AN ATTACHMENT PERSPECTIVE ON
HOW THE THERAPEUTIC RELATIONSHIP CAN HELP
CLIENTS WITH ANXIETY

Thesis submitted in partial fulfilment of the requirements of the Higher Diploma in Counselling and Psychotherapy

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ABSTRACT:

This dissertation aimed to explore the bases of security provided by the therapeutic relationship for clients with anxiety, considered from the perspective of Bowlby’s attachment theory. Empirical findings were presented to demonstrate the associations between insecure attachment patterns and the development of anxiety disorders in children and adults. Studies investigating the therapeutic relationship as a type of attachment with reference to clients with anxiety were outlined. Two case studies of psychotherapy (CBT and psychodynamic therapy) with anxious clients were examined to describe how the therapeutic relationship was of value and provided a secure base to the client. In both types of treatment, a strong therapeutic relationship facilitated the assessment of the client’s Internal Working Models and contributed to the success of the interventions. Transference was found to exist in both the CBT and the psychodynamic case. In the CBT case analysis and resolution of negative transference enhanced this type of treatment. The usefulness of attachment theory to psychotherapy and areas for future research were discussed.
TITLE:

An attachment perspective on how the therapeutic relationship can help clients with anxiety.

Aim:

To explore the bases of security provided by the therapeutic relationship for clients with anxiety, with reference to Bowlby’s concepts of Attachment Theory.

Objective: To demonstrate the associations between insecure attachment and later development of anxiety.
CHAPTER 1 - INTRODUCTION:

Anxiety:

Anxiety is one of the greatest mental health issues facing adolescents and young adults in Ireland. A study profiling the users of Irish mental health service Jigsaw in one year discovered that the most frequent presenting issue was anxiety (O’Keeffe et al., 2015).

Outside of Ireland, anxiety disorders are reported to be among the most everyday psychiatric issues seen in children and adolescents, with prevalence estimated to be between 5.7% - 17.7% (Costello & Angold, 1995, cited in Lewis-Morrarty et al., 2015, p.598).

In America it has been reported that anxiety disorders are the most common mental health disorders, and that up to 29% of people develop an anxiety disorder at least once in their lives (Hollander and Simeon, 2011; and Kessler et al., 2012; as cited by Comer, 2017, p.130).

A variety of biological, cognitive and environmental factors are thought to explain the development of anxiety disorders (Comer, 2017, p.131). Several studies have demonstrated that early family relationships are among the environmental influences that can contribute to development of anxiety, which I will discuss below.

Attachment Theory:

Attachment theory was developed by psychoanalyst John Bowlby in 1969. Attachment theory assumes that infants have a biological predisposition to form attachment relationships with their primary caregivers, and that these early relationships are a source of security and protection (Bowlby, 1988, p.27).
From an attachment perspective, the infant’s pattern of relating is developed in direct response to the caregiver’s availability and consistency and this pattern of relating aims to increase proximity, security and survival (Bowlby, 1988, cited in Skourteli and Lennie, 2011, p.20).

According to Bowlby (1988, p.3), the caregiver becomes an attachment figure who provides security for the child, and the child searches for this secure base when feeling vulnerable and utilises this base as a platform for exploration when the threat is diminished.

Furthermore, early childhood experiences with parents influence the development of cognitive structures (Internal Working Models) of the relationship with self and the relationship with others, and these models become generalised and therefore influence the child’s later relationships (Bowlby, 1988, p.130).

**Secure and Insecure Attachment:**

Bowlby (1973, p.407) described a secure base as an attachment figure (i.e. parent or caregiver) who provides another person with a sense of security. He noted that children and adults are at their happiest and most confident when they know that they have a trusted person standing behind them, who can help if difficulties arise (Bowlby, 1973, p.407). A child who is securely attached can use the parent as a safe haven and secure base and this fosters cognitive models of the self as lovable, and models of others as being available, responsive and sensitive (Bowlby, 1973, cited in Kerns and Brumariu, 2014, p.12). Securely attached children are happy to explore freely, and they feel confident around strangers (Innerhofer, 2013, p.61).
According to Brumariu & Kerns, (2010, p.664) researchers have described three distinct insecure attachment patterns: Ambivalent, Avoidant and Disorganised. Firstly, *ambivalent (anxious) attachment* occurs when the child perceives the caregiver as inconsistently responsive and demonstrates high levels of attachment behaviour to get close to the caregiver. Secondly, *avoidant attachment* is observed in children who have experienced rejecting caregivers and they do not manifest attachment behaviour to connect to the caregiver in times of distress. Thirdly, *disorganised attachment* happens when a caregiver behaved in a frightening way (e.g. threats or withdrawal) and the child then demonstrates contradictory and incoherent attachment behaviours (Brumariu and Kerns, 2010, p.664).

In infants the attachment pattern can be determined using Ainsworth’s Strange Situation test, which examines how babies respond to caregivers when reuniting after a period of separation (Ainsworth et al., 1978, cited by Bar-Haim et al., 2007, p.1063).

**Associations between Anxiety and Insecure Attachment:**

Although multiple physiological and environmental factors interact to produce anxiety, it appears that attachment style can be an important influence (Warren et al., 1997, p.637).

Insecure parent-child attachment has been implicated in having a durable detrimental effect on a child’s wellbeing, raising the probability of psychopathology, especially anxiety (Bowlby, 1973; and Sroufe et al., 2005, cited in Lewis-Morrarty et al., 2015, p.598).

Numerous empirical findings have indicated that there may be a link between insecure attachment and development of anxiety disorders.

Warren and colleagues (1997) conducted a longitudinal study of 172 children. They discovered that infants who were rated as ambivalently attached at 12 months old had
significantly greater likelihood of being diagnosed with an anxiety disorder at age 17.5 years, when compared to children rated with secure or avoidant attachment styles. This led the authors to conclude that early attachment relationships may have a significant part to play in the incidence of anxiety disorders (Warren et al., 1997, p.637).

In similar longitudinal research, Bar-Haim et al. (2007) assessed the connection between attachment in infancy and anxiety at 11 years of age in a sample of 136 children representing all socioeconomic backgrounds. Results indicated that children who demonstrated ambivalent attachment in infancy had greater scores for school phobia at age 11 years compared with children who were securely attached. Also when compared with boys who were securely attached at 12 months, boys who were ambivalently attached scored higher for social phobia at 11 years (Bar-Haim et al., 2007, p.1065).

Lewis-Morrarty and colleagues (2015) studied the effect of attachment style in conjunction with the physiological factor of Behavioural Inhibition (temperament) on later anxiety. They found that if a baby shows high Behavioural Inhibition and an insecure attachment pattern, then adolescent social anxiety is a frequent outcome. However a securely attached infant with high Behavioural Inhibition was significantly less likely to develop social anxiety as a teenager. Therefore a secure attachment style may act as a buffer against later anxiety disorders for children who have the Behavioural Inhibition temperament (Lewis-Morrarty et al., 2015, p.598).

Disorganised attachment has also been linked to development of anxiety. Brumariu and Kerns (2010) studied anxiety symptoms and attachment styles in 87 children aged 10-12 years. Their findings suggested that compared to securely attached participants, disorganised attached participants had significantly higher levels of panic symptoms, social anxiety and
school phobia (Brumariu and Kerns, 2010, p.669). Similarly Borelli et al. (2010, p.243) reported that in their sample of 97 children aged 8-12 years, participants categorised as having disorganised attachment patterns had higher levels of parent-reported social anxiety symptoms than their securely attached peers.

Studies have also found that insecure attachment is related to adult anxiety. Bifulco et al. (2006) investigated a sample of 154 women and discovered that participants who had self-reported as insecurely attached had markedly higher incidence of experiencing episodes of anxiety in subsequent years. Furthermore, an anxious attachment style was significantly associated with social anxiety (Bifulco et al., 2006, p.801-802). A Norwegian study by Eikenaes and colleagues (2015) examined attachment patterns in 90 adults with social anxiety and avoidant personality disorder. They reported that the majority of participants with social anxiety disorder identified with an insecure style of attachment on completing the Experiences in Close Relationships (Brennan et al., 1998) measure of attachment (Eikenaes et al., 2015, p.253).

**Therapeutic Relationship:**

Storr (1990, p.71) asserted that the ever-changing relationship between client and therapist is the most essential part of psychotherapy. In the view of Bowlby (1988, p.138), the psychotherapeutic relationship offers a secure base for the client, from which the client can commence a journey of self-exploration. Bowlby (1988, p.140) compared his concept of a secure base to Winnicott’s idea of “holding” and declared that the psychotherapist must make the client feel secure and safe in order for psychotherapy to commence.
Although the therapeutic relationship can offer a secure base, Bowlby (1988, p.138) acknowledged that this relationship contains transference. Transference is the repetition of past conflicts with significant others, such that feelings, attitudes and behaviours pertaining rightfully to earlier relationships are displaced onto the therapist (Gelso and Carter, 1994, p.297). Bowlby (1988, p.138) identified transference as one of the psychotherapeutic tasks, as the individual examines how current expectations and resulting feelings may be the product of childhood experiences with parents.

Research suggests that there are different elements of the psychotherapeutic relationship. Gelso and Carter (1994, p.296) postulated that the therapeutic relationship has three parts: the working alliance, transference-countertransference configuration and a personal or “real” relationship. I will discuss this theory in Chapter 4.

In this dissertation, I will discuss qualitative research findings and case studies of individuals presenting with anxiety and how the therapeutic relationship considered from an attachment perspective can help create a secure base for anxious clients. I will also discuss the value and usefulness of attachment theory in the practice of psychotherapy with anxious clients.
CHAPTER 2:

GENERAL RESEARCH ON THE THERAPEUTIC RELATIONSHIP IN ATTACHMENT TERMS FOR CLIENTS WITH ANXIETY

Bowlby’s (1988) theory of the psychotherapeutic relationship as a form of attachment and offering a secure base has been studied and written about by a number of authors.

In 2008, Obegi described a phase model of a client’s attachment to the therapist. The first phase is Pre-attachment, where a client assesses if this therapist is a suitable attachment figure. At this time the therapist needs to demonstrate warmth, a non-judgmental attitude, an impression of competence and initial willingness to accommodate the client’s interpersonal style (Obegi, 2008, p.437). This is followed by a tentative “Attachment in the Making” stage and then a stage of Clear-Cut Attachment, when the client is accustomed to the therapist’s responsiveness (Obegi, 2008, p.439-440). The last of the four stages is Goal-Corrected Partnership, which is achieved later in the relationship after establishing a secure base and the therapist and client move to a more egalitarian footing. Applying his model to anxiety, Obegi (2008, p.441) suggested that anxious clients, feeling helpless and lacking confidence in their autonomy, may exaggerate their anguish and self-deprecate as an attempt to obtain support, and that therapists should be aware that anxious clients may try to hasten development of attachment in the therapeutic relationship.

Burke and colleagues (2016) interviewed a sample of therapists to explore how attachment theory is used in clinical practice. On analysis of the interviews, the theme of the influence of attachment theory on the stages of psychotherapy arose. Anxiously attached clients may feel apprehensive about breaks and endings, which can be linked to past experiences of separation from caregivers and feelings of abandonment. Interviewed therapists recommended spending plenty of time preparing the anxious client for termination of therapy. One therapist criticised
brief therapy, since establishing an end date can discourage anxious clients from engaging in psychotherapy (Burke et al., 2016, p.149-150). A theme of therapists needing to adapt to clients’ attachment styles also emerged from Burke and colleagues’ study. For anxious clients, it was recommended that therapists endeavour to bring clients away from hyperarousal into a reflective and cognitive mode, including encouraging clients to slow down and pause more (Burke et al., 2016, p.148). I will elaborate on attachment and the therapeutic relationship in cognitive therapy in Chapter 3.

Bernecker et al. (2014) analysed 24 studies on attachment style and therapeutic alliance. The hypothesis was that an insecure attachment style would be negatively correlated with strength of therapeutic alliance. Results indicated that greater attachment anxiety was linked to a weaker alliance (Bernecker et al., 2014, p.17). The authors suggested that poor communication skills of insecurely attached clients may be a reason for poorer therapeutic alliance. This outcome supports the idea that therapists need to be aware of possible effects of insecure attachment on strength of working alliance when working with anxious clients (Bernecker et al., 2014, p.17, p.21).

Skourteli and Lennie (2011) researched the idea of therapists as attachment figures, and possible links between client adult attachment in close relationships and client attachment to the therapist. The authors concluded that an anxiously attached client may manifest a similar anxious attachment pattern with the therapist and that such clients may try to decrease interpersonal distance in therapy by conveying feelings of helplessness and dependency. The therapist’s countertransference response may be to a desire to rescue the client, or to feel overwhelmed and withdraw from the client. The authors recommended that therapists work to develop the client’s independence by withstanding demands for rescue and by holding suitable boundaries, while monitoring the client’s anxiety (Skourteli and Lennie, 2011, p.30).
In other words the therapeutic relationship needs to be a balance of sensitive support and fostering client autonomy when working with clients with anxiety.

In Chapter 3, I will discuss the therapeutic relationship in attachment terms in a case of cognitive behavioural therapy for a client with anxiety.
CHAPTER 3:

COGNITIVE BEHAVIOURAL THERAPY: THERAPEUTIC RELATIONSHIP IN ATTACHMENT TERMS FOR CLIENTS WITH ANXIETY

Cognitive Behavioural Therapy (CBT) is extensively used to treat anxiety disorders, e.g. to remedy excessive worrying in generalised anxiety disorder (Comer, 2017, p.135) and to reduce social anxiety (Heimberg and Magee, 2014, cited by Comer, 2017, p.156).

Practicing therapists interviewed by Burke and colleagues (2016, p.148) expressed a preference for a cognitive approach when working with clients with anxiety. Furthermore Burke et al. (2016, p.151) referred to previous studies by Daniel (2006) and Purnell (2010) which recommended the use of cognitive therapy for individuals with anxiety because this intervention is believed to neutralize the client’s high levels of arousal.

As discussed in the introduction, Bowlby (1988, p.130) conceptualised Internal Working Models (IWM’s) as mental representations of self and others and are based on early experience with caregivers. Since these are cognitive structures, it could be presumed that exploring IWM’s complements cognitive therapy. This is demonstrated by the following case study.

Case Study:

Parpottas (2012, p.92) stated that the founder of CBT Aaron Beck and his colleagues (1979) highlighted the significance of the relationship between therapist and client, however they did not expand on this concept of the therapeutic relationship. Therefore Parpottas aimed to
address this shortcoming by examining the therapeutic relationship in a case of CBT with a client who had anxiety in a 2012 study.

The case acknowledges that although the therapeutic relationship has traditionally been put in the background in cognitive therapy, the therapeutic relationship is valuable in this type of psychotherapy, especially with regard to transference analysis. Parpottas discussed not only how the concepts of transference and countertransference can be incorporated into CBT, but also how these phenomena enhance cognitive therapy.

The client was a man called Tom who struggled with anxiety and depression. The therapist noticed that sometimes Tom was distant and avoided emotional closeness, but other times he was feeling very anxious and agitated and incessantly sought the therapist’s assurance. When the therapist raised these issues with Tom, he admitted to his fear that the therapist would not understand him, and that he saw the therapists failure give him reassurance as rejection and criticism, which caused him frustration. This led to an exploration of Tom’s present family life and Tom revealed that his elderly mother and his brother paid him little attention and were inconsistently responsive to him, about which Tom had suppressed feelings of frustration and anger.

Parpottas deduced that in the transference the therapist represented Tom’s inattentive and unresponsive brother and mother, who left Tom feeling ignored and incompetent. Therefore the representations of the relationships with his mother and his brother, and the emotions attached to these relationships (i.e. frustration and anger) were transferred into the therapeutic relationship. By analysing the transference in the therapeutic relationship, Tom became aware of how his beliefs played out in the therapeutic relationship and his other relationships and also how this influenced his emotions (Parpottas, 2012, p.94-95).
Parpottas (2012, p.95) noted that a secure base was created through the therapeutic relationship, as a strong emotional bond had formed, and that this enabled both client and therapist to observe and accept what was occurring in the moment. The information gained from the transference analysis about Tom’s Internal Working Model of others (i.e. the expectation that others reject and criticise him) was subsequently utilised in the CBT techniques of challenging and testing negative automatic thoughts, core beliefs and maladaptive behaviour (Parpottas, 2012, p.95).

Analysis of countertransference also benefited this case. The therapist realised that he felt irritated by the Tom’s persistent requests for approval and that he tended to withdraw from the client. The therapist connected this reaction to his own attachment history. This awareness helped the therapist to attune himself to the needs of the anxious client (Parpottas, 2012, p.96).

**Case Discussion**

In this case analysing the relational phenomena of transference and countertransference enhanced the CBT intervention. This case study provided limited information about the client (e.g. age and demographic factors) which may have influenced the therapeutic relationship. Here it seems that it was worth taking time to build a strong therapeutic relationship and analyse transference before applying CBT techniques. This goes beyond the conception of CBT theorists that the therapeutic relationship is necessary but not sufficient in itself for change (Beck, 1979, cited in Dobson and Dobson, 2009, p.69; Dobson, 2003, cited in Parpottas, 2012, p.92). However it should be remembered that CBT interventions are short, so there may be less opportunity for transference analysis.
The author observed that Tom demonstrated insecure attachment in both his family relationships and in the therapeutic relationship (Parpottas, 2012, p.94). The transference analysis in this case focussed on present family relationships (i.e. the elderly mother and the brother) as opposed to early relationships with parents or attachment figures. This corresponds to CBT’s emphasis on the importance of the client’s present life, and differs from the psychodynamic method of delving far back into the client’s early history. In this CBT case, the transference in the therapeutic relationship was deemed to come from the client’s current relationships with an attachment figure (his mother) and family members.

In Chapter 4, I will discuss the therapeutic relationship in attachment terms in a case of long-term psychodynamic psychotherapy with an individual with anxiety.
CHAPTER 4:
PSYCHODYNAMIC THERAPY: THERAPEUTIC RELATIONSHIP IN
ATTACHMENT TERMS FOR CLIENTS WITH ANXIETY

Tripartite theory of Therapeutic Relationship:

The therapeutic relationship is a key component of psychotherapy regardless of whether it is viewed as a means to an end or as the most fundamental element of therapy (Gelso and Carter, 1994, p.296). Psychologist, psychotherapist and professor at the University of Maryland Charles Gelso formulated theories and conducted research on the patient-therapist relationship. Influenced by the psychoanalytic ideas of Greenson (1967), Gelso and Carter (1994, p.296-297) postulated that the therapeutic relationship is a tripartite model of: a working alliance, a transference-countertransference configuration and a personal or "real" relationship.

Firstly, the Working Alliance is an alignment of the reasonable self of the client with the analysing self of the therapist for the purpose of psychotherapy (Gelso and Carter, 1994, p.297). It contains expectations of the roles of client and therapist. Secondly, the Transference-Countertransference Configuration contains both client transference and therapist countertransference. Thirdly, Gelso and Carter (1994, p.297) described the Real Relationship as a personal relationship, free from transference and based on genuineness and realistic perceptions. Gelso and Carter (1994, p.299) stated that the client and therapist have positive or negative reactions to the realistically perceived person of the other, which include liking or disliking and level of interest or boredom.

Furthermore, Gelso and Carter (1994, p.297) claimed that the stronger the real relationship, the more likely it is that therapy will be effective. This view was supported in a later study.
A sample of psychodynamic psychotherapists interviewed by Gelso et al. (1999, p.265) affirmed that in their experience with clients both the real relationship and the working alliance functioned as buffers by allowing negative transference feelings to be expressed and resolved. With respect to attachment theory, both working alliance and real relationship help to provide clients with a secure base from which they can take a difficult journey inward to explore painful material (Gelso et al., 1999, p.265).

**Psychodynamic psychotherapy case:**

Using this tripartite model of the therapeutic relationship, Gelso and colleagues (2013, p.1160-1171) presented a case showing how attachment theory can guide when working with transference and the real relationship in psychotherapy. The client was a 62 year old man called Thomas who presented with severe anxiety, intense fears of being alone and night terrors (Gelso et al., 2013, p.1168). Thomas had engaged in two stints of long term psychodynamic therapy with the same therapist, first in his late 20’s and then 25 years later in his early 60’s. This fact indicates that Thomas trusted his therapist and considered the therapist like an attachment figure.

On exploration of early family relationships, Gelso et al. (2013, p1167) remarked that Thomas’ childhood was the “antithesis of a secure base”. His mother was described as explosive and prone to bouts of rage, while his father silently withdrew, and his two brothers often physically assaulted Thomas. Gelso et al. (2013 p.1167) suggested that Thomas’ attachment style was “anxious resistant”. His IWM was that others were dangerous and he feared that others would loathe him if they knew him, yet he yearned for true connection (Gelso et al., 2013, p.1168).
Gelso et al. (2013, p.1167) noted that Thomas was anxious about his chronic disconnection from others. The dynamics of Thomas’ significant relationships were repeated in the therapy relationship. While Thomas did not feel as connected to his wife as she did to him, similarly within the therapeutic relationship the therapist believed that he felt more connection than the client did (Gelso et al., 2013, p.1168).

In the therapeutic relationship Gelso et al. (2013, p.1168) noted an idealised positive transference as Thomas regarded the therapist as a “safe brother”. This could be contrasted with the client’s relationship with the aggressive brothers in his family of origin. However the therapist believed that transference resistance occurred, and that Thomas withheld his negative feelings about the therapist (Gelso et al., 2013, p.1168). In later years of therapy, negative transference silently emerged and was signified by a dream Thomas had about the therapist as a black panther coming to save him from four chasing lions, which symbolised family members. Gelso et al. (2013, p.1169) suggested that the panther analogy revealed that Thomas saw the therapist as a saviour, but also as something fierce that could turn on him and attack him.

Within the unfolding real relationship over the course of psychotherapy, the therapist noted that a secure base for exploration had been built (Gelso et al., 2013, p.1168). Although the authors do not explicitly state how the real relationship provided a basis of security, this could be interpreted from the way that Thomas’ IWM fears of other people were examined and that negative transference emerged in the latter part of therapy. At the end of psychotherapy Thomas had progressed by developing better insights, more empathy for others, feeling less disconnected and less anxious, and panic attacks ceased (Gelso et al., 2013 p.1169).
Case discussion:

The authors noted that perhaps the main way that attachment theory illuminates transference is through the concept of Internal Working Models (Gelso et al., 2013, p.1165). Following Bowlby’s (1988) theory, Gelso et al. (2013, p.1166) commented that an attachment oriented therapist needs to help the patient to understand his IWM and how it relates to past experience, relationship with the therapist and relationships with significant others. In this way the benefit of attachment theory to psychodynamic therapy is similar to the way that it benefits CBT, as discussed in the previous chapter.

Gelso et al. (2013, p.1170) admitted that this case was not an exact fit with attachment theory as Thomas was a mixture of anxious and avoidant attachment styles. Within the therapeutic relationship it appears that Thomas was both securely and insecurely attached to therapist. Negative transference existed in this case but it was not explicitly discussed in the therapeutic relationship. The strong real relationship described may have helped the client explore his IWM of others, but it did not become a buffer for direct expression of negative transference with this particular client.
CHAPTER 5- DISCUSSION AND CONCLUSION

This dissertation investigated how the therapeutic relationship is valuable for clients with anxiety, considered from an attachment perspective. I have presented empirical findings showing that there are associations between insecure attachment and development of anxiety disorders in children and adults. Studies on Bowlby’s (1988) view of the therapeutic relationship as a type of attachment and providing a secure base with respect to anxious clients have been delineated. I presented two case studies of CBT and psychodynamic psychotherapy with anxious clients in which the therapeutic relationship considered in attachment terms was of benefit, and was considered to provide a secure base to the client. In particular exploration of the client’s Internal Working Models playing out in the therapeutic relationship and transference analysis assisted the successful outcomes of the cases.

CBT

As noted in Chapter 2, experienced therapists prefer a cognitive orientation when working with anxious clients (Burke et al., 2016, p.148). There is little research on the therapeutic relationship in cases of CBT, and even less with regard to transference and CBT. Although transference is not part of the usual language in CBT treatment, nonetheless it has been found to exist. For example Beach and Power (1996, p.1) discovered that transference was present in a sample of CBT sessions which were studied, and that this transference did not decline if was not acknowledged during the therapy.

In the Parpottas (2012) case it was found that the client’s negative expectations of the therapist were linked to his negative IWM of others which resulted from his close family relationships. Bringing the client’s awareness to his maladaptive IWM’s enriched treatment when CBT techniques were introduced. Consideration of the client’s IWM and his family
relationships and how these related to his fear of criticism were two ways that an attachment perspective benefited the invention with this anxious client.

The therapeutic relationship was necessary and arguably also sufficient to bring improvement for this client. This challenges Beck’s idea that the therapeutic relationship is insufficient in itself for change (Beck, 1979, cited in Dobson and Dobson, 2009, p.69). Parpottas (2012, p.97) stressed that the relationship aspect of CBT may be threatened by the increased pressure to supply therapy in the UK. Further case studies demonstrating the benefits reaped from the therapeutic relationship in CBT cases with anxious clients would encourage therapists to place a greater emphasis on the therapeutic relationship in CBT treatments.

**Real Relationship:**

Gelso and Carter’s (1994) tripartite model of the therapeutic relationship enriches the understanding of the relational components of psychotherapy. The model acknowledges how the client contributes to the therapeutic relationship, in a way that Carl Rogers core conditions overlook, as these focus on the therapists behaviour (Gelso and Carter, 1994, p.296).

The existence of a personal dimension of the therapeutic relationship beyond the working alliance and transference has been pondered for decades. Freud (1937, cited in Gelso, 2009, p.254) declared that not every interaction between therapist and client is transference, and that friendly relations based on reality also exist. Anna Freud (1954, cited in Gelso, 2009, p.254) stated that in addition to transference, there should also be space for the fact that the client and analyst are two real people of equal status in a “real” relationship. Influenced by psychoanalyst Greenson (1967), Gelso (2009, p.255) defined the real relationship as “the personal relationship existing between two people reflected in the degree to which each is
genuine with the other and perceives and experiences the other in ways that befit the other”.

Genuineness and realism are the two most salient aspects of the real relationship (Duquette, 2010, p.137).

However, the term “real” has attracted debate. Horvath (2009, p.273) stated that it is misleading to name only one part of the relationship “real”, as all aspects of the therapeutic relationship are real. In Horvath’s opinion (2009, p.275) the term “personal relationship” is a better way to describe the dimension of the therapeutic relationship that Gelso attempted to reach.

Along with a solid real relationship, Gelso et al. (1999, p.264) also implicated a strong working alliance as a necessary condition for resolving negative transference. Hence it appears that both alliance and personal relationship can provide Bowlby’s (1988) “secure base” for the anxious client. It may be useful to focus on working alliance part of relationship, especially if the treatment is short (e.g. brief therapy) when there is limited time for the personal relationship to develop.

In the case discussed in Chapter 4, the strong real relationship encouraged the client to investigate his IWM of others, but it did not facilitate direct expression of negative transference that emerged over time. Similarly to CBT, there are few case studies of psychodynamic therapy examining the therapeutic relationship specifically relating to clients with anxiety. More case study literature would help to elaborate on how the therapeutic relationship benefits anxious clients.
Usefulness of Attachment Theory

In this dissertation I have linked anxiety to insecure attachment style. However it must be remembered that anxiety is multidimensional and that it cannot be attributed to one single source. In addition to experiential factors such as early experience with attachment figures, biological factors also have an important role in the aetiology of anxiety. Increased sophistication in neurobiological research methods have allowed studies to demonstrate how biology interacts with experience, such as Lewis-Morrarty et al. (2015) study which indicated that secure attachment can safeguard against later development of anxiety symptoms in children who had Behavioural Inhibition temperament. While insecure attachment is not in itself a psychological disorder, studies on attachment style and psychopathology have found that insecurely attached individuals tend to manifest more severe symptoms than their securely attached counterparts (Bernecker et al., 2014, p.17).

Bowlby’s (1988) application of attachment theory to psychotherapy is advantageous in that the attachment perspective can be applied to multiple psychotherapeutic orientations. Attachment concepts can be easily applied to psychodynamic psychotherapy and CBT as seen in the two cases examined earlier. The notion of the IWM may be the most fruitful consequence of Bowlby’s attachment theory to psychotherapy. Maladaptive expectations of anxious clients based on their past experiences with significant others were challenged in both the CBT case and the psychodynamic case discussed earlier.

Nevertheless, attachment theory is not without limitations. Peter Fonagy (2014) contended that attachment styles are not rigid paradigms that persist throughout life, and that a secure attachment pattern does not protect an individual against adversity. However, Fonagy (2014) acknowledged that attachment theory is critical in providing one with a secure base from which one can learn to communicate with the rest of the world. This is particularly relevant to
anxiety, as research has previously suggested that poor communication skills may be associated with anxiety disorders (Bernecker et al., 2014, p.21).

**Further Research**

Although anxiety is a prevalent mental health disorder today, there is a dearth of case study literature specifically involving psychotherapy for clients with anxiety. Therefore further case study research is needed to elaborate on how the therapeutic relationship unfolds with anxious clients, and how it affects treatment outcome. Additional case studies revealing the benefits of transference analysis in CBT would help to prove the importance of the therapeutic relationship in this type of intervention. More case studies demonstrating how transference analysis encourages clients to reconsider their IWM’s would show the merits of considering the therapeutic relationship from an attachment perspective.

Parpottas (2012, p.97) noted that pressure on health services to deliver therapy to large numbers can put the relationship aspect at risk. Therefore it is important that research can demonstrate how the therapeutic relationship contributes to successful interventions with anxious clients. Anxiety is ubiquitous in the modern world, and it is worth investing time to explore how the therapeutic relationship is a viable intervention whether instead of or in addition to drug therapy and CBT techniques.
REFERENCE LIST:


