Changing Your Attachment Style Through Psychotherapy

with Lisa Firestone, Ph.D.
POLL #1

Do you use attachment theory to inform your approach to psychotherapy?
- Yes, often
- Yes, somewhat
- No, never
Attachment Theory

Created by John Bowlby, a British psychoanalyst, based partly on primate ethology, to explain why “maternal deprivation” leads to anxiety, anger, delinquency, and depression.

From 1969-1988, he published five books about the theory, including one on psychotherapy.

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Attachment Theory and Research

Bowlby contended that internal working models of attachment help to explain:

- Anger
- Emotional distress
- Anxiety
- Personality disturbance
- Depression
- Emotional detachment

“Attachment underlies later capacity to make effectual bonds as well as a whole range of adult dysfunctions,” particularly with marital bonds and trouble parenting.
The Role of Early Attachments

• Attachment confers a selective advantage to humans by the opportunity it affords for the development of neurocognitive social capacities.

• Evolution has charged attachment relationships to ensure the full development of the social brain.

Attachment Theory Distilled

- When threats abate, behavioral systems other than attachment (e.g., exploration, caregiving) can be activated, allowing a person to become more competent/autonomous. *When you feel secure, you can do other things.*

- Attachment orientations, or “styles,” develop in relationships.

- The theory applies from “the cradle to the grave” (Bowlby).

*From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.*
Humans rely on attachment figures for protection (safe), support (seen), and emotion regulation (soothed).

The attachment behavioral system is an evolved, innate regulator of proximity (hence of safety and safe exploration). Child uses parent as a secure base.

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Signs of threat?

Yes

Attachment-system activation

Is attachment figure available?

Yes

Insecurity, distress compounding

No

Hyperactivating strategies

No

Deactivating strategies

Yes

attachment security, distress alleviation

Activation of other behavioral systems

Security-based strategies

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Bowlby and Ainsworth

Three Attachment Styles:

• Avoidant Attachment
• Preoccupied Attachment
• Secure Attachment
Adult attachment ‘styles’: Regions in a two-dimensional space

A 1000-page summary of basic and applied attachment theory and research, currently being revised for 2015

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Since Hazan & Shaver (JPSP, 1987) . . .

• Hundreds of studies using self-report attachment measures have been conducted.

• The findings can be summarized in a three-part model (Mikulincer & Shaver, 2007, and elsewhere).

• This book is also being revised for 2015.
Self-report attachment measure
(Brennan, Clark, & Shaver, 1998)

Avoidance (18 items, $\alpha > .90$)
1. I prefer not to show a partner how I feel deep down.
2. I try to avoid getting too close to my partner.
3. I feel comfortable depending on relationship partners. (reverse-scored)
4. I turn to a relationship partner for many things, including comfort and reassurance. (reverse-scored)

Anxiety (18 items, $\alpha > .90$)
1. I don’t often worry about being rejected or abandoned. (reverse-scored)
2. I need a lot of reassurance that I am loved by a partner.
3. I get frustrated if a relationship partner is not available when needed.
4. I resent it when a partner spends time away from me.

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Maternal caregiving at 18 months predicts self-reported anxiety and avoidance at age 22 (Zayas, Mischel, Shoda, & Aber, *SPPS*, 2010)

- When each of 36 children were 18 months old, they were observed in a preschool playroom at Stanford University with their mother, and her behavior was reliably coded on three observational scales: *sensitive, controlling, and unresponsive*.

- At 22 years of age, the now-grownup children completed a short version of the ECR as a measure of attachment anxiety and avoidance in romantic and self-mother relationships.

- Attachment anxiety at age 22 correlated -0.75 with maternal sensitivity measured 20 years earlier, and 0.70 with maternal controlling. Avoidance at age 22 correlated -0.73 with maternal sensitivity and 0.52 with maternal controlling.

- These correlations were much higher than similar correlations with self-reported attachment to *mother* at age 22.

*From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.*
Is Your Attachment Style Affecting Your Relationship?

**Secure Attachment:** Securely-attached adults tend to be more satisfied in their relationships.

**Anxious-Preoccupied Attachment:** People with an anxious attachment tend to be desperate to form a fantasy bond. Instead of feeling real love or trust toward their partner, they often feel emotional hunger.
Definition of the Fantasy Bond

The Fantasy Bond:

A “fantasy bond” describes an illusion of connection between a couple that is substituted for feelings of real love and intimacy. Forming a fantasy bond is an often unconscious act of self-parenting and self-protection, in which two people become pseudo-independent, replacing the real relating involved in being in love with the form of being a “couple.” The degree of reliance on a fantasy bond is proportional to the degree of frustration and pain experienced in a person’s developmental years.
Most people have a fear of intimacy and at the same time are terrified of being alone. Their solution is to form a fantasy bond – an illusion of connection and closeness – that allows them to maintain emotional distance while assuaging loneliness and, in the process, meeting society’s expectations regarding marriage and family.
Is Your Attachment Style Affecting Your Relationship?

Dismissive-Avoidant Attachment: People with a dismissive-avoidant attachment have the tendency to emotionally distance themselves from their partner. They’re often the other half of a Fantasy Bond.

Fearful-Avoidant Attachment: People with a fearful-avoidant attachment live in an ambivalent state, in which they are afraid of being both too close to or too distant from others.
Attachment and Caregiving

- Many studies have shown that attachment anxiety and avoidance are related to deficits in caring for relationship partners and engaging in altruistic behavior more generally (e.g., Kunce & Shaver, 1994; Gillath et al., 2005).

- Anxious people tend to be self-focused when engaged in supposedly caring/altruistic actions, leading to intrusiveness, poor assessment of others’ actual needs, and personal distress.

- Avoidant people tend to be less interested in helping others and to derogate needy others. They are relatively deficient in the domain of compassion and love.

*From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.*
COUPLE RELATIONSHIPS: Romantic love (couple pair-bonding) can be conceptualized as the integration of 3 behavioral systems discussed by Bowlby: attachment, caregiving, and sex.

Hazan and Shaver (1987); Shaver et al. (1988)

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Attachment and Sex

• Many studies have shown that attachment anxiety and avoidance are related to sexual motives, fantasies, and behavior (e.g., Schachner & Shaver, 2004)

• Anxious people tend to use sex, sometimes without due caution, to get a partner’s attention, feel more loved, and bind their partner into a relationship

• Avoidant people tend to begin sex later but then become more promiscuous than anxious and secure people in adulthood; they tend to use sex to boost self-esteem and reputation among peers, but not to feel psychologically intimate with their partner (more “one-night stands”)

• Both kinds of insecure people have shorter relationships than secure people, on average

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Attachment and sexuality in couples seeking marital therapy
(Brassard, Péloquin, Dupuy, Wright, & Shaver, 2012)

• A large clinical sample of 242 French-Canadian couples seeking marital therapy completed the ECR and the Index of Sexual Satisfaction.

• Results showed that both attachment anxiety and avoidance predicted individuals’ own sexual dissatisfaction (*actor effects*).

• There were also 2 *partner effects*: (a) anxiety in men predicted female partners’ sexual dissatisfaction and (b) avoidance in women predicted male partners’ sexual dissatisfaction.

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Some Other Issues Shaver Has Studied

- Attachment security, compassion, and altruism
- Attachment security and reduced ethnic prejudice and reduced out-group aggression
- Attachment security, honesty, and authenticity
- Attachment security and images of God
- Attachment security and hurt feelings
- Attachment security and eating disorders
- Attachment security as a buffer against caregiver and therapist burnout

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Overall Conclusions

- Attachment theory has proven to be a very fruitful framework for studying social and psychological processes.
- Shaver’s priming studies show that security infusions, whether administered consciously or subliminally, have beneficial effects on mental health and interpersonal relations.
- This suggests that insecurity lies at the heart of many psychological and social pathologies (as Bowlby suspected from the beginning).
- Similar mental and social processes occur in different contexts: romantic relationships, teacher-student relationships, leader-follower relationships, etc.; and many attachment-related mental processes occur in religious/spiritual contexts (prayer, meditation).
- Humans’ social-relational nature shows up everywhere and perhaps can eventually be conceptualized in a general theory.

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Separation Theory
Robert W. Firestone, Ph.D.

- Integrates psychoanalytic and existential systems of thought
- Two kinds of emotional pain:
  - Interpersonal
  - Existential
- The core conflict
- Defended versus undefended lifestyles
- Formation of defenses in childhood
- The concept of the Fantasy Bond
- The concept of the Critical Inner Voice
Where do voices come from?
Patterns of Attachment in Children

Category of Attachment

- Secure
- Insecure – avoidant
- Insecure - anxious/ambivalent
- Insecure - disorganized

Parental Interactive Pattern

- Emotionally available, perceptive, responsive
- Emotionally unavailable, imperceptive, unresponsive and rejecting
- Inconsistently available, perceptive and responsive and intrusive
- Frightening, frightened, disorienting, alarming
Attachment Figures

• **Low Risk Non-Clinical Populations**
  - Secure: 55-65%
  - Ambivalent: 5-15%
  - Avoidant: 20-30%
  - Disorganized: 20-40%
  - *(Given a Best Fit Alternative)*

• **High Risk, Parentally maltreated**
  - Disorganized: 80%
What causes insecure attachment?

- Unresolved trauma/loss in the life of the parents statistically predict attachment style far more than:
  - Maternal Sensitivity
  - Child Temperament
  - Social Status
  - Culture
Implicit Versus Explicit Memory

- Implicit Memory
- Explicit Memory
How does disorganized attachment pass from generation to generation?

- Implicit memory of terrifying experiences may create:
  - Impulsive behaviors
  - Distorted perceptions
  - Rigid thoughts and impaired decision making patterns
  - Difficulty tolerating a range of emotions
POLL #2
Are you familiar with Interpersonal Neurobiology and the work of Dan Siegel?
- Very familiar
- Some experience
- Not familiar
Learn more from Dr. Daniel Siegel in our recorded CE Webinar “Relationships and the Roots of Resilience”
9 Important Functions of the Pre-Frontal Cortex

1. Body Regulation
2. Attunement
3. Emotional Balance
4. Response Flexibility
5. Empathy
6. Self-Knowing Awareness (Insight)
7. Fear Modulation
8. Intuition
9. Morality
Division of the Mind

**Parental Ambivalence**
Parents both love and hate themselves and extend both reactions to their productions, i.e., their children.

**Parental Nurturance**

**Parental Rejection, Neglect, Hostility**
Birth

Trauma

Baby

Genetic Structure Temperament Physicality Sex
Self-System
Parental Nurturance

Unique make-up of the individual (genetic predisposition and temperament); harmonious identification and incorporation of parent’s positive attitudes and traits and parents positive behaviors: attunement, affection, control, nurturance; and the effect of other nurturing experience and education on the maturing self-system resulting in a sense of self and a greater degree of differentiation from parents and early caretakers.
Personal Attitudes/Goals/Conscience

Realistic, Positive Attitudes Towards Self
Realistic evaluation of talents, abilities, etc... with generally positive/compassionate attitude towards self and others.

Goals
Needs, wants, search for meaning in life

Moral Principles

Behavior
Ethical behavior towards self and others

Goal Directed Behavior
Acting with Integrity
Anti-Self System

Unique vulnerability: genetic predisposition and temperament

Destructive parental behavior: misattunement, lack of affection, rejection, neglect, hostility, over permissiveness

Other Factors: accidents, illnesses, traumatic separation, death anxiety

The Fantasy Bond (core defense) is a self-parenting process made up of two elements: the helpless, needy child, and the self-punishing, self-nurturing parent. Either aspect may be extended to relationships. The degree of defense is proportional to the amount of damage sustained while growing up.
# Anti-Self System

## Self-Punishing Voice Process

<table>
<thead>
<tr>
<th><strong>Voice Process</strong></th>
<th><strong>Behaviors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Critical thoughts toward self</td>
<td>Verbal self-attacks – a generally negative attitude toward self and others predisposing alienation</td>
</tr>
<tr>
<td>3. Suicidal injunctions – suicidal ideation</td>
<td>Actions that jeopardize, such as carelessness with one’s body, physical attacks on the self, and actual suicide</td>
</tr>
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</table>
## Anti–Self System

### Self-Sothing Voice Process

<table>
<thead>
<tr>
<th>Voice Process</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self Soothing Attitudes</td>
<td>Self-limiting or self-protective lifestyles, Inwardness</td>
</tr>
<tr>
<td>2. Aggrandizing thoughts toward self</td>
<td>Verbal build up toward self</td>
</tr>
<tr>
<td>3. Suspicious paranoid thoughts toward others</td>
<td>Alienation from others, destructive behavior towards others</td>
</tr>
<tr>
<td>4. Micro-suicidal Injunctions</td>
<td>Addictive patterns. Thoughts luring the person into indulging</td>
</tr>
<tr>
<td>5. Overtly Violent thoughts</td>
<td>Aggressive actions, actual violence</td>
</tr>
</tbody>
</table>
Attachment theory has a great deal to offer people in understanding their own and others’ motives, goals and methods for attaining those goals.
Theory: Revision of Attachment Theory

Developmental Functions of Attachment

Affect Representation

Attentional Mechanisms

Mentalizing Capacities

2nd Order Representations

Effortful Control

Reflective Function

The Interpersonal Interpretive Function (IIF)

From “Psychotherapy for Borderline Personality Disorder: Workshop on Mentalisation Based Treatment”
Anthony Bateman & Peter Fonagy - http://web.comhem.se/mentalize/mbt_training_jan_06.pdf
• Attachment history partially determines the strength of mentalizing capacity of individuals

• Secure individuals, who had a mentalizing carer, have more robust capacities to represent the states of their own and other people’s minds and this can serve to protect them from psychosocial adversity
A Model of Borderline Pathology

Incongruent/ unmarked contingent mirroring

Disorganized Attachment and Self

Hyper-activation of attachment

Non-secure base

Lack of playfulness

Enfeebled Affect Representation and Attention Control Systems

Trauma: Early or late

Failure of Mentalization

The Alien Self

Establishes

Colonizes

THE ROLE OF ATTACHMENT STYLE IN PSYCHOPATHOLOGY AND PSYCHOTHERAPY OUTCOMES

• Attachment styles provide the cognitive schemas or working models through which individuals perceive and relate to their worlds.

• These schemas predispose the development of psychopathology and influence outcome in psychotherapy.

• Understanding attachment theory contributes to the conceptualization of the client’s problems.

• It facilitates selection of appropriate interventions.

• Therefore, attachments style should be assessed as a standard part of treatment planning.

From “The Role of Adult Attachment Styles in Psychopathology and Psychotherapy Outcomes”
http://cmapspublic2.ihmc.us/rid=1LQRRMMH0-FYYR87-1L42/pdf.pdf
REASONS IT’S IMPORTANT TO KNOW ABOUT ATTACHMENT STYLE

• You assess the patient’s attachment style, because it influences the process of psychotherapy, the quality of the alliance and the ultimate outcome of treatment.
• Provides clues as to how the patient is likely to respond in treatment and to the therapist.
• Allows therapist to calibrate or use more effective interventions.
• You don’t want to overwhelm a dismissing patient or appear disengaged from a preoccupied patient.
• Secure attachment can be a goal of treatment.
• A range of treatments may be useful in changing attachment style.
Attachment Style as Moderator in Psychotherapy Outcome

- Attachment classifications may significantly influence the trajectory of change in psychotherapy.
  - Secure attachment is related to better treatment outcomes across psychotherapies for a range of disorders.
  - Higher attachment anxiety may be a predictor of poorer treatment outcomes.
  - Avoidant attachment may paradoxically lead to positive outcomes if they stay in therapy.

From “Attachment Theory and Research: Implications for Psychodynamic Psychotherapy”
http://link.springer.com/chapter/10.1007%2F978-1-60761-792-1_24#page-1
Clinical Implications of Attachment Research

- Preoccupied patients are more likely to seek treatment, because they have a negative model of themselves but a positive model of others.
- Even though preoccupied patients may appear to be working very hard in treatment such work may not allow for shifts in attachment patterns.
- Dismissive patients are less likely to seek treatment, because they often have a positive model of themselves and a negative model of others.
- Despite the challenges of engaging dismissive patients, when they follow through with treatment, they have better outcomes.

From “Attachment Theory and Research: Implications for Psychodynamic Psychotherapy”
http://link.springer.com/chapter/10.1007%2F978-1-60761-792-1_24#page-1
Psychotherapy relationship with an adult client exhibits all the essential elements of attachment bonds:

• They regard their therapist as stronger and wiser.
• They seek proximity through emotional connection and regular meetings.
• They reply upon the therapist as a safe haven when they feel threatened.
• They derive a sense of felt security from their therapist who serves as a secure base for psychological exploration.
• They experience separation anxiety when anticipating loss of their therapist.

From “The Psychotherapy Relationship as Attachment”
Therapist Attachment as a Moderator of Psychotherapy Process Outcomes

- Securely attached clinicians had relatively better outcomes than clinicians with insecure attachments.
- Securely attached clinicians are more psychologically available to their patients and more challenging of their clients’ interpersonal style.
- Anxiously attached clinicians tended to respond with less empathy and developed weaker therapeutic alliances with their clients.
- The match between the therapist and client’s attachment styles is an important predictor.
- Clients with therapists opposite to them have better outcomes and stronger therapeutic alliances.

From “Attachment Theory and Research: Implications for Psychodynamic Psychotherapy”
http://link.springer.com/chapter/10.1007%2F978-1-60761-792-1_24#page-1
Qualities of an Ideal Therapist

• The qualities that are manifested by a good parent are the same as those that are characteristic of a good therapist.

• Research into what makes psychotherapy effective has shown that the most important element that brings about therapeutic progress is a good working relationship between the therapist and client. The personal qualities of the therapist largely set the tone and the emotional impact of the therapy process. The same is true for the family in which the personal characteristics of parents are the primary influence on the emotional climate of the home. A good therapist:

• A good therapist is real and authentic
Qualities of an Ideal Therapist

• Outcome studies in psychotherapy have shown that “The therapist is a key change ingredient in most successful therapy.”

• The psychotherapeutic alliance is a unique human relationship, wherein a devoted and trained person attempts to render assistance to another person by both suspending and extending him or herself. Nowhere in life is a person listened to, felt, and experienced with such concentrated sharing and emphasis on every aspect of communication.

• Instead of playing the role of expert, the ideal therapist would strive to be an authentic person, someone with whom clients felt comfortable enough to be open and self-revealing.

• In an important sense, the therapist can be conceptualized as a “transitional object” in that he or she provides the client with an authentic relationship during the transition from depending on self-nourishing processes to seeking and finding satisfaction in genuine relationships in the world outside the office. As such, therapists must remain human (be interested, warm, caring, and empathic as well as direct and responsible) to temporarily “hold” or sustain the client as he or she moves away from sources of fantasy and self-gratification toward real relationships.
Client Attachment to Therapist

• Secure attachment to therapist was significantly associated with greater session depth and smoothness.
• Insecure adult attachment was associated with insecure therapeutic attachment.
Attachment Theory-Based Interventions

Most existing therapies use techniques and principles that are in line with attachment theory.

For example, healthy therapeutic relationships, exploration of significant relationships in past.
Implication of Attachment Theory for Treatment

• Behavioral and family systems therapies focus on making procedural memories conscious and available for inspection.
• Cognitive therapies focus on changing family semantic generalizations.
• Psychodynamic therapies focus on retrieval of forgotten episodic memories in order to process them through to resolution.
• Meditative therapies emphasize the need to attain distance from distressing life events in order to achieve integration.

_Psychotherapy promotes self-understanding by illuminating how clients’ internal working models as opposed to external forces are what shape the present quality of their interpersonal relationships._
Attachment as Outcome

• Fonagy found evidence of a shift in attachment status following one year of intensive psychodynamic psychotherapy suggesting that psychotherapy can alter attachment patterns.

• Levy found changes in attachment following a year-long course of transference focused psychotherapy.
Attachment and Non-Attachment in Buddhism

**Attachment**
*(Sanskrit: Rāgā, Upādāna)*

Possessiveness, a sense of ownership of persons or things, jealousy, clinging, preoccupation, obsession, defensiveness, compulsion, acquisitiveness, defensive avoidance, and anxiety about gaining, escaping, or being able to avoid

**Non-Attachment**
*(Sanskrit: Virāga)*

Psychological flexibility (lack of fixation), non-reactivity, more quickly recovering from upsets, allowing, releasing, supporting other’s capacity to choose, and a sense of ease

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
Meditation Practice and NAS Scores

Among Meditators, NAS related to:
- Weekly hours of meditation: $r = .25^*$
- Years of meditation practice: $r = .23^*$

* $p < .05$, ** $p < .01$

*Meditators who practiced > 3 hours/week

From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
A Few of Many Clinically-Oriented Books Based Partly on Shaver’s Research


From: “Secure and Insecure Love: An Attachment Perspective” Phillip R. Shaver, Ph.D.
From the Webinar by Phillip R. Shaver, Ph.D.
“Secure and Insecure Love: An Attachment Perspective”

Recording Available at Glendon.org
From “Psychotherapy for Borderline Personality Disorder: Workshop on Mentalisation Based Treatment”

Peter Fonagy & Anthony Bateman
http://web.comhem.se/mentalize/mbt_training_jan_06.pdf
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