, speed, pitch, and rhythm of voice, breathing rate, facial expressions, or body language (Schore & Schore, 2008).

Shifts in one's emotional states are more accurately and immediately conveyed through nonverbal implicit communications than the spoken word because the experience and expression of emotions occurs too quickly for conscious reflection and verbal processing (Schore & Schore, 2008). As such, while a sensitive therapist must attend to the client's spoken words to understand context and rationale, they must also simultaneously attend to implicit communications to register important information about the client's emotional well-being (Schore & Schore, 2008; Mallinckrodt, 2010).

Implicit communications between the therapist and client enable the client's attachment related affect to be revealed to and registered by another (Schore & Schore, 2008). Implicit communications are often too subtle to be received or processed consciously and instead are received through emotional resonance within the body of the therapist (Schore & Schore, 2008).

The therapist must tap into their own emotional and bodily states to get clues as to how the client is feeling, which can be used to form tentative therapeutic hypothesis and/or client insight (Schore & Schore, 2008). The ability of a therapist to accurately register her client's implicit communications, and access personal bodily states is therefore important for empathetic attunement and accurate responsiveness (Schore & Schore, 2008).

### **Conclusion**

In this chapter, I have discussed how insecurely attached individuals may not have had the sufficient conditions necessary to develop mentalizing, implicit communication, and affect regulation capacities within the attachment bond with their primary caregiver and may therefore struggle to provide the necessary therapeutic qualities for the creation of an attachment relationship with their client (Campbell & Marshall, 2011; Fonagy & Bateman, 2016; Schore & Schore, 2008). Many of these struggles however, can be identified and addressed with a supervisory relationship that is cultivated from an attachment perspective.

## **CHAPTER 4: ADDRESSING ATTACHMENT ORIENTATION THROUGH SUPERVISION**

The relationship between supervisor and therapist is an underpinning of supervision across theoretical modalities (Magnuson, Wilcoxon & Norem, 2000). Attachment theory is a particularly generative model for conceptualizing individual and relational dynamics and can expand one's comprehension of the supervision relationship and process (Watkins & Riggs, 2012; Berry & Danquah, 2016). Additionally, attachment theory is compatible with many other supervision models making it an important addition to many supervision approaches (Bennett, 2007).

In this chapter, I argue that the focus that attachment informed supervision places on relational dynamics can improve the nature and outcome of supervision for IA trainees (Bennett, 2008; Watkins & Riggs, 2012; Marmarosh, Bieri, Schutt, Choi, & Kivlighan, 2014). I begin by outlining the ways in which attachment dynamics may surface within the supervisory relationship (Pistole & Fitch, 2008; Mikulincer, & Shaver, 2007; Watkins & Riggs, 2012; Fitch, Pistole, & Gunn, 2010). This exploration is followed by a discussion of the ways in which a supervisor can ameliorate their trainee's attachment anxieties by priming for secure attachment or cultivating a secure relationship with the trainee (Bennett, 2008; Watkins & Riggs, 2012; Degnan, Seymour-Hyde, Harris & Berry, 2016). I then discuss the ways in which this approach to supervision can help to regulate trainees' emotions to enhance learning processes, increase instances of trainee self-disclosures, and effectively utilize transference-countertransference enactments to enhance the trainee's self-awareness and capabilities (Bennett, 2008; Watkins & Riggs, 2012; Degnan, et al., 2016; Daly & Mallinckrodt, 2010). I conclude this paper with a brief

overview of the general qualities that a supervisor should possess in order to provide attachment informed supervision (Gunn & Pistole, 2012; Pistole & Fitch, 2008; Bennett, 2008).

### **Supervision and Attachment Dynamics**

In adulthood, people form important attachment bonds with emotionally important and specific others (Pistole & Fitch, 2008). While adults typically form an attachment bond with one preferred other, there is evidence for the selection of attachment figures in domain specific areas of one's life (Pistole & Fitch, 2008). Within the context of clinical supervision, the supervisor may become the domain specific attachment figure for a training therapist (Pistole & Fitch, 2008; Mikulincer, & Shaver, 2007).

While there is debate about the extent to which the supervisory relationship can be classified as a clear cut attachment relationship, there is general agreement that the supervisory experience is sufficient to activate the therapist's attachment system and as such is a relationship within which important attachment dynamics occur (Watkins & Riggs, 2012). Though not all supervisory relationships will develop an attachment bond between supervisor and trainee, attachment dynamics may be of importance for the supervision process, relationship, and learning outcome for insecurely attached (IA) training therapists (Bennett, 2008).

Attachment theory conceptualizes three innate and interrelated behavioral systems; caregiving, attachment, and exploration systems (Pistole, 2008; Fitch, Pistole, & Gunn, 2010). The theory is based on the assumption that the interaction between these systems can explain interpersonal dynamics, relational functioning, personality development, and effective learning processes (Fitch, Pistole, & Gunn, 2010). The importance of gaining proximity to caring others, for survival when under threat, prioritizes attachment behaviours over learning and exploration (Fitch, Pistole, & Gunn, 2010). While the attachment system is activated the caregiving and

exploration systems are deactivated to ensure that all energy is directed toward gaining security (Watkin & Riggs, 2012). This process remains the same across the life span (Watkin & Riggs, 2012). The exploration and caregiving systems can only reengage once an individual's attachment needs have been met (Watkin & Riggs, 2012).

The stressors and vulnerability of learning to become a therapist are sufficient to activate the supervisee's attachment system within the supervision context (Gunn & Pistole, 2012; Bennett, 2008). Conditions such as performance feedback, fatigue, the difficulty of learning a new skill and associated self-doubt and confusion can generate anxiety and activate one's attachment system (Gunn & Pistole, 2012; Pistole & Fitch, 2008). This may be especially true for novice IA therapists (Pistole & Fitch, 2008).

Anxiously attached trainees frequently monitor their interactions for signs of rejection, judgment, and supervisor availability (Gunn & Pistole, 2012). Detection of interpersonal threat is enhanced because of a bias, among IA people, for interpreting neutral behaviors in a negative or threatening light (Watkin & Riggs, 2012; Gunn & Pistole, 2012). This tendency is correlated with a negative view of the supervisory relationship and process (Watkin & Riggs, 2012; Gunn & Pistole, 2012). The activation of the attachment system and the corresponding deactivation of the exploration system is accompanied with a hindrance of important cognitive processes, which challenges the ability to remain intellectually engaged, self-reflective, and open to learning (Gunn & Pistole, 2012). Instead, an individual in this state will be motivated to engage in behaviour intended to meet their attachment needs by gaining proximity to their supervisor (Bennett, 2008). To this end, they may demonstrate clingy behaviours such as an over reliance on their supervisor, heightened need for reassurance, persistent worry about the availability of the supervisor, and doubts about personal skills and abilities (Gunn & Pistole, 2012). These

behaviours are accompanied by overwhelming affect, which can hinder a trainee's clinical efficacy, empathetic attunement, and ability to learn within supervision (Gunn & Pistole, 2012).

Furthermore, insecure attachment within the supervisory relationship can lead the trainee to agree to tasks that do not work for them for fear that disagreement will result in rejection by the supervisor (Gunn & Pistole, 2012). They may therefore experience more instances of ruptures within their supervisory relationships, as resentment toward their supervisor mingled with fear of rejection reaches a breaking point (Bennett, 2008).

### **Security Priming and Secure Attachment Cultivation**

Security priming can neutralize the negative consequences of insecure attachment (Campbell & Marshall, 2011). An attachment informed supervisor could prime trainees for security, by providing positive feedback, supportive messages, acceptance, physical and emotional availability, and warmth (Campbell & Marshall, 2011). Research on priming found reduction in impairment to the exploration system and enhanced learning when individuals were primed for security (Campbell & Marshall, 2011). In another study, researchers found that security priming lead to more creative problem solving irrespective of dispositional attachment style (Mikulincer, Shaver, & Rom, 2011). In addition to security priming, an attachment informed supervisor can work with IA trainees to cultivate a secure attachment relationship through the provision of a secure base and safe haven (Bennett, 2008).

Ideally, supervisors create a secure attachment bond with their trainees (Bennett, 2008). To achieve this, a supervisor must remain aware of changes in the trainee's behaviour that may signal the activation of their attachment system (Bennett, 2008). If the trainee's attachment system has been activated the supervisor must attempt to deactivate it via the provision of a secure base and a safe haven (Bennett, 2008). Providing a secure base for the trainee involves

assuring the trainee of the supervisor's presence and demonstrating support in times of distress (Bennett, 2008). The compassionate presence of the supervisor lets the therapist know that they are not alone and that they have someone to turn to for support and guidance during difficult times (Bennett, 2008). A secure base intervention could consist of communicating messages of support to the trainee while they are in session with their client. Supporting trainees while they are in session with their clients helps to deactivate their attachment system and enable the reemergence of their exploration or caregiving systems (Bennett, 2008). Another secure base intervention could consist of talking about the trainee's feelings and comfort with the supervisory relationship (Fitch, Pistole, & Gunn, 2010). Importantly, in both of these instances the supervisor is effective in their interventions if they are able to co-regulate the trainee's overwhelming affect (Schore, Schore, 2008; Fitch, Pistole, & Gunn, 2010). Repeated instances of regulating the trainee's emotions through the provision of a secure base may eventually enable the trainee to internalize affect regulation skills and manage emotional arousal on her or his own. Emotion regulation is important in the trainee's ability to benefit from the supervisory process (Fitch, Pistole, & Gunn, 2010).

The supervisor's reassurance helps to soothe the trainee's attachment anxiety and allows her to reengage in the present moment through the activation of the exploration system (Watkin & Riggs, 2012; Fitch, Pistole, & Gunn, 2010). Increased insight, learning, and creative problem solving can follow from a successful secure base intervention (Pistole & Fitch, 2008; Fitch, Pistole, & Gunn, 2010). The reactivation of the exploratory system signals to the supervisor that they should now focus on providing a safe haven from which the trainee can continue to explore, learn, and grow (Pistole & Fitch, 2008). Safe haven interventions provide guidance in problem solving, decision-making, learning new techniques, and exploring the meaning of personal

thoughts, feelings, or attitudes (Pistole & Fitch, 2008). A sense of security in the supervision relationship promotes trainees to explore professional uncertainties without feelings of inadequacy, embarrassment, or shame (Bennett, 2008).

In addition to promoting learning, creating secure attachment dynamics between supervisor and trainee can help to address and repair the relationship when ruptures occur (Bennett, 2008). A secure base promotes the trainee's comfort with voicing personal disagreements, thoughts, and feelings to their supervisor (Gunn & Pistole, 2012). This promotes an open dialogue about the supervisory relationship itself, which in turn provides an opportunity for both the supervisor and trainee to work on their relationship and address the trainee's presenting issues (Gunn & Pistole, 2012). The successful provision of a secure relationship may promote the trainee's willingness to self-disclose important personal information about their work with clients (Gunn & Pistole, 2012).

### **Self-Disclosure**

A trainee's personal feelings, thoughts, and attitudes are of vital importance to the supervision process (Gunn & Pistole, 2012). Self-disclosures are the means through which the supervisor gains access to and monitors many of the trainee's internal states, attachment needs, and therapeutic efficacy (Gunn & Pistole, 2012). The supervisor's ability to monitor the trainee provides opportunities to promote self-reflection, insight and growth, and ensures of effective client care and service (Bennett, 2008). Research suggests that over 90% of training therapists withhold information from their supervisor that if shared could benefit the learning and supervision process (Gunn & Pistole, 2012). The choice to not disclose is associated with negative feelings toward the supervisory relationship and presence of attachment anxiety (Gunn & Pistole, 2012). Insecure attachment orientation is associated with a negative self-view and a

fear of rejection and this hinders the frequency with which a trainee will self-disclose within supervision (Gunn & Pistole, 2012). A negative self-view and fear of rejection makes the admittance of negative personal thoughts, feelings, and attitudes a threatening experience because of the imagined consequences of disclosures on the trainee's self-image and supervisory relationship (Gunn & Pistole, 2012).

Attachment security promotes emotional regulation through the deactivation of the attachment system and affectional bond that encourages a sense of safety around personal disclosures (Gunn & Pistole, 2012). Self-disclosure enhances important learning processes by promoting the integration of complex self-referent information that lead to insight and self-reflection (Gunn & Pistole, 2012; Leyh, Heinisch, Kungl, & Spangler, 2016). As the trainee's trust in the supervision relationship grows, he or she will learn that self-disclosure is a safe and beneficial endeavour, which again reinforces the learning process (Gunn & Pistole, 2012). While self-disclosure communications relies on verbal conscious thought, the trainee is also impacted by lived experience that is not accessible to consciousness or verbal expression (Wallin, 2014). Parallel processes and attention to transference-countertransference are important in accessing these nonverbal and unconscious implicit memories (Schore & Schore, 2008; Wallin, 2014).

### **Parallel Processes and Transference-Countertransference**

Parallel processes are relational dynamics that occur in supervision between the supervisor and trainee and that mirror the trainee's interactions with her client (Bennett, 2008). Likewise the relational dynamics that unfold in supervision are likely later enacted in therapy between the trainee and client (Bennett, 2008). Transference-countertransference enactments that emerge in supervision can be utilized to develop an understanding of and insight into the trainee's countertransference's with clients via the parallel process (Bennett, 2008).

Transference is the enactment of past interpersonal difficulties in the present moment (Wallin, 2014). The view taken in this chapter is that of intersubjective transference, which is based on the assumption that the trainee's transferences are not the product of a distorted view that is projected onto their supervisor, but rather a characteristic and rigid way of experiencing and responding to another that is based partly in reality and partly on habitual ways of interpreting the world (Wallin, 2014). People learn about the interpersonal world through early interactions with their caregivers (Wallin, 2014). These experiences establish IWMs of others, which influences expectations and interpretations of interpersonal interactions, and constitute the bases for transferences (Wallin, 2014). While there are many plausible interpretations of others, transferences represent the characteristic ways in which a person's IWMs influence present day interactions (Wallin, 2014).

Attachment related material is processed by the right brain, which is nonverbal and unconscious, and not easily accessible through conscious reflection (Schoore & Schoore, 2008). The skilful exploration of transference-countertransference makes attachment related material amenable to conscious reflection (Wallin, 2014). An attachment informed supervisor may assist IA trainees by making transferences-countertransference's explicit through the supervisory relationship (Wallin, 2014). Once the supervisor notices potential countertransference and transference issues arising within the supervision context they can assist the therapist in "containing, enacting, noticing, reflecting on, processing, and, ultimately, putting words to important but unformulated transference and countertransference material" operating in the relationship (Bennett, 2008, p. 303).

The trainee's transferences toward their supervisor not only informs an understanding of attachment dynamics within the supervisory relationship but additionally sheds light on how her

attachment related difficulties impact their countertransference's and relational dynamics toward their client via the parallel process (Bennett, 2008; Wallin, 2014). This is extremely useful in helping IA therapists identify and then rectify the challenges that arise in therapy as a result of their attachment orientation (Bennett, 2008; Berry & Danquah, 2016).

Transference-countertransference is one key route to gaining insight and new relational experiences that have the capacity to rewire the trainee's IWM and promote her mentalizing capacity (Wallin, 2014).

### **Promoting Self-Awareness**

Secure attachment within the supervisory relationship could provide the context for trainees to enhance mentalizing capacities (Wallin, 2014; Bennett, 2008). Like in childhood, the role of a supportive other in helping to sooth ones emotions helps to engage the trainee's exploration system, which heightens learning processes and personal insights (Campbell & Marshall, 2011). The supervisor's ability to make explicit the trainee's internal states through an exploration of transferences promotes self-knowledge and personal insight about their attachment related struggles (Wallin, 2014). This process cultivates the trainee's ability to think about the nature of her thoughts and feelings, which underwrites mentalizing (Wallin, 2014; Daly & Mallinckrdt, 2010).

Mentalizing enhances the ability to make sense of one's own behaviour through cultivating recognition of owns own internal states (Wallin, 2014). This is a prerequisite to being able to recognize and name others' internal states and to think in complex and nuanced ways about the thoughts, feelings, and behaviours of others (Wallin, 20014). This is vital for the cultivation of empathy, which is the cornerstone of effective therapists (Berry & Danquah, 2016; Corey, 2013).

Mentalizing increases self-reflexivity so that trainees can monitor, in the moment, interactions with clients and conceive of the ways in which their attachment orientation may impact these interactions (Wallin, 2014). The cultivation of strong mentalizing skills can therefore overwrite personal histories of insecure attachment and enable IA trainee therapists to engage with clients in a way that promotes secure relating (Wallin, 2014).

### **Supervisor Qualities**

An effective supervisor's behaviour is motivated by the caregiving and exploration systems (Gunn & Pistole, 2012). Operating from these systems promotes optimal trainee insight, growth, and learning (Bennett, 2008). Caregiving and exploration are only accessible when the attachment system is not activated and for this reason effective supervisors will be securely attached (Bennett, 2008). Secure attachment also enables the supervisor to remain present and accurately attuned to the attachment cues of the trainee, and thus able to sooth attachment needs when they arise (Bennett, 2008). Furthermore, supervisors working from this perspective must have adequate knowledge of attachment theory and the many ways that attachment needs surface within the supervision relationship (Bennett, 2008). They must be able to accurately identify their clients' attachment orientation to implement appropriate interventions intended to address attachment needs and the associated negative impacts (Pistole & Fitch, 2008). To provide effective interventions the supervisor must be flexible and timely in which interventions she or he selects (Pistole & Fitch, 2008).

Although proponents of attachment theory consider attachment needs to be universal, it is agreed that the normative expression of attachment styles are determined by culture (Pistole & Fitch, 2008). For this reason, an effective supervisor will be knowledgeable of the ways in which attachment and culture intersect (Pistole & Fitch, 2008). The supervisor relationship places the

power and thus responsibility with the supervisor (Bennett, 2008). As such it is the supervisors responsibility to be sensitive and responsive to the supervisee's attachment needs, cues and culture in order to foster security within the relationship (Bennett, 2008).

### **Conclusion**

In this chapter, the benefits of attachment informed supervision with IA therapists was explored. It was found that this approach to supervision could enhance the trainee's learning processes through soothing the attachment system and promoting a sense of safety that supports an increased willingness to disclose personal information (0). This openness coupled with the ability to explore transferences-countertransference's could enhance a therapists ability to self-reflect, improve mentalization capacity and promote professional development. Cumulatively, it is suspected that engaging in attachment informed supervision supports an IA therapist in resolving many of the negative impacts of their attachment orientation thereby enhancing their clinical effectiveness. This could be one vital element towards an IA therapist's professional development and personal healing journey. Through attachment informed supervision, therapists have the opportunity to learn about and thus work through barriers to providing effective therapy and to cultivate aspects of their person and professional practice to best serve their clients, thereby increasing the sustainability and enjoyment of their working life.

### **Chapter 5: Summary and Reflection**

Attachment relationships are the crucibles within which our personalities take shape. By implication, attachment relationships may also be the setting in which – whether in love or psychotherapy – our early emotional injuries are most likely to be healed. The therapist, then, may be a new attachment figure in relation to whom the patient can develop fresh patterns of attachment. (Wallin, p. 58)

The primary aim of this thesis was to explore the ways in which insecure attachment can impact an individual's development of important therapeutic qualities through deficits in mentalizing and affect regulation capacities and IWMs. The secondary aim was to explore how attachment informed supervision could assist insecurely attached training therapists to understand and address the impact of attachment on their work with clients.

It was found that the provision of a secure base within supervision could deactivate the trainee's attachment system to promote learning and self-disclosures, which increases personal insights into the influences of attachment orientation on a trainee's characteristic interpersonal interactions (Gunn & Pistole, 2012; Bennett, 2008). Additionally, the skillful interpretation of the trainee's transference-countertransferences can make accessible habitual thoughts, feelings, and reactions that result from one's attachment orientation (Bennett, 2008). Once accessible to consciousness, these influences are open to reflection and reconstruction (Bennett, 2008; Wallin, 2014).

The process of making transferences-countertransferences explicit is important in reforming IWMs and improving mentalizing capacity (Wallin, 2014). As mentalizing underwrites many of the challenges that IA therapists face, this process can be enormously beneficial (Wallin, 2014). Increased capacity in naming, and reflecting upon internal processes

can promote empathy, therapeutic presence, genuineness, and appropriate responsiveness toward clients (Wallin, 2014). The trainee's increased awareness through enhanced mentalizing and supervisory mentoring can inform future professional development so that therapists receive the supports they need to flourish in their profession.

The ability to address attachment dynamics and increase therapeutic qualities may additionally reduce rates of client drop out and enhance therapeutic outcomes (Moyers & Miller, 2013; Theriault & Gazzola, 2010; Collins, 2014). In addition, this focus could enhance therapist's self-care efforts and reduce their risk of burnout (Moyers & Miller, 2013; Theriault & Gazzola, 2010; Collins, 2014). Learning about the source of one's insecurities, attachment dynamics, and affect regulation skills can normalize one's experiences, reduce anxieties, and inform the content of professional development and self-care interventions (Theriault & Gazzola, 2010; Pardess, Mikulincer, Dekel, & Shaver, 2013). The positive correlation between promoting therapeutic qualities, enhancing self-care regimes, and creating buffers against burnout can promote the longevity of counsellors' careers within the helping professions (Collins, 2014).

### **Future Research**

The therapeutic qualities of empathy, appropriate responsiveness, presence, and genuineness underpin clinical efficacy across many therapeutic modalities (Berry & Danquah, 2016; Corey, 2013). For this reason, it may be beneficial to research the impact of integrating attachment informed training or interventions into masters educational programs as one means of increasing these important qualities among training therapists. Research could be conducted into the effectiveness of tailoring the supports and education of students with different insecure attachment styles. This could be one way to limit novice therapists' need to 'learn off the backs

of their clients' and promote the provision of quality care earlier in the therapist's professional development.

The impact of multiple attachment relationships on an individual's attachment orientation is an interesting and necessary area for further research. Specifically, there is a need to develop a deeper understanding of the role of additional secure attachment relationships as a potential buffer against the negative impact of insecure attachment with a primary caregiver. This research could be used to help inform other professionals such as teachers, coaches, therapists, and additional family members to provide multiple avenues for youth to develop secure attachment orientations beyond their relationships with their primary caregiver.

Finally, there is a paucity of research on culturally diverse manifestation and applicability of attachment beyond the Western context. This void needs to be filled by research that explores the interaction of cultural norms surrounding effective parenting on resulting attachment orientation to avoid imposing Western cultural norms on culturally diverse groups.

### **Limitations**

The human experience is complex. While attachment theory endeavours to explain many aspects of human experience, the scope of this paper was limited to a few variables and aspects of the theory. As such, I did not answer all the questions that arose over the course of research and writing. In order to aptly capture the complexity of someone's lived experiences it is likely necessary to expand one's conceptual lens to include more factors from attachment theory in addition to complimentary theories. For example, it would have been informative to look at the impact of having multiple attachment figures, beyond the primary attachment figure, on a trainee's over all attachment orientation and therapeutic qualities. Additionally, it may have produced interesting insights had I researched the interaction between attachment orientation and

biological variables such as personality or IQ, or the combination of attachment and aspects of complimentary theories.

### **Personal Reflections**

In preparing for my thesis, I wanted to choose a topic that could inform my work with clients and facilitate personal growth. I was immediately captivated by attachment theory because it resonated with my life experience. The more I learned, the more I also began to believe in the relevance of attachment theory to a wide range of clients' presenting concerns. In choosing this topic for my thesis, I hoped that I would gain a firmer understanding of a framework for conceptualizing clients presenting concerns while simultaneously generating personal insights that could increase my efficacy as a therapist.

Gaining a deeper understanding of this topic was a humbling experience. It stripped away illusions regarding the power and influence of credentials and presumed expertise to reveal the impact of the person of the therapist on clinical efficacy. The cultivation of the person of the therapist's is an important factor in professional utility and development and requires a willingness to reflect on one's lived experiences and the influence this exerts on the therapeutic context. The therapist's willingness to self-reflect is one means of promoting insight, growth, and healing, which in turn can enhance their work with clients. In addition, a willingness to engage in the vulnerable work of self-reflection and personal growth can enhance a therapist's sensitivity toward their client's experiences in therapy when we ask that they do the same.

As I complete this project I am left with an overwhelming sense of hope for therapists' ability to learn and grow and enhance their effectiveness with their clients. It has promoted an interest in and appreciation of the need for self-care and professional development in supporting and strengthening our professional capacity. I am appreciative of this perspective because it has

increased my commitment to professional development, self-care practices, and the cultivation of the factors that promote secure attachment in my personal and professional life.

This project promoted reflection on the value and importance of my personal relationships and influence these connections have on my work with clients. Attachment theory highlights the importance of relationships as a source of nurturance and healing. The personal and professional lives of a therapist are inextricably intertwined and as such both require attention and care. Personal relationships have a profound influence on one's sense of belonging, connection, and many aspects of physical and psychological health, which can impact one's professional utility. Personal relationships can be one means of neutralizing insecure attachment and cultivating earned security.

An understanding of individual's attachment style can provide a framework for understanding interpersonal dynamics and help explain why some relationships are a source of comfort, while others a source of frustration or pain. This exploration has cultivated an immense sense of gratitude towards many people in my life and a heightened commitment to cultivate and nurture these relationships. This information also supported an ongoing process of maturation and personal growth by enhancing personal insights, self-reflection, and my ability to recognize and advocate for attachment needs within my close relationships. This could further promote making my personal relationships a source of security and safety, enhance my self-care efforts, and hopefully my efficacy with clients.

### **Conclusion**

Attachment theory has much to offer IA therapists in helping to conceptualize and address professional and client challenges. The adoption of an attachment informed supervision

is beneficial to IA therapists in making their attachment challenges intellectually accessible and therefore amenable to change.

In addition to supervision, focusing on the impact of attachment has potential implications for the screening and supports that universities provide students. Such a focus could equip therapists with the knowledge that they need to be effective with clients, enjoy their work, devise effective self-care and professional development plans. This can act as a protective factor against burnout, through enhancing one's clinical efficacy and thereby one's professional enjoyment and longevity.

It is a privilege to invest time and energy to the pursuit of knowledge. In writing this thesis, I have learned much about the relevance of attachment theory to the practice of counselling, professional development, and well-being. As it is often the case, the more one learns, the more one appreciates the enormity of all that remains to be known. This is an exciting reflection as it promotes curiosities that fuel perpetual learning.

There is a gap between acquiring an understanding of theory and its application. Knowledge is important in the helping professions once it can be applied to ameliorate human suffering. As such, I am highly motivated, not only to know more, but to become proficient in the application of attachment theory to help support clients toward attaining their therapeutic goals.

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