Insecure Attachment and the Possibility of Change:
A Psychotherapeutic Exploration

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To my supervisor, I thank you for your time and guidance in helping me to do this research project.
Abstract

The initial involvement a child has with a caregiver is essential to healthy development. When a child does not receive what is needed to make them feel secure, this has implications later in life. The ill effects of this are seen in ways, mainly with relationships and self-confidence. Five trained psychotherapists were interviewed in order to collect data to conduct this piece. The purpose of this research is to explore psychotherapist’s views on the importance of the secure base at an early age.

The dynamics a therapist experiences in order to repair the individual's base are unique to each person. The data received was compared and the reoccurring themes were highlighted and discussed.

The possibility of change is something that attracts people to therapy.
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Chapter One: Introduction

John Bowlby and Donald Woods Winnicott contributed greatly to attachment theory. A healthy bond between a child and a mother is vital for the well-being of the child to survive but also an important part of what it means to be human (Bowlby, 2005). The relationship between a baby and the primary caregiver provides the child with the secure base needed for them to be confident. Knowing they can return to this safe place gives them the courage to explore. As the child gets older, it is weaned away from the mother in a healthy, stress free way to allow for the child to become independent. When this is done properly it sets an example for future relationships (Bowlby, 2005). If this process is not completed successfully, the child will struggle with the termination of relationships throughout life as they will find it difficult to deal with loss. For reasons depending on circumstances, it is not always possible for this relationship between baby and mother to be formed. Therefore the child is deprived of receiving what is needed to promote healthy development. This leads to the child becoming insecurely attached and having little or no confidence when developing. As the child’s first encounter in a relationship was a negative experience this memory unconsciously stays with them throughout life unless repaired. The reaction a person has with others sources from early life and object relations (Gomes, 1997). When the individual gets older he or she will struggle in forming healthy relationships as they are dissatisfied with themselves and this is projected onto the other.

When an insecurely attached individual presents in therapy it can be harder for the therapist to form the therapeutic alliance than it would with a securely attached person. The insecurely attached individual finds it hard to trust people as the trust was broken early in life. In order for the therapy to be successful there needs to be a secure base put in place. The foundations for this will be worked on from the initial meeting. The client must feel that the therapeutic space is welcoming, warm and a safe place for him or her to be able to speak freely. They must be able to trust the therapist otherwise they will withdraw from the sessions. The reason people venture into therapy is because they are searching for something, usually within themselves. This warrants change and the client must be willing to make the effort needed for the change to happen.

The objectives of this project are to:

- Explain the importance of secure attachment
- Describe the difficulties insecure attachment has on a person
• Expand on the need for the secure base in therapy
• The possibility of change and what is needed for this to happen

The first chapter of this research project looks at the academic findings from sources such as books, online, journals and lecture notes. It gives an insight on the views of people who have been in the depths of psychotherapy and some have contributed to it greatly. Then it goes on to the methods chapter which gives a short account of how the work will be carried out and the ethics behind it. Following from that, data which was collected from interviews carried out will be discussed. Five participants were asked a set of questions and answered to the best of their knowledge. The relevant data was chosen and compared. The discussion will address the data collected in light of previous research carried out. Also included will be recommendations for further research.
Chapter Two: Literature Review

2.1 Introduction

The most dramatic developmental changes take place in the early stages of life through to childhood as the individual becomes a young adult (Smith, Cowie, & Blades, 2011). Urie Bronfenbrenner has made significant contributions towards the study of human development (Smith, Cowie, & Blades, 2011). He has brought forward the importance of focusing on the individual’s environment and their setting when analysing (Smith, Cowie, & Blades, 2011). John Bowlby and Mary Ainsworth have also made large contributions to the theory of attachment. From the moment we enter the world, our psychic structures are developing and as time passes each person’s individual personality and behaviours are evolving (Gomez, 1997). Babies are pre-equipped in how to get the attention of a caregiver in order to feel safe and comfortable through behaviour such as crying and smiling and clinging (Gomez, 1997). Children with parents that are not responsive will learn how to deactivate their own attachment system to prevent themselves from suffering further when the caregiver continues to disappoint (Harris, 2008). The environment around us has a huge influence as to how we develop and the type of person an individual develops to be (Gomez, 1997). As argued by Ainsworth (cited in Yee & Shiota, 2015), development is aided by the response we receive from relationships with partners and caregivers. These relationships are necessary for healthy development both emotionally and physically throughout life (Ainsworth cited in Yee & Shiota, 2015).

Research on attachment has shown that a child’s sense of security is greatly determined by his or her experience with the caregiver and the quality of responsiveness received (Holmes, 1994). The established relationship with parents can influence the therapeutic bond allowing the work to be successful as the client is able to connect and form a relationship with the therapist (Holmes, 1994). In order for the therapy to have a chance of reaching optimum success it has been proven that the therapeutic alliance needs to be formed from the beginning (Holmes, 1994). Change in the therapeutic space depends on the presence of this secure base and the therapist’s ability to be empathic towards the client (Harris, 2004). This literature review will first consider attachment styles and will go to look at how they influence development. It will show limitations caused by insecure attachment and what is needed in the psychotherapy setting while working with this.
2.2 Attachment Styles

Attachment style can be defined as when a child becomes familiar with attachment patterns such as emotional and physical needs and this behaviour is learned, the child sources this from the primary care giver which is usually the parent (Fraley et al as cited in Yusof & Carpenter, 2015). Parenting styles affect the formation of the child’s social and psychological structure (Joseph & John, 2008). Across all studies, greater early-life harshness (low socioeconomic status [SES] did not predict adult parenting outcomes. These findings suggest that greater early-life unpredictability may be conveyed to children through less supportive parenting, which results in insecure attachment representations in adulthood (Szepsenwol, O., Simpson, J. A., Griskevicius, V., & Raby, K. L., 2015). The four types of parenting styles are authoritarian parenting, authoritative, permissive parenting and uninvolved parenting. These styles range from a level of high control over the child while being attentive to being uninvolved with the child and having no interaction (Joseph and John, 2008, p.17). Studies carried out have shown that children’s parents who have been authoritative can be better adjusted than others (Baumrind, 1967 as cited in Joseph & John, 2008). They were seen to have more positive behaviour than negative such as being happy, independent, and had good social skills whereas children that had authoritarian parents seemed to be the opposite as they were unhappy and did not interact with people well (Joseph & John, 2008, p18). Permissive parenting often leads to the child being hostile and unwary which contributed to having no motivation and lack of success (ibid, 2008). Research has shown that the style of parenting with the worst outcome for the child is for the parent to be uninvolved, the child can develop behavioural problems which will lead to difficulties later in life (ibid, p18). At the end of the scale the children with parents that allow them to do what they want tend to do what they want tend to be very rebellious when asked to do something as they are not used to taking orders, they can react in a very immature manner. John & Joseph argue that recent research has proven that a child’s behaviour influences the style of parenting his or her parents use (2008).

The idea that “as the twig is bent, so grows the tree” can be traced at least as far back as Greek and Biblical times, and in most societies parents are the ones assigned primary responsibility for “bending” the children in desirable directions (Hyman, 2001). There is an increasing emphasis on the role of parents and children’s mutual perceptions and understandings about each other’s outlooks and aims of their influence upon one another, however none of these theoretical shifts have affected the basic hypothesis that parents have a large amount of contribution to the individualities and route the child’s life will take (Hyman,
A child will be unable to make sense of feelings they experience if the caregiver has been dismissive when the child has looked for support; this child will develop a way of dealing with feelings such as supressing them, leading the individual to be dismissive or avoidant later in life, very often having feelings of shame and guilt (Ainsworth et al. 1978 as cited in Hardy et al, 2004).

Children seek attention and try to keep close contact with caregivers as they receive security and comfort in this environment which allows them to feel at ease. Adults are similar in this situation as they to identify that being near a caregiver can reduce stress levels for the adult (Fraley & Shaver, 2000; Mikulincer & Florian, 1998 as cited in Yee & Shiota, 2015). The securely attached individual will find it easier to explore and form relationships throughout life where as the insecurely attached will find this experience difficult and it will present in many forms (Yee & Shiota, 2015). Individuals with insecure attachment styles show less exploration, pursuit of opportunities, and even reward-related neural responding to positive social stimuli (Ainsworth, Bell, & Stayton, 1972; Mikulincer, 1997; Mikulincer & Sheffi, 2000; Vrticka, Andersson, Grandjean, Sander, & Vuilleumier, 2008, as cited in Yee & Shiota, 2015).

An individual which is securely attached can take part in intimate relationships and usually develop relationships without any issues. This person can be independent as they will have a secure base (Bernecker, Levy, & Ellison, 2013). They can easily rely on others in times that support may be required and can also offer support to other in return, they will have the emotional capacity to deal with these situations (Bernecker, Levy, & Ellison). Having a secure base gives knowledge of self-worth and assists in the individual’s confidence in themselves. Individuals that lack a secure base often turn to others for emotional needs and struggle to meet what is sought after in intimate relationships. They often fear that they will be left alone (Bernecker, Levy, & Ellison, 2013).

2.3 Attachment Styles and the Therapeutic Space

A child’s upbringing will form the foundations of the individual’s behaviour and emotions; this may not be the structure and beliefs the person will carry throughout life (Yusof & Carpenter, 2015). Change in a person is very possible as this is something therapists strongly believe in (Yusof & Carpenter, 2015). When change is being experienced, often people can
go back to behaviour that was learned at the pre-verbal stage, this can be difficult for the individual (Yusof & Carpenter, 2015). The therapist aids the individual to find new schemas to make the changes possible. The client may be unaware the therapist will be consciously doing so (Yusof & Carpenter, 2015). An insecurely attached client can be difficult to form a therapeutic alliance with. It is known that Bowlby’s attachment theory shows both regular and obsessive development. In a therapy session, he believes that attachment representations can be stimulated once the therapist has a secure base and safe haven in place to allow the client to explore while the therapist keeps the client safe in times of grief (Bowlby, 1982 cited in Bernecker, Levy, & Ellison, 2013). Working on the alliance with clients that are insecurely attached can assist in changing the way the individual views relationships which in turn develops the interpersonal schemas (Castonguay, Canstantino, & Holtforth 2006 as cited in Bernecker, Levy, & Ellison, 2013). A useful way of changing the alliance in a therapeutic relationship would be to focus on the client’s attachment style especially if this is something that may interfere with the alliance (Bernecker, Levy, & Ellison, 2013). In the initial meeting between therapist and client there will be some useful information disclosed about the client while beginning to form an alliance.

When carrying out an assessment or gathering key information about a client, it is crucial that the family relations and background are noted as this can give an insight into the client's history in early relationships and the type of care he or she received which may help the therapist to get an idea of the client's attachment style (Harris, 2004). If the therapist is aware of the client’s relationships with family and other members of the individual’s life then this can play a part in helping the therapist to understand the transference in the room (Harris, 2008). A client that has had a lot of rejection from a caregiver may talk a lot in a therapy session but will avoid talking about what really matters to them and will fill the space with idol talk as he or she fears rejection from the therapist. Transference can happen as the client sees the therapist as the care giver figure that did not provide them with what was needed at a young age (Harris, 2004). In this situation the therapist would assure the client that the relationship is non-judgemental and they have the freedom to discuss whatever he or she may like to talk about in confidence (Harris, 2004). With little interaction from caregivers the client may be unable to connect with the therapist as they have never been thought how to relate to someone and communicate on a deeper level. The client would withdraw in the room, the therapist would encourage the client to make a connection and help him or her to begin to communicate at a comfortable pace (Harris, 2004). In a case where the client has
received no response from a caregiver they will dismiss the dynamics of psychotherapy and be unable to connect with the therapist. It would be challenging work for the therapist but he or she must stay engaged even when the client is not (Harris, 2004). A client can test boundaries as they feel unfamiliar with such rigidity especially if the care giver was not present in the relationship then the client would not be well associated with boundaries. The therapist should be aware as to what boundaries their client feels they can work best with and come to an agreement on this (Harris, 2004). Modes of relating develop and attachment patterns can alter throughout life (Gomez, 1997). The aims of psychotherapy are to identify the attachment pattern the client has, which can be done by the therapist observing what way the client reacts towards them in the room in order to learn what influenced the client and their significant experiences which lead them to have their inner working model (Gomez, 1997). The therapist will help the client to explore and change patterns that no longer work as well for the individual (Gomez, 1997). Bowlby stated that the Psychotherapists job was to provide the conditions in which self-healing can take place (Bowlby, 1988: 152 as cited in Gomez, 1997).

2.4 Conclusion

This literature review has looked at the importance of the child’s early life. It shows how the engagement with a primary care giver is essential for healthy development. When the child does not receive the care needed this causes problems for the individual both at that time and later in life. The insecurely attached will have difficulties in self-confidence and in relationships. They can struggle to be in a relationship with someone in a healthy way as they did not learn how to do this at the beginning of life. However, this can be changed through psychotherapy and the damaging effects can be mended. This thesis goes on to explore the importance of the secure base in the therapeutic space and the type of therapeutic alliance needed in order for the client to benefit. Change is possible if the individual is willing to persevere through tough times with the support of the therapist.
Chapter Three: Methodology

The research that will be carried out for this thesis will be gathered from many sources such as, the Library, online, speaking to a range of professional practicing therapists and exploring Journals and books around this particular topic.

3.1 Research Design:

Qualitative research has been chosen as a method of gathering the information that is needed to complete the thesis. It is used to help understand the underlying reasons, opinions and motivations and gives insight to the selected topic. Qualitative research consists of a small amount of people, either in a group or individually. There are many advantages to using this type of research design. It gives the opportunity to observe and engage in the material. Understanding what is being said is much easier when you are present with the person and it also gives the chance to ask questions. Recording the interviews will allow you to listen back over the conversation as many times as you wish to insure you are not missing important information. The five therapists that were interviewed were recruited through colleges and by way of email.

3.2 Sample:

In order for the information to be gathered that was needed to carry out this research project there was a focus on therapist’s views on how important the secure base is in an individual’s life and their views on working with a person that is securely and insecurely attached. Including the therapist’s views on how this presents in the space and how they work with the individual. The therapists interviewed were general therapists and have worked in a variety of areas. Interviewing these types of therapists gave an insight as they are the people working directly with insecure attachment. They see the differences between people who are securely and insecurely attached. These therapists are trained in dealing with what presents in the therapeutic space and are capable of noticing the signs that may display attachment issues. Each therapist works in a different way which contributes to making this piece interesting and allows this research project to have a variety of views on this particular area. This will also give clear examples of how psychotherapy can be used in cases of insecure attachment and the benefits of using this style of therapy.
3.3 Method of Data collection:

The data collection that will be most useful in this area of research will be a semi-structured interview. This will allow me to collect the information needed to complete my thesis and gives me the opportunity to ask any questions that I need to form a solid piece of work. I will be gaining knowledge from individuals very experienced in this area and will also allow me to view different styles and techniques of ways of working in the particular field. The interviewees will be asked to answer a number of questions relating to the topic which are included in Appendix 2. This will allow them to contribute their knowledge of working with insecurely attached individuals. The questions are structured to get as much information as possible from the participants about their experience in working clients who experience difficulties. While also sharing their opinions on the possibility of change and what is needed to achieve such change.

3.4 Method of Data Analysis:

Thematic analysis is mostly used in qualitative research. It emphasises pinpointing and recording patterns or themes within data. Themes are important to the description of a phenomenon and are associated to a specific research question. It identifies hidden and obvious ideas within that piece. Thematic analysis allows flexibility and multiple theories can be applied to the process. It also allows the person carrying out the research to expand the range of study. The aim of thematic analysis is to describe and organise the information that has been taken from the interviewees (Schacter, Gilbert & Wegner, 2012).

3.5 Ethics:

When carrying out research it is important that we look at the Ethics. It is crucial that confidentiality is maintained at all times while research is been done and also after it is completed. Each individual taking part in the study was informed as to what will happen with the information given (see Appendix 1). The term “do no harm” applies to this area also as it is the researchers responsibility to ensure that consent has been given to minimise the risk to participants taking part in the study. The person interviewing must be aware at all times for signs that the participant is uncomfortable with what is happening. All participants had the right to withdraw from the study at any time.
Chapter Four: Results

4.1 Introduction

When an individual does not have secure attachment as a child, there can be negative effects on the person throughout their life. This research explores therapist opinions on this matter in interviews carried out with five professionally trained psychotherapists. Their understandings of the therapeutic implications of insecure attachment were explored. All participants agreed that if the initial attachment is not good enough then this has a negative effect at some point in the individual’s life. These negative effects discussed included a lack of confidence, insecurity in relationships, lack of motivation, and inability to form healthy relationships or in some case they struggle to form any relationships at all. If this becomes repetitive in a person’s life, they can cut off from the outside world as a result as engagement can become too difficult. As discussed in chapter two literature children with parents that are not responsive learn to deactivate their own attachment system to prevent themselves from suffering when the caregiver continues to disappoint (Harris, 2008).

All five interviewees believe that the secure base is very important for a person’s healthy development as it teaches them how to connect with others. Four out of five participants stated that they thought change was possible but in order for this to happen, the person needed the desire to change. All participants found that insecure attachment was very common in clients that presented to therapy. They also commented that these clients would find it difficult to trust people, meaning that it can be harder and take longer to form the therapeutic relationship with the person. Some of the participants that took part in this study said that most people that come to psychotherapy have very little knowledge of attachment and the impact it can have on a person’s development. Therefore it is understood, that if needs are not fulfilled to a good enough level, and this hampers a healthy emotional and physical development. As mentioned above, all five interviewees said that they strongly believe change is possible when it is desired enough. They believe that it takes a lot of work and can be difficult for the client but that if it is what they really want then it can be achieved over time. Four participants have said that ‘they meet the person where they are at’ when they enter the therapy room and then decide what approach they need to take in order to suit each individual.
4.2 Theme One: Affects of Insecure Attachment

This theme will cover the range and depth of therapists understanding of the early attachment dynamic that is encountered in the therapeutic space. It will look at how the views of the participants coincide with what was posited by key attachment theorists like Bowlby and Ainsworth. Some attention will be given to clinical experience of the main attachment styles as described by the practitioners.

When interviewees were asked how they experienced someone that did not have secure attachment, all psychotherapists had different views on things that presented in the therapeutic room. They spoke about lack of attachment and how it hampered a healthy development. This agrees with Ainsworth’s theory that healthy a relationship with a caregiver is necessary for healthy development both emotionally and physically (Ainsworth cited in Yee & Shiota, 2015). They also explain how they see this in a person and how they would pick up on the signs such as patterns in relationships. The first participant Claire says “I think confidence comes into it, I think you would notice especially in young adults”. She speaks about how this becomes evident to her “You would see there is quite a difference in how they have developed, they would be way more secure in themselves if they have formed secure attachments early in life”. Claire’s notices the person’s insecurities and lack of confidence in themselves. That is just one signal “whereas other people you would notice they are floating almost and just can’t really grasp the whole idea of making friends or making relationships work”. Claire mentions the problems she would see when the secure attachment was not present. “This would be in relationship breakdown or relationships do not happen so there is a lack of them”. She gives an example of this, “I have one client who has never had any friends in his life and has no relationships going”. Claire sees regret as something that occurs in people with no secure attachment. The regret is based around never being able to connect with anyone in a strong relationship. In chapter 1 literature review similar finding are discussed about how a client presents when insecurely attached. This leads the individual to be dismissive or avoidant later in life, very often having feelings of shame and guilt (Ainsworth et al. 1978 as cited in Hardy et al, 2004).

Cathal’s views were similar, he says:

*I would have treated people that would have presented with personality disorder or personality challenges and there was a lot of instability in their demeanour in the room, and in their narrative those with instability in their life outside the therapy room.*
He sees a lot of instability and one of the things that stood out as being a common theme with those cases was lack of attachment in early childhood. “Some would have experienced a trauma in childhood, a lot of instability, a lot of inconsistency and a lot of attachment deficits”.

The common trend that keeps appearing in cases is a lack of attachment with a care giver and also a lack of attachment with routine, with stability and with structure. Some other issues he sees relating to this matter are difficulties in forming relationships, no compassion for not being the perfect person and if somebody has that level of expectancy of themselves they are doomed to fail. The biggest consequence he has experienced is a difficulty in forming relationships. A difficulty also arises for these individuals in liking themselves because there is a lot of dissatisfaction with themselves, dissatisfaction with who they are and dissatisfaction with others.

Erica points out that she sees a repetition of falling back into damaging relationships “Insecure attachment leads people in forming and getting back into bad relationships”. They get stressed and are not capable of making decisions and often beat themselves up, they are indecisive. Co-dependency is a big one for people with insecurities. They get quite uptight about stuff because they are not sure who to trust. Erica feels “trust is huge for people who are insecure, not having the secure person like a safety net of friends or family can have negative effects”. Sometimes the insecure person would isolate themselves rather than getting embroiled in something. All five participants have mentioned throughout their interviews that not having secure attachment has led to trust issues in life. Jillian believes the fundamental bit is really relationships and insecurity. She questions if this can sometimes lead to psychosomatic illness from splitting off from other parts of the body. The fundamental bit is where it comes out is in relationships both with the self and the other. Jillian talks about the fullness of self and how secure a person really feels in oneself. “Projection of insecurities can cause problems in relationships also and therefore leads to difficulties in this area which prevents someone from being happy”.

The importance of secure attachment is stressed by Katie and how it contributes to a person’s healthy development;

*It does have an impact and a person can be more confident if the mother is, if the care giver is in a good place and has lots of support, then the relationship has a better chance of being secure.*
That can have a really good impact on children and on the kind of person they are when they grow up because it is giving them a good strong foundation. That’s the ideal thing that you want for any child and it helps so much throughout school years with just confidence and being around people because they have that solid background. However Katie also says that “it doesn’t necessarily mean that they don’t get confidence in other ways, if the child doesn’t have it initially they can get good support from other sources then that can help them in later life as well so it varies”. Katie talks about how she believes a secure base is something that can be repaired through therapy and a good support unit. If there is a good foundation in place it will have a positive impact.

This theme speaks about insecure attachment and the effects that it has on a person throughout life. From hearing all participants’ views it becomes evident that an insecurely attached individual is not as confident as the person who had a healthy attachment as a child. The most common way in which this shows is through relationships and their ability to form and maintain one. If the initial relationship that was entered into a birth was not stable then they have no foundation to base other relationships on. As Holmes (1994) states, the established relationship with a caregiver can influence the therapeutic bond allowing the work to be successful as the client is able to connect and form a relationship with the therapist easier if there is that base in place already. All interviewees are of the opinion that a healthy attachment at the beginning of life promotes healthy development.

4.3 Theme Two: Therapy as Secure Base

This theme focuses on the secure base needed for therapy to be a success. As mentioned by the majority of participants, when working with someone who is insecurely attached, it can be difficult to form an alliance as they struggle in relationships. A good therapeutic alliance is essential in order for a client’s self-development to progress. The relationship between the client and therapist is built up over time and if the client feels they can trust the therapist and it is a safe place for them to talk then this will allow the therapy to continue in a safe way. All participants agree that the secure base is something that needs to be put in place from the beginning of the therapy and needs to be maintained. As spoken about by Holmes (1994), in order for the therapy to reach optimum success the therapeutic alliance needs to be in place from the beginning. If the secure base is non-existent then the therapy is not beneficial and could cause damage to the vulnerable individual. When the interviewees were asked if they thought the secure base was important in therapy all five said they believed it was. They had
different view on how this may be difficult to create or maintain. Katie believes that some days might be harder to maintain the secure base than others:

There’s probably going to be times where that’s not always going to happen because we are human and the therapist has their own stuff that goes on in their life which will affect them. Therefore, there will be days where you do go in and you’re not that secure in yourself.

She stresses the importance of her supervision at difficult times for support as this is what helps to manage the therapeutic space to make it safe for the client. Katie states “we have a lot of theory in our head but it really comes down to meeting the client where they are at, being present and holding them in that”. When asking Cathal about his views he said, “security in the sense of a safe, controlled, emotionally warm & welcoming environment is a huge factor in what determines whether a person will return and engage in the therapy”. He states “Consistency is important for the client as to much change and instability can be too much for some clients”. Cathal believes “if someone is doing well and then this changes that the first thing that needs to be looked at is the secure base and what has been changed in it”.

Erica’s views are on the importance of the first session and creating a safe environment; making sure they are comfortable so they feel they can be themselves in the therapeutic space. She believes “in order for the therapy to have effect there must be a secure base in the therapeutic alliance”. It is important that they are being heard and feel respected. In Erica’s experience she feels that all of this can build up a person’s development. The main key that she points out that is essential is connection. Jillian believes “the client must connect with the therapist in order to learn how to reconnect with themselves”. Jillian feels “with a secure base anything can happen and they can say what they like which will help them to work out in this relationship what they could not work out in others”. With a secure base they will find their own voice and feel that it is equal, they will be heard. Jillian talks about the equal relationship between therapist and client and how this sets example for how relationships should be. She feels that from her experience, the client would not benefit as much from the secure base in a group setting. This could be something that may be explored down the line for the client when they gain confidence. As spoken about by Bernecker, Levy & Ellison (2013), a person can be independent when they have a secure base. Jillian claims that the client will only disclose themselves when they feel safe to do so and without the secure base in the relationship this would difficult. Insecure attachment is something Claire feels she can pick up on in the first few sessions. When this presents she believes that unless the secure
base is formed the therapy will not be real as the client will be hiding as they do not feel safe enough to talk. The key point in building the secure base for Claire is trust.

As discussed by (Ainsworth, Bell, & Stayton, 1972; Mikulincer, 1997; Mikulincer & Sheffi, 2000; Vrticka, Andersson, Grandjean, Sander, & Vuilleumier, 2008, as cited in Yee & Shiota, 2015) in 2.2 literature review, individuals who are insecurely attached show less exploration and pursuit of opportunities. This is also suggested by Yee & Shiota (2015). All five participants believe that the therapy setting is very important for the progress and self-development of the client. They believe that if the client does not feel secure in the room they will be reluctant to disclose meaningful information about themselves. The therapeutic alliance needs to be put in place from the initial meeting as this will be worked on over time to become stronger. This will enable the client to feel they can trust the therapist. All interviewees agree that the secure base is essential for therapy to be beneficial. Harris (2004) speaks about how he believes change in the therapeutic space depends on the presence of the secure base and also the therapists ability to be empathic towards the client.

4.4 Theme Three: Possibility of Change

The third theme is the possibility of change and it is examined as to what is needed for change to happen. When asking the participants if they believed that change was possible they all agreed that they did believe in this. They also stressed that change is not easy and that it takes a lot for this to happen. Even though each interviewee agreed this was possible they all had a variation of views on what it takes to change.

Cathal says “Yes, I do believe change is possible”. He states that “there is usually a reason why somebody thinks a certain way or why they feel a certain way”. Cathal said that he “whole heartedly believes in change as he says that no matter what someone presents in the room they are human and they still have a lot of the attributes, desires & hopes that the rest of us have”. He speaks about the major factors in heralding change and in his experience they are motivation and discipline. He feels “change is not possible without effort, struggle and self-discipline”. However Cathy feels “that the key to change is support and encouragement and it can come from family, friends or a therapist”. She also finds that building confidence is a key part in change, if the person gets confidence and reassurance then that gives them the courage to keep going. Cathy speaks about people that have experienced insecure attachment but through long term therapy they have managed to change their dynamics and are in healthy relationships. She believes that the work done in
psychotherapy has led them to be happier in themselves and this aids the development of relationships with others. Cathy says “I feel someone needs to be happy in themselves in order to be happy with someone else”.

Jillian’s opinion is that the counsellor has a responsibility and that change depends on their work and how they handle the therapy in the process. She agrees that change can come about but the person needs to be met at relational depth. Jillian believes it is a transformation that is a personal transformation which leads to spiritual transformation and then societal transformation. Erica also agrees that the therapist has a responsibility to the process of change “I do think change is possible if you meet the right therapist”. She believes that sometimes the person that presents in the therapeutic space may not stay as they like the idea of change but are not prepared to go through with the work at that time. She says that very often down the line they will go back to therapy, it was not the right time for them in the past. “If it’s for their own good and self-growth they’re obviously looking for some sort of a change and if it works they are open to it because their needs are met”. Claire feels that change is something that is very difficult for some people to experience. You are changing a pattern that has been put in place for a reason which is usually a coping mechanism. She says “I do feel change can be achieved but the person needs to be prepared to work at it”. She was hopeful that with the right support then anything can be accomplished. Both Cathal and Claire agreed that people can surprise us so we should not underestimate them.

As Yusof & Carpenter (2015) have discussed previously, the therapist aids the client in finding new schemas which makes change possible. The interpersonal schemas are developed as the therapeutic alliance grows, this aids the client to see relationships in a different way (Castonguay, Canstantino, & Holtforth 2006 as cited in Bernecker, Levy, & Ellison, 2013). Having considered all data relating to the possibility of change, it becomes clear that all the participants strongly believed that this could be achieved with determination. Some of our participants pointed out that they feel a support system is necessary for the client to aid change. They agreed that the client must want to change in order to do so. Gomez (1997) states that the therapist will help the client to explore and change patterns that are no longer working for the individual. As discussed above by some participants, they believe the therapist has a responsibility to the client in assisting with change Bowby, (1988: 152 as cited in Gomez, 1997) also argues that the psychotherapists job is to provide the conditions in which self-healing can take place.
4.5 Conclusion

Overall the participants agreed that secure attachment early in life is an essential part of healthy development. They also said that in order for a person to work on repairing what had been lost out on early in life then a secure base in the therapeutic space was needed. The therapeutic work was in reassuring the person that they were in a safe environment to explore their difficulties. Without this, the therapy would not be beneficial to the client as they would be holding back for fear that they are not being fully supported. To change a person’s outlook, dynamics and barriers in order to live life in a healthy, happy way requires hard work. Motivation, strength and most importantly support is needed to succeed in getting to a point that the person feels confident and secure in themselves. After continuous self-work, the client will reach a place where they become happy in themselves and then they can feel content in relationship’s with others.
Chapter Five: Discussion

The aim of this research project was to explain secure attachment and its importance to the reader, while also explaining what is needed in order to repair the secure base in psychotherapy. It explores the difficulties that occur when a child’s needs are not met at an early stage and how this follows them throughout life. This thesis also focuses on the possibility of changing a person’s schema and developing a secure base so that they feel confident enough to be part of a healthy relationship. There were three core themes that were explored in depth in order to give a clear analysis on the importance of attachment from the perspective of five experienced psychotherapists. This discussion chapter will look at the extent to which the data collected in the semi structured interviews agree or disagrees with the literature review from chapter two. The literature data and objectives will be focused on and any significant literature will be explored further in its importance as to how it contributes to this research project. This section gives the researcher an opportunity to examine information that has come to light since carrying out the data collection, as this information may not have been evident at the beginning. The themes that will be interacted with are:

- Effects of Insecure Attachment
- Therapy as Secure Base
- Possibility of Change.

5.1 Insecure attachment and the effects as a result

As mentioned in the results chapter, all participants agreed on the importance of secure attachment for an individual. In chapter two, Hyman (2001) speaks about the basic hypothesis of the parent largely contributing to the child’s individuality and the path they take in life. All five interviewees agreed with this statement as they speak about the initial care a child receives. The five participants stated that a secure attachment from birth promotes a healthy development. In chapter one literature review Harris (2008) speaks about how children with non-responsive parents deactivate their own attachment systems in order to avoid further disappointment when the care giver continues to disappoint. This coincides with the participant’s experiences of an insecurely attached person who is unable to form relationships later in life. As a result of being disappointed as a child the person has cut of their attachment system and this is something that has been lost throughout life. The effects
of being insecurely attached were commonly spoken about. These later affects would be the inability to form and sustain a healthy relationship. It does appear that the main issue is the difficulties people face when they are trying to form friendship as they get older and also when they try to enter into a sexual relationship. As the persons first initial relationship was not strong and failed them in providing what was needed at that time then they struggle in trusting others. As mentioned in the literature review by Ainsworth (cited in Yee & Shiota, 2015) relationships at the beginning are vital for healthy emotional and physical development. Claire speaks about how she sees trust as a major issue in not being able to form relationships. Another point that is mentioned is that there is a high rate of relationship breakdown in insecurely attached people due to projection. Insecurities are projected onto others and this causes problems in the dynamic of the relationship. Claire points out that the way she sees these affects in young adults would be through their lack of self-confidence. She believes that in order to be happy with someone you need to be happy in yourself. When a person is insecurely attached they can be dissatisfied with themselves and this leads to them being dissatisfied with other people. Therefore they will find it difficult to be happy with someone. As the participants have all said the relationship with caregivers is important for development, Holmes (2004) also points out that it influences the therapeutic bond as it is more challenging to form this with an insecurely attached person. This also coincides with the interviewee’s findings on creating new relationships throughout life being difficult.

5.2 Secure base in Therapy

As the secure base was focused on, the initial point that arose was, while working with someone who is insecurely attached it can be very difficult to put a secure base in place. This person may struggle with trust and therefore will be reluctant to allow the therapist to enter into his or her personal space. This makes it difficult for the therapist to create the therapeutic alliance as there is a resistance on the client’s behalf. The main contributions needed to create the secure base were for the therapeutic space to be welcoming, emotionally warm and for the client to feel safe. These factors all contribute to the client returning each time. If the client feels that they cannot trust the therapist they will withdraw from the therapy. Holmes (2014) argues that in order for therapy to reach its optimum success the therapeutic alliance needs to be in place from the beginning. This was also stated by the participants as they also believed this was essential. A lack of consistency and stability in a person’s life leads to them being insecurely attached. Psychotherapy will promote stability back into the client’s life and will help them to develop that consistency throughout their lives. Erica stated that she believes the
secure base in therapy aids a person’s development and aids them in becoming more confident. Bernecker, Levy & Ellison (2013) also state that a person can be independent when they have a secure base. Through the therapist the client will learn how to reconnect with themselves and how to form a healthy relationship based on what has been learned from the therapeutic relationship. This coincides with Jillian belief noted in the results chapter, that the client must connect with the therapist in order to learn how to reconnect with themselves. As noted by Bowlby (cited in Bernecker, Levy, & Ellison, 2013) in the literature review he believes attachment representations can be stimulated once the therapist has a secure base and safe haven in place to allow the client to explore while the therapist keeps the client safe in times of grief. The secure base creates what is needed for the work to happen, without this the structure would not be in place for the therapy to be beneficial to the client. As discussed in the literature review by Harris (2004), the change in the therapeutic space depends greatly on the presence of the secure base. While participants have mentioned that they noticed insecurely attached individuals withdrawing into themselves and not having motivation, it is noted in the literature review that Ainsworth, Bell, & Stayton, 1972; Mikulincer, 1997; Mikulincer & Sheffi, 2000; Vrticka, Andersson, Grandjean, Sander, & Vuilleumier, 2008, (as cited in Yee & Shiota, 2015) believe that individuals who are insecurely attached show less exploration and pursuit of opportunities.

5.3 Possibility of change

There are many reasons people enter into therapy, the most common reason being that what they have in place is no longer working for them and they need to change something. As Yusof and Carpenter (2015) agree that a child’s upbringing will form the foundations of the individual’s behaviour and emotions, however they also say that this may not be the structure and beliefs the person will carry throughout life. As discussed in the literature review Gomez (1997) speaks about how the therapist helps the client to explore and change patterns that are no longer working for the individual. When these structures that the person is familiar with are no longer working the therapist will assist the client in learning how to adapt with new schemas in place. In the results chapter Erica speaks about how she strongly feels the therapist has a responsibility to the process of change. This coincides with Yusof and Carpenters view on the role of the therapist spoken about in the literature review, which is that the therapist aids the individual to find new schemas to make the changes possible.
Bowlby stated that the psychotherapists job was to provide the conditions in which self-healing can take place. Some participants feel that the client needs to be motivated and disciplined for change to occur. Whereas others believe that support is needed to encounter change, this encourages the client to persevere in hard times. One interviewee felt that change was not possible without effort and struggle. The consensus was that building confidence through therapy creates strength for the client to continue on the journey. Working on the therapeutic alliance with the client can assist in changing the way they view relationships which develops the interpersonal schemas. All participants agreed that change was possible once the client desired this enough. Cathal argued the point that every person that enters the room is human and has desires and hopes no matter what they present with. This also backs up the point made that people are the way they present for a reason. If this is explored then the difficulties can hopefully be worked with and alleviated. There was a strong consensus from the interviewees that they saw the therapist as having a large role to play in whether an individual reached the change that was anticipated.

5.4 Summary

This qualitative researched was aimed to give an account of the importance of secure attachment at an early stage, the need for a secure base in therapy and also the possibility of change in a person. The analysis of the semi structured interviews served the purpose of giving a detailed account of each interviewee feeling, thoughts and opinions about the matters in question. This allowed for the researcher to compare the finding of the participants with the literature review and explore the relevant information for the themes chosen. While also contrasting how this related to the field of psychotherapy. It became evident that all participants practiced on the basis of the importance of secure attachment early in life. They were aware of how to work with an individual that presented as being insecurely attached. Each participant had their own styles of working, however they all led to the same outcome of helping the client in repairing the base that was non-existent or damaged. Achieving change is possible through a good therapeutic alliance while the therapist aids the client in adapting their schemas. For this to happen there needs to be a secure base in the therapeutic space. Even though it has been said that the parenting styles used have a large contribution to the outcome of the child later in life, each therapist believes that this can be changed. Through long term therapy the schemas put in place from early life can be modified to allow the person to repair the relationship breakdown.
5.5 Recommendations for Further Research

While carrying out interviews it became evident that when asked if clients had an awareness of attachment, the common answer was that they did not. Not unless the client had some training in the general field of Psychology/Psychotherapy. This leads to the questioning on whether it would be beneficial for the client to have an insight of attachment or would this have a negative effect. In knowing the basics of attachment would this lead the client in blaming others for the issues they are facing as a result? Is this something that would be detrimental to the therapy as the client moves the blame elsewhere? While accepting that they have an answer as to why they struggle in areas such as relationships, this could also be adding to the client’s defences instead of helping them to change for the better. It is known that this is not a topic that is thought in schools in Ireland. The majority of the people would not read books associated with attachment unless having a reason to do so. Would the therapist struggle even more so with an insecurely attached person that has an insight into attachment? Not all clients would be able to withstand the knowledge of attachment as it may be too much for them emotionally. Also the client could project his anger for his parents onto the therapist which would need to be worked through. There is no research carried out that has been found on this topic. This could be an importance piece for Psychotherapy as the generations are becoming more insightful in to their own wellbeing and the use of Psychotherapy is growing.
References


APPENDIX 1:

INFORMATION FORM

My name is Karen Morgan and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with exploring Insecure attachment and the possibility of change. I will be exploring the views of people like yourself, all of whom work as Psychotherapists.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, in having experienced working with an insecurely attached individual. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than 45 minutes to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION
I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters)  ___________________________________

Signature_____________________________________________________________

Date       /       /
APPENDIX 2:

Interview questions for semi structured interview

1. Can you tell me a little bit about how you came to the practice of psychotherapy?

2. Can you tell me about how you work (orientation)?

3. Can you tell me how you experience the various attachment styles in your work?

4. Do you think it is important to have a secure base in the therapeutic relationship?

5. What is your experience of the impact of forming a secure attachment with a caregiver in a person’s development?

6. Do you think attachment styles contribute to the kind of person a child grows to be?

7. Is insecure attachment common in clients?

8. How does an insecurely attached individual present in the therapeutic space?

9. Have you experienced any challenges in forming a therapeutic alliance with someone who is insecurely attached?

10. What would you see as the implications of an insecure attachment later in life?

11. What do you see as your role when insecure attachment presents in your work?

12. What is it like to work with someone who is insecurely attached?

13. When working with someone who is insecurely attached, would they be aware of why they have these issues?

14. Do you feel change is possible?

15. Is there anything else you feel is relevant to mention in relation to this topic?