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Attachment theory : how to treat attachment disorders in adults

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Abstract

Attachment is a bond formed between two individuals over a period of time, dealing with how they relate to one another through their interactions (Sable, 2000). In this paper, a review of the literature is discussed regarding how the attachments between individuals are formed and the four different patterns of attachment: Secure, anxious-ambivalent, avoidant, and disorganized. Following the review, practical interventions are also provided for counseling professionals to use when working with clients who have attachment disorders.

Attachment Theory: How to Treat Attachment Disorders in Adults

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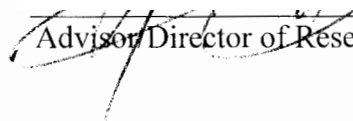
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Abstract

Attachment is a bond formed between two individuals over a period of time, dealing with how they relate to one another through their interactions (Sable, 2000). Internal working models are developed where individuals form their own thought process throughout different experiences. If misinterpreted, the wrong thoughts or distortions will remain until interpreted correctly (Pistole, 1997). In this paper, a review of the literature is discussed regarding how the attachments between individuals are formed and the four different patterns of attachment: Secure, anxious-ambivalent, avoidant, and disorganized. Following the review, practical interventions are also provided for counseling professionals to use when working with clients who have attachment disorders.

Attachment Theory: How to Treat Attachment Disorders in Adults

Attachment is described as a “relatively enduring bond that forms between two individuals over time in a response to exposure, interaction, and familiarity” (Sable, 2000, p. 11). The system of attachment is a homeostatic system, which means the functions of attachment maintains the state of the individual with limitations for functioning (Solomon & George, 1999). Individuals function by developing internal working models where a thought process is formed by having different experiences. If an individual misinterprets those experiences, the wrong thoughts or distortions will continue to be a pattern and played throughout different experiences in life. It is through those generalizations or misinterpretations, created in the internal working models, that an attachment disorder is formed (Pistole, 1997).

Since counselors have many clients who present attachment disorders, it is important to understand how to work with individuals with this disorder, and to apply interventions that will be helpful in the therapeutic process. The purpose of this paper is to gain a better understanding of attachment disorder by laying out an overview of attachment theory, the types of attachments formed, and practical interventions for counseling professionals to use when helping a client with an attachment disorder.

How Attachments Form

With objects-relations theory, it was thought that an attachment was formed between a caregiver and a baby because of oral needs, drive theory, and psychic energy. Freud's psychic energy model, drive and instinct, has the motive of feeding or mating. John Bowlby, founder of attachment theory and one of the first researchers to examine the importance of emotional and social development of children, took the object relations theory a step further (Wilson, 2001). He found a pattern where the attachment bond forms when the baby seeks out proximity and comfort when feeling vulnerable. It is with an attachment figure that the baby perceives to be protective (Page, 2001).

When a baby is not near a caregiver, he or she can be at great risk of getting hurt due to being left alone, and not understanding the difference between what is right or wrong. When the caregiver is present, the baby usually feels comfort and also protection from predators (Smallbone & Dadds, 1998). If not present, the baby may cry because their caregiver is not within proximity. The baby's cry is a sign that he or she needs assistance. To prolong the proximity between the baby and the caregiver, Bowlby suggested that sucking, rooting, and grasping are also behaviors a baby uses to meet their needs (Wilson, 2001). Crying is the baby's first reaction when he or she arrives, and then it progresses towards starting to smile, coos, talk, and crawl. These actions help achieve what Bowlby termed as "set goals." Set goals help the baby remain safe if there is a protective

environment where he or she can develop normally, while feeling safe (Sable, 2000).

Bonding Process

The bonding process between the baby and caregiver begins with eye contact, smiles, and the baby's response to the caregiver's voice (Becker & Becker, 1999). During the first couple of years in a baby's life, the baby "forms an attachment to a hierarchy of figures who will be sought in a particular order according to their availability and the level of separation anxiety that is experienced" (Brisch, 1999, p. 16). The baby will express happiness to see the caregiver when reunited if there is a positive relationship. That depends on how the caregiver responds to the baby's behaviors when feeling threatened by something or someone, and other interactions; a caregiver needs to be sensitive, reliable, consistent, and in tune with the baby's needs. Depending on how the attachment relationship is formed, determines the level of warmth and closeness (Clulow, 1999). Being attuned to the baby's rhythms and movements will help with the interactions. When their rhythms and movements are similar, the roots of communication are developed (Becker & Becker, 1999).

Even if a bond between the baby and caregiver is abusive or scarce, the bond created may be so strong that the baby does not want to move to another caregiver or attachment figure, due to the proximity and comfort received. This is also the same picture seen in abusive relationships where the victim does not want to leave

the abuser, or children do not want to acknowledge their needs are not being met (Sable, 2000).

Developing a Secure Base

If a caregiver is responsive to the baby's needs, there is a foundation for a healthy development, which may be termed a secure base. "When caregivers are available and responsive to their children's attachment behaviors, children develop feelings and expectations that others are reliable and that they themselves are worthy of receiving care and attention" (Sable, 2000, p. 15). When a baby has this secure base, he or she may feel comfortable exploring and venturing away from their caregiver. By providing the secure base and having interactions, the baby is able to develop an identity (Becker & Becker, 1999).

In order to measure what a secure base is, Mary Ainsworth, an individual who expanded on Bowlby's theory, created a Strange Situation Procedure as a guideline. She had caregivers, along with their babies (between the ages of 12-18 months) be observed in a laboratory setting with a supply of toys. Ainsworth had each caregiver and baby go through a series of sequences lasting a few minutes per sequence, and recorded the behaviors on film to be able to observe the reactions. The first of the series was to introduce the caregiver and the baby into an unfamiliar setting, having toys in the room. Next, their reactions were observed as a female stranger entered the room, and joined them. Then, the baby was left with the stranger as the caregiver left the room. The caregiver then came

back into the room, and the female stranger left. The next stage was when the caregiver left the baby there alone, then a few minutes later the stranger entered the room, and a few minutes after that the caregiver enters the room (Clulow, 2001).

Patterns of Attachment

From this series of sequences with separations and reunions of the caregiver and baby, Ainsworth identified different four patterns of attachment: Secure, ambivalent, avoidant, and disorganized (Wilson, 2001). Throughout those patterns, Ainsworth related the attachment behavior to care giving behavior (Pistole, 1997). All attachments develop through relationships, which are then internalized into mental schemas, and are the basis of interactions. The quality of these interactions depends on the relationship between the caregiver and the individual (DeKlyen, 1996). McClelland stated that attachment is thought to be a type of motivation as it guides and directs behavior (Vondra et al., 1999).

Secure attachments (autonomous) have been related to relationships with strong attachment figures that are positive. “Within a secure attachment relationship, attempts by the child to influence the behavior of his attachment figure come to be based on a degree of cooperation and mutuality” (Smallbone & Dadds, 1998, p. 557). A secure attachment is one where an individual is not worried about whether or not they are unloved or if they will be abandoned. By being in a secure relationship, an individual should be able to express their

thoughts and ideas, along with being self-confident in the relationship (Krause & Haverkamp, 1996).

Insecure Attachment

Opposite of a secure attachment is an insecure, which may be due to poor social skills, poor affect regulation, and little support socially (DeKlyen, 1996). If the attachment is not secure, the baby will not feel comfortable doing this in fear of the caregiver not being there if needed (Sable, 2000). If that happens, the baby will then fear separation.

Anxious-ambivalent (preoccupied) attachment styles tend to be overly involved in relationships. Individuals may be dependent on others, and seek to have approval of those they are dependent on (Kemp & Neimeyer, 1999). Most of their down time is spent within close proximity with their attachment figure. If separated, there are usually high levels of stress. Caregivers may be unresponsive to the needs of an individual with this attachment style, as he or she might be inconsistently there at times of need and may under stimulate the individual (Vondra et al., 1999).

It is most likely that some one with an avoidant (dismissing) attachment style has had a caregiver that “is associated with rejection of attachment behavior, insensitivity to cues, greater anger, and less pleasant affective or close body experience” (Pistole, 1997, p. 9). The individual does not get their needs met during times of stress by their attachment figure (Vondra et al., 1999). An

individual in this category may choose coping strategies as trying to forget what had happened or to think that it did not happen (Kemp & Neimeyer, 1999).

Normally, being separated from the caregiver does not bother the individual and is usually avoided upon returning.

Disorganized (unresolved) individuals usually have experiences of being frightened by their caregiver. This is then conflicting for the individual as a need arrives wanting to be able to approach the caregiver, yet being frightened at the same time (Solomon & George, 1999). Individuals may respond with disorganized related behaviors when they are distressed, if there is a history of relationships that are distressing (Smallbone & Dadds, 1998). Due to the confusion being reflected from the unresolved conflicts in their past from their attachment figure, the distress is formed (Solomon & George, 1999).

Internal Working Models

During infancy, mental mechanisms start to form, both consciously and unconsciously. Those are made up of thoughts and feelings that are cognitively, emotionally, and behaviorally developed, which Bowlby termed (this network) as internal working models. Like object relations theory, individuals live externally and internally in the world; however, object relations states there is a biological-ethological base, and works from fantasy, drives, or defenses. A biological-ethological base represents attachment theory also, but it is formed through attachment experiences. "Children absorb impressions and messages

from the people around them, and are affected not only by how they are treated, but by what they see and are told” (Sable, 2000, p. 22).

As a baby shares experiences with others around, he or she gradually begins to develop inner working models. When the baby moves into childhood, the working models become almost automatic, where the child is able to use previous experiences in life to interpret and make their own generalizations about present experiences that are taking place (Pistole, 1997). “The working model functions so that a person filters information through his or her expectations, beliefs, and emotional appraisals of the situation” (Pistole, 1997, p. 9). By the time the individual reaches adulthood, he or she has a good idea of events that have taken place or how the interactions between people work. The individual interprets (from their own experiences) a set of rules on how to understand the behavior and emotions of others. These interpretations vary from the individual’s own beliefs about oneself, what the individual thinks about others, and how the environment is viewed (Pickover, 2002).

If one feels loved by their caregiver, he or she is more likely to feel satisfied in the relationship. Then these feelings are worked into their internal working model. When a situation arises that is stressful or inconsistent with what the individual is used to, their working models enable one to ask for help when needed, help others, and to be able to communicate in a healthy ways (Sable, 2000).

If an individual's working models were disenchanted growing up, their feelings about oneself would most likely be of a low self-confidence and feelings of low self-worth. "Maltreatment at an early age can have enduring negative effects on a child's brain development and function" (Teicher, 2002, p. 68). If the behavior that another individual is doing gets misinterpreted or distorted, then that becomes part of the working model. When the individual gets conflicting or inconsistent information, it is hard to place in their internal working model (by processing the information) because it gets confusing (Pistole, 1997). This may cause an individual's thoughts to become distorted, which changes the reactions to certain situations that take place in their environment or interactions with others. At times when things get confusing, an individual may have one working model that they are aware of, and another working model that is in their unconsciousness (Brisch, 1999).

Memories Stored

These memories that are stored from the internal working model can be stored two ways. The first way is semantically, which is based on personal experiences throughout one's life, on how one interprets events (Page, 2001). The second way is episodically, which is based on specific events or episodes that have taken place in one's life. "This is what we most commonly think of memories" (Page, 2001, p. 316). Whether the memory is stored semantically or episodically, it is stored in the brain by the temporal lobe structures. When there is a difference between

what an individual experiences, and what they are told they are experiencing, it becomes difficult to make sense of what took place. In therapy, traumatic situations are often looked back upon, to correct the images and the conflicting events that took place, which the individual has stored in their internal working models (Sable, 2000).

If relying solely on semantic memory, one would have a hard time trying to recall certain events that have taken place along with “the affective experience and capacity for affective communication that is associated with this” (Page, 2001, p. 318). As a result, individuals may not trust their own experience with emotions. It would be hard to rely on perceptions of the events remembered, or to form rules about others and themselves (Paige, 2001).

Over time Bowlby also classified a third type of memory, the implicit or nondeclarative, which uses the basal ganglia in the brain to store the information but it cannot be recalled consciously. These memories are from the early years of life (Clulow, 2001). This may explain why traumatic events and other experiences that happen before the age of three have an effect on how an individual develops.

The internal working models not only affect stress in one’s life, but also their choice of a significant other, how they parent, and the different relationships they have with others. If the working models are not corrected, an individual will carry their experiences into their future attachment relationships, which affects the

way one acts and behaves (Sable, 2000). Those working models, and different events that take place, then get passed down from generations as well as in society (Teicher, 2002). There may be some difficulty exploring the question what is part of self, and what is not, which is called spatial confusion. Temporal confusion is figuring out what information should stay in the past and what should be in the present (Clulow, 1999). In order to help move into healthier internal working models, therapy may be helpful in the process of shifting negative experiences into a more positive thought pattern.

Interventions

Successful therapy not only depends on factors such as insight and awareness, but also the therapeutic bond between the counselor and the client. A working alliance is developed between the counselor and the client as they work together, regardless of the transference taking place in the room (Parish & Eagle, 2003). If there is not a good bond, the client may feel hesitant to open up and there may be more resistance in the therapy room. “An open, consistent, and respectful attitude on the part of the counselor is particularly important for the creation of a therapeutic bond” (Brisch, 1999, p. 75). One way to look at the bond between the counselor and the client is to think of an attachment between a caregiver and an individual during the early years of childhood. The relationship has many of the same characteristics, such as relying on the attachment figure for a secure base,

helping the client feel confident, and turning to him or her in times of suffering (Parish & Eagle, 2003).

A counselor's innermost role is to try to get their client to be able to establish a secure base, where they are able to feel protected while looking at the unknown aspects of their past and present experiences. Having the secure base with a client, along with being available, are correlated with having a good working alliance (Parish & Eagle, 2003). It would be very complex to work through conflicts involving information that could trigger the client's anxiety, if there was not a secure base in the relationship. When the client deals with their anxiety, he or she is able to fall back on the secure attachment formed in the therapeutic relationship where support is sought to be able to cope with the past experiences that are being brought into the therapy (Brisch, 1999). Bowlby has described five main tasks that can help the counselor and client establish a secure base.

Five Basic Tasks

The first task is for the counselor to provide a secure base, where the client is able to think and look at their past experiences. Since the client will probably not present this as an issue, it is the counselor's job to provide that secure base (Brisch, 1999). It would be difficult for a client to talk about painful and traumatic experiences in his or her life if the counselor was not sympathetic to the situation, along with showing deep empathy while providing support and encouragement (Bowlby, 1988). This process is the same for child, adolescent,

and adult therapies. The counselor's position is to accurately reflect the sensitivity needed for the client by reading the signals appropriately, just like a caregiver has to be able to do so for his or her child (Brisch, 1999).

The counselor then would move into talking about the different ways the client connects with others in relationships. One way of doing that is to assist the client in looking at what expectations he or she brings to a relationship, along with their unconscious thoughts, such as their personal preconceived notion to turn situations to the negative instead of the positive. The client also examines what his or her personal feelings and behaviors are brought into the present when the client is around certain people, the observations he or she makes of others, and how the client interprets those observations (Clulow, 2001).

The next task is when the client takes time to examine the relationship between the counselor and the client. In doing this, the counselor is able to see how the client's working models operate, which gives a picture of how the client handles attachment figures (Bowlby, 1988). This creates a better understanding of how the client feels and behaves toward other important people in his or her life. An attachment is usually developed between the counselor and the client. A client is more likely to get attached to their counselor the longer they see each other, along with the frequency of the sessions during that time (Parish & Eagle, 2003). The counselor needs to examine the therapeutic relationship also, due to the

counselor's own perceptions of the relationship, which are represented by their own working models (Brisch, 1999).

Fourth, is to have the client look at their current expectations and perceptions, along with his or her feelings and behaviors. Also, to examine how it may relate to childhood experiences or things the client may have been told during that time by their caregiver, or other significant attachment figures. The counselor guides the client to think about some ideas and feelings that the client may not have thought about before, some that the client may have never viewed in that light (Bowlby, 1988). A goal is for the client to be able to increase their thoughts and reflections of their inner self (Siegel, 1999). This task is often hard for a client to process, due to uncovering some strong emotions toward the client's significant attachment figures. These emotions can be scary and alarming, which may be viewed as unacceptable by the client.

The last task is to help the client see that some of his or her working models are formed from past experiences that were hurtful/harmful. To help the client understand what he or she was told by other attachment figures might not be appropriate for the client now or in the future. To update the working models is to help guide the client to find more realistic information about oneself and their close attachment figures (Krause & Haverkamp, 1996). Once the client is able to look back into the past and connect how his or her feelings and behaviors are in the present, the client may have a better understanding of the inner self and how

he or she operates on a day-to-day basis. Looking at how the client has approached different experiences is beneficial for the client to accurately reflect what took place (Bowlby, 1988). For the client to be able to do this is the goal of the therapy (Krause & Haverkamp, 1996).

When the client reflects on the past, and is able to gain access to the traumatic events and experiences that took place, he or she is then able to eventually sort through the working models, or images. When traumatic events take place there may be channels of energy that are blocked (Conner, 2000). Being able to remove the “blocks frees up energy that is trapped or stopped, permitting forward movement and change” (Conner, 2000, p. 86).

Talk-Oriented Therapy

Thought-field therapy or talk-oriented therapy, along with other types of services, can be helpful in the client being able to get to the source of the trauma. “Stress sculpts to the brain to exhibit various antisocial, through adaptive, behaviors” (Teicher, 2002, p. 75). The progress of the therapy depends on the client’s own emotions and how he or she has regulated them in the past. To be able to integrate the information in a logical way with the counselor indicates that the individual is in the process of forming a working model of consistency (Cassidy & Shaver, 1999).

Once the therapy moves in this direction, the client is then able process the different alternatives that could have taken place to be a better fit in their life. By

doing this, the client sees other ways to feel and behave in life, and starts to slowly make the changes in their internal working models so their experiences are more beneficial. The new changes and experiences challenge individuals to change their internal working models (Conner, 2000). Some clients may be hesitant to look at other alternatives, and not want to view their relationships or their inner self differently, which will then be a slower process (Krause & Haverkamp, 1996). The counselor should also point out that the “distorted representations of self and object that arose from their past experiences, are probably inappropriate for dealing with current important relationships” (Brisch, 1999, p. 77). As the client is able to share his or her life story with the counselor, they are able to bring meaning and understanding into the client’s life that is healing (Cassidy & Shaver, 1999).

Goals and Considerations

As one goes through therapy, there are some goals that clients may want to keep in mind to help with the process. To be able to become more self-confident with oneself and other individuals around, will help to have a more positive outlook on life; along with having more affirming thoughts and expectations about future interactions with others (Siegel, 1999). Having the ability to be able to talk about the past in a rational and mutual conversation with the counselor is a necessary aspect in dealing with their attachment disorder (Cassidy & Shaver,

1999). In order to do this, a counselor will help guide their client to do the following:

- “Reflect upon his or her life story together with the counselor, and then to bring that shared understanding and meaning into the everyday life in a way that is transforming and healing” (Cassidy & Shaver, 1999, p. 586).
- Reexperience their story, where he or she gives “new meaning and shape to, life events and the client’s sense of self and relationships” (Cassidy & Shaver, 1999, p. 586).
- Join the counselor in mutual understanding as he or she gets involved in treatment (Cassidy & Shaver, 1999).

Other goals are for the client to be able to know when to ask for help is an important goal to have when in therapy. This reminds the client that it is okay for him or her to be able to ask for help. Another goal is to be able to make sense of one’s own thoughts by being able to amplify capacity for one’s mind. Also, clients should focus on trying to be able to relate to oneself and others in more realistic ways and to be able to integrate unresolved states of mind (Siegel, 1999).

“As all important relationships are affected to a greater or lesser extent by the dynamics of attachment processes, so will the therapeutic relationship be affected by these same dynamics” (Cassidy & Shaver, 1999, p. 586). Cassidy and Shaver (1999) point out the following to be helpful in organizing the attachment categories of one’s life:

- Talk about how emotions have been regulated in a story
- In the consciousness, what stories have been able to be there
- How much meaning is made of significant relationships

There are a few considerations to follow when having a client with this disorder. It is important to be able to have the client talk with the counselor about his or her attachment system, which means that the counselor needs to be able to invest time and a place for the client to open up regarding his previous experiences. The client needs to be able to feel safe being with their counselor, so he or she is able to work through their troubles. When the counselor interacts with the client, one must be able to be versatile in the way distance and closeness are dealt with in the relationship. This is due to the different attachment patterns that may have been experienced throughout the client's life. The client might try to have a counselor replace an attachment figure in his or her life, which could be a distorted want or need due to the attachment disorder. The counselor needs to be careful because when the relationship is terminated, the client may have a hard time dealing with the separation if the relationship represented more closeness than the client could handle. When the time comes to terminate, the counselor is able to represent a positive light on a separation instead of it being a rejection, if the relationship is handled appropriately (Brisch, 1999). One way to implement these considerations is to use Bowlby's five main tasks (Bowlby, 1998):

- A secure base

- How one engages in relationships
- Look at the counselor/client relationship
- Guiding the client to think about new ideas or feelings the client may have never thought of before
- Review the internal working models and how one has approached different experiences in the past, and to now accurately reflect on what took place

By having the client organize their attachment, a counselor is able to listen how themes are expressed, both consciously and unconsciously. This is “how counselors observe their clients and make sense of their stories; it also changes the way they respond to client narratives, and to the particular aspects of these narratives that emerge as a function of attachment organization” (Cassidy & Shaver, 1999, p. 585). Cassidy and Shaver suggest this will shape the attachment security of the client (1999).

Conclusion

The bond formed by individual's interaction and exposure to one another is described as an attachment (Sable, 2000). It is through their working models, that one interprets and makes their own generalizations about the experiences taking place. Attachment disorders stem from the interpretations and generalizations that are distorted or interpreted incorrectly, which remains to be a pattern in the internal working models and played out through different experiences in life. The

incorrect patterns stay in place, until one is able to process the patterns correctly (Pistole, 1997).

With this in mind, the purpose of this paper was to give an overview of how attachments are formed, the types of attachments formed, and practical interventions for counseling professions to use when helping a client with an attachment disorder. It is critical for counselors to develop a working alliance between the counselor and client, so the client is able to feel secure in discussing the distorted thoughts or perceptions in his or her working models (Brisch, 1999). It is important for counselors to understand the dynamics of how attachments are formed and how they relate to an individual's development, to be able to help the client learn different ways to interpret experiences that have taken place in the past and for future events in life.

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