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**AN EXPLORATION OF 'EARNED-SECURE' ATTACHMENT AND
THE ROLE OF ATTACHMENT-INFORMED PSYCHOTHERAPY**

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Diploma in Counselling and Psychotherapy**

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CONTENTS PAGE

ABSTRACT.....	3
CHAPTER ONE: INTRODUCTION	4
CHAPTER TWO: ‘EARNED-SECURE ATTACHMENT AND THE POSSIBILITY OF CHANGE	7
CHAPTER THREE: EARNED-SECURE VERSUS INSECURE ATTACHMENT.....	11
CHAPTER FOUR: ATTACHMENT IN PRACTICE	16
CHAPTER FIVE: CONCLUSION	22
REFERENCES	24

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ABSTRACT

It is believed that up to 35% of the global population falls within the insecure categories of attachment, and that these insecurely attached individuals make up the majority of psychotherapy clients. Whilst research supports the stability of attachment patterns across the lifespan, as well as their transmission intergenerationally, a promising recent finding of attachment research is the discovery of a group in adult attachment studies termed “*earned-secure*”. This group includes individuals who appear to have created lasting change and moved from outdated, insecure childhood models of relating, to more ‘democratic’, resilient and flexible ways of navigating the world. This paper reviews the concept of earned-secure attachment and what sets these individuals apart from their insecurely attached counterparts. It also examines the importance of a reparative relationship in providing a secure base experience for self-exploration, to help counteract sub-optimal or pre-pathogenic primary attachment relationships. The possibility of change towards earned-secure attachment offers huge opportunities to the practice of psychotherapy in guiding the therapist and informing their clinical practice. How attachment-informed psychotherapy facilitates such a change, is examined across the domains of *the therapeutic relationship*, *non-verbal communication* and *the stance of self towards experience*. Through provision of a corrective emotional experience, a client is enabled to integrate their different dimensions of self and internalise a secure base in order to move forward with a sense of self and interpersonal agency.

CHAPTER 1: INTRODUCTION

Bowlby's (1969) attachment theory recognises the critical importance of the infant's attachment relationship to the primary caregiver, in the context of their physical and emotional safety and development. Having been initially met by much criticism by the psychoanalytic community as being 'mechanistic' and 'nondynamic', for many years the theory remained very much in the field of developmental psychology (Fonagy, 2001). With the later input of Mary Ainsworth's (1978) theoretical and methodical insights, and Mary Main's (1985) development of the Adult Attachment Interview (AAI), attachment theory became an important psychological paradigm, with huge potentiality and increased applicability. Their work evidenced the emotional effects of disruption in early attachment relationships, and the adaptive responses of children to these disruptions, in the shape of insecure attachment patterns. Whilst these patterns have been recognised as assisting the child in 'working around' unfavourable caregiving interactions, they have also been found to register in them as mental representations and rules which generally carry on into their adult lives, in order to unconsciously preserve their own states of mind regarding attachment (Wallin, 2007).

Given the status of insecure attachment as a risk factor for psychopathology (Cassidy & Shaver, 2008; Mikulincer & Shaver, 2007; Schore, 2002; Slade, 1999), the estimated prevalence of up to 35 percent of the global population falling within insecure categories (van IJzendoorn & Kroonenberg, 1988), and the intergenerational transmission of attachment patterns (van IJzendoorn, 1995; Verhage, Schuengel, Madigan, Fearon, Oosterman, Cassibba, Bakermans-Kranenburg, Ijzendoorn, 2016), it is the intention of this paper to explore the possibility for psychological growth in adulthood towards earned-secure attachment organisation and the role of psychotherapy in facilitating its realisation.

The first chapter looks at the concept of *earned-secure* attachment and aims to contextualise it alongside the more established *continuous secure* and *insecure* attachment patterns presented by key theoreticians and researchers and seen as enduring across the lifespan. It examines the possibility of creating lasting change and moving from outdated childhood models of relating, to more ‘democratic’, resilient and flexible ways of navigating the world.

The second chapter examines what differentiates the earned-secure individual from their more insecurely attached counterparts, despite having both experienced the same sub-optimal developmental beginnings. It examines distinguishing characteristics across the themes of *coherence, collaboration, mentalisation* and *affect regulation*. It links attachment insecurity to an individual’s inability to integrate their various dimensions of self and introduces the importance of a reparative attachment relationship in providing a secure base experience in order to foster exploration and promote integration.

The final chapter aims to explore the ways in which psychotherapy can provide that reparative attachment experience, ultimately facilitating the individual’s internalisation of a secure base and enabling transformation from insecure to earned-secure attachment organisation. This exploration will happen across the themes of *the therapeutic relationship, non-verbal communication* and *the stance of self towards experience*.

With most psychotherapeutic clients actually presenting with insecure attachment patterns (Daniel, 2006), developing a greater understanding of earned-secure attachment, offers the therapist the potential to enrich their understanding of particular clients. Being cognisant of the differences between insecure versus earned-secure attachment enables a therapist to attune to how a client relates, their modes of defense, their implicit representations, their ability to regulate affect and the strength of their reflective functioning. Such an attachment-informed clinical focus can in turn suggest a framework, which *enriches* the therapeutic work, without

having to cast off valid modality training, as well as strengthening the therapeutic alliance through real-time rupture repair.

CHAPTER TWO: 'EARNED-SECURE ATTACHMENT AND THE POSSIBILITY OF CHANGE

A significant concept, offering considerable implications for psychotherapy, is that of 'earned', 'learned' or 'evolved' attachment security (Fear, 2017; Hesse, 2008). Developing an understanding of the processes by which insecurely attached individuals might change to secure attachment organisation, can inform and guide psychotherapists in assisting such clients to build more flexible resilience strategies and break the intergenerational transmission of insecure attachment.

The caregiver-infant bond is at the core of attachment theory and, though rooted in evolutionary necessity, it is this co-created affectional relationship that acts as the developmental centre for identity formation and representational models of self and others (Bowlby, 1977). This complex attachment behavioural system encourages comfort at stressful times, reduces negative affect and facilitates development of a healthy, workable, and rational sense of self (Fonagy, 1999).

Bowlby (1980) hypothesised that, along with proximity to caregiver, felt security is the set goal of attachment. It is this ideal 'adaptive' form of attachment which arises out of an infant's biological and psychological needs being consistently met in a sensitive way by the caregiver, that provides them with a secure base from which to explore. If the infant's needs are not reliably met by the caregiver, adaptive attachment can be interrupted, and alternative styles of attachment behaviour can be adopted by the infant in order to manage distress (van IJzendoorn, 1995).

Ainsworth's (1978) 'Strange Situation' studies provided the empirical support for Bowlby's hypothesis as to the existence of distinct caregiver-infant attachment behavioural patterns and these patterns were labelled *Secure*, *Insecure-Avoidant* and *Insecure-Ambivalent*. She

recognised these different patterns as reflecting the infant's need to cultivate the optimum attachment to parents perceived as having particular strengths and shortcomings (Wallin, 2007).

Following Bowlby's (1977) assertion that the attachment system remains active across the lifespan, it became common for researchers to study adult behaviour and personality through the application of attachment theory (Hazan & Shaver, 1987; West & Sheldon, 1988). Main and her colleagues (1985) developed the Adult Attachment Interview (AAI), which enabled examination of adult narratives of early experiences, as well as examination of the relationship between child and parent classifications. This moved the focus from the study of external attachment behaviour to the internal world of mental representation (Wallin, 2007). Patterns were observed in adult narratives which suggested "sets of conscious and/or unconscious rules for the organisation of information relevant to attachment" (ibid., p.67). Like Ainsworth, Main hypothesised that these 'rules' were those adopted in early relationships with attachment figures due to their being perceived as working for the individual at that time. The awareness of their existence has great value in psychotherapy as much of the thoughts, emotions and behaviours of clients can have their foundations in inflexible internal working models of self and other that are no longer serving them well.

Three major patterns of adult attachment were initially identified by Main, which paralleled the attachment classifications originally identified in childhood (Ainsworth et al., 1978), namely *Secure*, *Dismissing*, and *Preoccupied*. She later identified a further *Insecure-Disorganised* infant classification, which paralleled an adult classification of *Unresolved* (Main & Weston, 1981; Main et al., 1985).

Many studies went on to discover that AAI classifications of individuals, based on narratives of interactions with their own parents, could predict reliably their own children's Strange

Situation classifications (van IJzendoorn, 1995). There is a large body of research demonstrating the relative stability of attachment patterns over time, but also expanding research indicating that such patterns are subject to change (Fraley, 2002; Levy, Meehan, Kelly, Reynoso, Weber, Clarkin & Kernberg, 2006; Sroufe, Egeland, Kreutzer, 1990; Waters, Hamilton, Weinfield, 2000). Fraley's (2002) study demonstrated the power of early caregiving environments being such that resultant prototypes are resistant to change, though it concluded that enduring change is possible when a "stable external or internal influence (is) incorporated into the person's psychological or social world to counterbalance the effects of the existing prototype" (ibid., 2002, p.140).

In 1989, 'earned' security was suggested as a new (sub)classification of security within the AAI manual, to reflect the participant's maintaining a coherent and collaborative quality to their narratives despite their early experiences and relationships having been notably difficult and lacking (Main & Goldwyn, 1989). This was in contrast to continuous-secure individuals who had always maintained a secure attachment pattern as a result of a nurturing, consistent relationship with a caregiver (Fear, 2017). Two different explanations have been put forward to explain the phenomena of dispassionate, secure reflection on difficult relationships or adverse experiences with caregivers. The first explanation is that despite disadvantageous starts in childhood, adult security can be earned through reparative relationships with significant others such as an emotionally supportive partner or therapist (Egeland, Jacobvitz & Sroufe, 1988; Fear, 2017). The alternative view holds that the concept of earned security is a consequence of retrospective studies, wherein parental care viewed looking backwards through the eyes of a subject who is currently unhappy, can be described in negative terms. That is to say that their actual experience of having been parented was not in fact as ineffective as they recalled (Roisman, Padron, Sroufe & Egeland, 2002). The study by Saunders, Jacobvitz, Zaccagnino, Beverung & Hazen (2011) went a way towards bridging the gap between the two

views in that they chose a lower-risk sample and although also retrospective, they used the most stringent definition of earned-secure as put forward by Main and Hesse (Hesse, 2008; Main, Goldwyn & Hesse, 2002). The participants also identified alternative support figures and completed self-report measures on depressive symptomatology in order to rule it out as the reason for negative recall of childhood experiences. The report made significant findings regarding the benefits of emotional support from non-parental figures; the increased likelihood of attachment security in the children of the earned-secure group over the insecure group and the increased likelihood of the earned-secure group having been either in therapy or in therapy for longer than the insecure and continuous-secure group. Like Saunders and her colleagues, Jacobwitz (2008) also found that earned-secure adults had spent more time in therapy than either continuous secure or insecure participants.

There are no definitive answers as to how earned-secure individuals have come to find themselves classified as such and our understanding of the 'earned security' phenomena continues to evolve. Many theoreticians and researchers look to the differences between those with insecure and earned-secure classifications to better understand how the latter can move to more 'horizontal' forms of resilience (Holmes & Slade, 2018) and provide a secure attachment experience for their children. The next chapters will review some of these differences and examine in what ways psychotherapists can facilitate and be guardians of the move to earned-secure attachment.

CHAPTER THREE: EARNED-SECURE VERSUS INSECURE ATTACHMENT

There is a proven link between attachment security and an individual's sense of self, and this link is sustained by the individual's incorporating representations of attachment figures into their self-image (Mikulincer & Shaver, 2007). The 'self' is comprised of patterns, which determine how a person uniquely responds to experience, and its character can vary, depending on a mix of both current and historical contexts. Usually the most influential component is the primary attachment relationship, which can carry across the lifespan, and shape the stance of self towards experience in the somatic, emotional and representational worlds (Wallin, 2007). As observed in the first chapter, a child can adopt self-protective strategies or patterns which best fit their disturbed early attachment situation, and this can result in a lack of integration of these worlds as they mature. Physiology, cognition and affect can be omitted from processing, distorted through exaggeration or minimisation, or falsified or used deceptively (Crittenden & Dallos, 2009). An insecurely attached adult, not having had a representation of a supportive attachment figure to internalise, can demonstrate an inability to integrate the different dimensions of self, to modify old representations and to flexibly respond to new experiences. An earned-secure adult, on the other hand, will demonstrate a more integrated sense of self, despite having had the same below par attachment history. Studies like that of Roisman and colleagues (2002) and Pearson, Cohn, Cowan & Cowan (1994), demonstrate the ability of the individual to rework early attachment relationships and "overcome malevolent parenting experiences" (Roisman et al., p1206) through later positive relationships.

Certain characteristics and themes appear across the attachment literature, distinguishing the earned-secure individual from the insecure, and a key one of these is coherence. The human organism aims for stability, but with a flexibility that enables it to remain adaptable in a changing environment. Main (2000) distinguished between adult security differences on the basis of interpretations of discourse patterns when the individual's attachment system is

activated. She identified these patterns as indicative of attentional flexibility or inflexibility. Main, Hesse and Kaplan (2005) termed those individuals who could recount their apparently unfavourable history coherently, ‘earned secure’ or alternatively, ‘discontinuous secure’ and also found them to pass this security onto their children. Such individuals are capable of engaging in rational discourse, adhering to Grice’s (1989) maxims of quality (truthful and with evidentiary support), quantity (concise yet thorough), relevance and manner (clear and logical). Their narratives of experience rely upon a consistent internal integration of thoughts, emotions, contexts and meanings (Guina, 2016). Insecure individuals, by contrast, are often characterised by more incoherent mental representations of self and others and are unable to integrate all their experiences into a coherent and meaningful inner life (Mikulincer & Shaver, 2007).

Collaboration is another key aspect of earned-secure attachment and includes mutuality, shared intentionality and the intersubjective experience of emotional connection and empathetic attunement (Siegel & Hartzell, 2013). Through such mutualistic experience, an individual comes to feel their internal states to be cared about and understood, and through introjection of such an experience, can develop a more self-reflective capacity (Fear, 2017). According to Tomasello (2009), there is strong evolutionary evidence that collaboration and cooperative communication is built into the human species, and there are differences between secure and insecure individuals with respect of these dimensions. A secure child, when their attachment system is stressed expects the caregiver to be responsive, where the insecure child does not. The impaired patterns of verbal and nonverbal behaviour in organised and disorganised insecure children are known to persist into adulthood and can result in an individual becoming reliant on primitive defences such as repression or splitting (Holmes, 2001). Thus, Holmes (2001) presents the human conflict of prizing narcissistic short-term evolutionary fitness over valuing relatedness and collaboration for greater long-term gain. Through finding a “stable environment in which long-term strategies of nurturance become adaptive” (ibid., p.27), the

insecure individual can begin to see the points of view of others as well as view themselves from the outside. Through an empathetic, authentic and collaborative relationship they can correct maladaptive attachment experiences and move to more secure patterns of attachment.

Expanding on this idea of self-reflection, there is an important psychoanalytic extension to attachment theory and research, post-Bowlby, which is referred to as “mentalisation” and operationalised for research as “reflective functioning” (Cassidy & Shaver, 2008). Through experience of a secure attachment relationship, the reconciliation of the relationship between internal mental states and external reality, is made possible (Bateman & Fonagy, 2004).

According to Bateman and Fonagy (2004), mentalising is:

the mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs and reasons (p.xxi).

According to Siegel and Hartzell (2013) mentalisation emerges from a “central coherence” integrative capacity that generates a sense of the social world instinctively and outside of conscious awareness. Many authors place neglect, abuse and negative familial interactions at the root of deficient mentalising, and credit interactions with available and supportive others, with the acquisition of mentalising skills (Corcoran, 2000; Siegel & Hartzell, 2013). Research supports this link between mentalisation and the quality of attachment relationships. Mothers with high reflective functioning (RF) and their children, are found to be more often classified as secure, whilst those with low RF scores are more often associated with insecure attachment, which tends to be transmitted to the next generation (Fonagy, Steele, Steele, Leigh, Kennedy, Mattoon & Target, 1995; Slade, 2005). People with the capacity to understand and reflect on their emotional experiences and to integrate these experiences into their concept of self are no longer overwhelmed by or estranged from them, and can enjoy a sense of internal freedom (Wallin, 2007).

Inextricably linked to mentalisation, is affect regulation. According to Holmes (2009) “anxiety is the enemy of mentalisation” (p.24) and only when emotions are held within controllable limits is one able to reflect on them (Holmes, 2015). Schore (2012) supports this through stressing the primacy of affect and proposing that attachment theory is fundamentally a regulation theory. He places affect regulation alongside behaviour and cognition, broadening the focus of attachment theory. Schore recognises how negative attachment experiences can impair emotional development, leading to an enduring inability to regulate affect, and resulting in a vulnerability to psychopathology. According to Wallin (2007), felt security is a recognised goal of attachment and infants need their caregiver to contain the emotional experience that they cannot manage themselves. This echoes Bion’s (1962) presentation of a container/contained relationship between mother and infant, which situates symbolic functioning at the heart of these early dyadic interactions. Through marked and contingent caregiver mirroring, the infant’s intolerable sensory experience can be held, processed and re-presented to the infant in a more tolerable form, and thus converted into contained conscious awareness (Fonagy, Gergely, Jurist & Target, 2002; Stern, 1985). The degree to which the mother can contain the infant’s emotional states, enables an internalisation of this function by the infant, and as such, a sense of interiority, or a ‘space inside’ is created (Shallcross, 2015). Through inspiring the infant’s confidence in the attachment relationship as a secure base from which to explore, the foundations are built for healthy self-regulation and mentalising ability. Fonagy and colleagues (2002) stress that change such as this only happens in an intersubjective and relational context, thus demonstrating the importance of a reparative attachment relationship in moving to earned-secure organisation.

As explored in this chapter, there are proven links between attachment security and the individual’s sense of self. How a person responds to experience can depend on the level of integration of their different dimensions of self. Variations in levels of integration can be

observed in earned-secure and continuous-secure individuals versus their insecurely attached counterparts. A recurring theme in the literature is the concept of an internal secure base and how the presence or lack of it can determine an individual's attachment organisation. Such an internal base promotes resilience and exploration, fosters coherence, collaborative ability, empathy, mentalisation skills, affect regulation, a sense of personal agency and a capacity to respond to, and learn from, life's difficult circumstances. The final chapter will explore how psychotherapy can provide the corrective relational experience to enable internalisation of a secure base, facilitating the move from insecure to earned-secure attachment organisation.

CHAPTER FOUR: ATTACHMENT IN PRACTICE

Freud (1909) wrote that “a thing which has not been understood inevitably reappears; like an unlaidd ghost, it cannot rest until the mystery has been resolved and the spell broken” (p.122).

Throughout this dissertation we have seen how an individual’s implicit relational knowledge can manifest in an internal working model or way of being, that though having worked for them in infancy or childhood, is now resulting in maladaptive patterns of behaviour in adulthood. Given that such insecure patterns are formed in early infant-caregiver attachment relationships, and given that research has demonstrated the possibility of change through reparative attachment relationships, what remains for exploration is the ways in which psychotherapy can provide such a relational context for psychic change. In Bowlby’s *A Secure Base* (1988), he supported such a model for change whereby an attachment-informed psychotherapist can provide the optimal conditions in order that their client might identify, illuminate, examine, amend and transform pathogenic mental representations into more adaptive models (Mikulincer & Shaver, 2007). The remainder of this dissertation will review the role of psychotherapy in facilitating change through the client’s internalisation of a secure base, across the themes of *therapeutic relationship*, *non-verbal communication* and *stance of self towards experience*.

According to Bowlby (1988), transformation can happen in light of the experiences and new understanding acquired in the context of the co-constructed, shared implicit relationship between client and therapist. Arguably the most important condition in assisting the client towards this end is the provision of a secure base from which they can face the various difficult aspects of their lives, apply narrative to past pain and learn the basics of intimacy and autonomy (Holmes, 2001). In early attachment theory, a secure base referred to the caregiver or external figure to whom the infant turned when distressed. They were typically considered in

behavioural terms, and as being necessary for survival. Their very existence however, did not necessarily guarantee the connectedness now understood to take the infant forward to adulthood with a representation of security within their psyche (Holmes, 2001). For the physically safe but insecurely attached adult, the secure base of the therapeutic relationship, can provide the “corrective emotional experience” (Alexander & French, 1980) or second chance at interpersonal connectedness (Gold, 2011). Like the ‘good enough’ mother (Winnicott, 1968), the therapist must aim to be consistently emotionally attuned and responsive to the client in order that they feel that deep sense of connectedness and ‘companionable interaction’ (Heard & Lake, 2018). Such therapeutic sensitivity results in an alignment of states of mind that enables the client to regulate their affect in the moment. Deficiencies in primary intersubjective relationships can impede the development of neural connections, resulting in a limitation of the individual to feel or regulate their emotions (Wallin, 2007). New relational connections can influence the responsiveness of the self towards experience, in turn resulting in the creation of new synaptic connections, allowing for a regulatory capacity that can be used by the person going forward (Schoore, 2000; Siegel, 2015; Tronick, 2007). According to Schoore (2001), fundamental to this attunement, is the ability of the therapist to intermittently align with the client and read their states which either indicate a need for engagement or distanced autonomy. The therapist must convey a sense of mastery, that regardless of what arises in the therapy, they will be able to provide a secure base for the client (Fear, 2017; Slade, 2005). The empathetically attuned other, in modelling the ‘good-enough’ relationship, must ; attend to actual and potential disruptions in the relationship and proactively initiate repair; show leadership in times of struggle; be dependable, consistent, truthful, congruent, accepting, open-minded and must attend to both verbal and non-verbal dialogue which allows for full expression of the client’s subjective experience (Fear, 2017; Fosha, 2000; Lyons-Ruth, 1999;

Wallin, 2007). Such a secure base encourages exploration, facilitates development and assists the move to new patterns of attachment and affect regulation.

As previously covered, Main and colleagues (1985) discovered how the non-verbal primary interactions determining a child's attachment security, can register in the child as mental representations that are carried into adulthood, and often passed on intergenerationally. The idea that patterns are adopted outside of conscious awareness has received much support across disciplines, including neuroscience for example, where Schore (2003) presents the core of the self as "non-verbal and unconscious and (lying) in patterns of affect regulation" (p. 46) and these patterns are shown to sustain across the lifespan. As such, a pivotal role of psychotherapy is in making the implicit representations explicit and the other-than-verbal and disassociated, verbal (Wallin, 2007). As well as verbal communication, the therapist must attune to the emotional and intersubjective elements flying beneath the linguistic radar. Wallin (2007) goes on to borrow from Buck (1988;1991) in describing the spontaneous (as opposed to symbolic) emotional displays including facial expressions, gestures, tones of voice and postures which contribute towards the "conversation between limbic systems" (p.119), and have much to offer the therapeutic encounter. In addition to these body-to-body elements, Wallin (2007) presents the other-than-verbal communication that can be made explicit in the therapeutic dyad through enactment with the therapist, evocation in the therapist and/or embodiment, which can result in the client's better understanding of self and self in relation to others.

The collaborative effort of attending to the here-and-now implicit relationship enacted by therapist and client, enables engagement with that which is denied or cannot be put into words, and allows for a different experience of interaction, facilitating a "rearranging (of) the internal furniture" (McCluskey & O Toole, 2020, p.54). Transference has its foundations in one's earliest beginnings and is a powerful phenomenon affecting one's emotional state and sense of equilibrium and belonging. It influences how we know ourselves as well as our expectations

of how we are met and known by others (ibid., 2020). Being able to identify clients' patterns of attachment can help shine a light on their transference reactions and can help therapists prepare for the often illogical and inappropriate demands and responses that can develop in therapy. The therapist must strive to stay empathetically attuned and experience-near, and avoid where possible getting drawn into countertransferential enactments, either sparked by client action or affect, or indeed the therapist's own psychological organisation (Fear, 2017). A therapist that becomes embedded in the experience may not identify reactions as being inappropriate in the context of the current relationship, and if such reactions are not reflected on and dealt with effectively, they can disrupt the therapeutic alliance and prevent therapeutic change (Mikulincer & Shaver, 2007). According to McWilliams (2011), it is often through the assessment of the therapist's own affect that they are enabled to make a critical diagnostic inference. Stern (1985) points out that before having the use of language, children have very reliable and successful ways of communicating affect non-verbally to their caregivers. It often follows that when a client's emotional suffering cannot be put into words, the strength of their non-verbal messages is amplified, and strong emotion can be evoked in the therapist. A therapist that can successfully tune into these non-verbal messages, via their own affect, can learn much about the client's subjective and intersubjective experience. It must be noted however, that a therapist cannot always assume to find within themselves, the basis for a client's affective experience, and misunderstanding can happen if the feelings inspired by the client are outside of the therapist's own affective experience (Mikulincer & Shaver, 2007).

Many therapists, especially those working in the field of trauma, recognise the importance of combining a somatic, bottom up approach to therapy alongside the top down talking approach (Levine & Frederick, 1997; Ogden & Fisher, 2015; Rothschild, 2000; van der Kolk, 2015). Many insecurely attached individuals have experienced "cumulative" early relational traumatic attachment experiences including abuse and neglect (Schoore, 2001b). Given that unintegrated

sensorimotor reactions to trauma can become trapped in the body (Levine, 2008), the client's somatic narrative can be as important as their verbal narrative in working psychotherapeutically with a client. Levine (2008) speaks of the power of the 'rational' brain to cushion us from the intensity of traumatic experience and van der Kolk (2015) presents the 'dual memory system', which separates the channels between narrative and traumatic memory so that the individual can distort memory, in order to move forward. Working with the client in bringing somatic states into awareness, and learning to name and tolerate them, is an important goal of psychotherapy. Through this process, a client is better able to link bodily sensations with emotions and emotions with the contexts that inspire them. In this way dissociated experience can begin to be integrated, and the adaptive regulation of motivational states can be facilitated (Schoore, 2003b; Wallin, 2007). A final point relating to the body, is the importance of the therapist's ability to tune into their own somatic sensations. It can be here that a client's disavowed emotions are first registered. Somatic responses on the part of therapists to client material have been much less documented than cognitive and emotional responses (Hayes, 2004), however there is increasing research focus on the arousal of physical feelings in the therapist and the potential utility of such reactions to the therapeutic process (Egan & Carr, 2008). Symptoms of body-centred countertransference might include headaches, feelings of nausea, numbness or muscle-ache and they can provide great insight to the client's internal experience once sufficiently monitored and attended to by the therapist (Booth, Trimble & Egan, 2010).

Central to the client's integration of the experiences accessed through psychotherapy, is the collaborative efforts to develop the client's mentalising capacity and move them from "the private inner world of sensation into the shared, inter-subjective realm of language" (Holmes, 2015, p.216). We recall the AAI research which demonstrated a correlation between an individual's security of attachment and the narrative coherence of their attachment-related

experiences. Insecurely attached individuals have been found to display distorted or incoherent narratives, poor reflective function and poor mentalising skills and difficulties in affect regulation (Bateman & Fonagy, 2004; Hesse, 1999). In order to assist a client in developing a more coherent or affectively charged narrative, it is recommended that a therapist explore the content of a client's attachment-related experiences, as well as the way in which they recount them. Attuning to the client's affective state, offering empathy and making interpretations based on the intersubjective experience is hypothesised to improve their reflective and meta-cognitive ability, resulting ultimately in the greater ability to relay attachment-related experiences in a more coherent manner (Berry & Danquah, 2016). Studies by Fonagy & Bateman (2006) and Levy & colleagues (2006) found there to be improvements in both reflective function and narrative coherence for people with borderline personality disorder, when treated with attachment-informed treatments such as transference-focused therapy and mentalisation-based therapy.

Through facilitating the integration of experiences, as well as the ability to reflect on those experiences coherently, the insecurely attached individual can be helped to heal the deficits suffered as a result of not having had a secure base experience in childhood. They are enabled to overcome the limits of their history and abate the intergenerational transmission of attachment insecurity. In internalising their secure base, they can produce shifts in their stance towards experience, leading to 'earned attachment security'.

CHAPTER FIVE: CONCLUSION

As has been seen through meta-analyses, there is a moderate degree of stability with regards attachment patterns from infancy to adulthood, and a moderate to high degree of stability through the adult years (Mikulincer & Shaver, 2007). The ‘stickiness’ of attachment patterns has been much explored in literature (Benoit & Parker, 1994; Eagle, 2006; Levy et al., 2006) and there is strong empirical support for the intergenerational nature of attachment patterns. Despite this, there is a cohort of individuals that, despite having had difficult childhood attachment experiences, have been found to evidence secure attachment organisation when assessed in adulthood, using assessments such as the AAI. These individuals have been termed, *earned-secure*.

There are no definitive answers as to how earned-secure individuals have come to find themselves classified as such and our understanding of the ‘earned security’ phenomena continues to evolve. Certain characteristics appear across the attachment literature, distinguishing the earned-secure individual from the insecure and these include *coherence, collaboration, mentalisation and affect regulation*. Another recurring theme is the concept of the *internal secure base* and how the presence or lack of it can determine the security of an individual’s attachment organisation.

Other studies have revealed that attachment-related experiences, subsequent to those experienced in early infancy, have the ability to moderate the effects of internalised representations of early experiences (Fraley, 2002; Pearson et al., 1994; Roisman et al., 2002). The possibility of altering the organisation of an individual’s attachment system through reparative emotional relationships has huge implications for the practice of psychotherapy. This paper reviewed a model for attachment-informed therapeutic change spanning the themes of *therapeutic relationship, non-verbal communication and stance of self towards experience*.

Insecure attachment organisation is marked by the under-development of a solid and stable psychological foundation, which often results in an inability to self-regulate and a lack of resilience in stressful situations. Through the therapist presenting themselves as that safe haven, the client can feel secure enough to explore and ultimately discover more healthy modes of attachment. Within the here-and-now therapeutic relationship, the client's implicit representations can be made explicit, their affect co-regulated and their experiences integrated. This integration can lead to a coherence of narrative which can improve their stance of self towards experience and ultimately result in their internalisation of a secure base or move to earned-secure attachment.

Areas for future work might include an integration of all the findings on attachment stability as there is a paucity of such literature. Few studies have also focused specifically on the change from insecure to secure organisation, with many choosing to mention it briefly but mainly focusing on secure to insecure. Another line of inquiry would be the existence, if any, of neurological changes accompanying changes in attachment organisation. More research also needs to be done on the specific variables that may be influential in predicting earned-secure attachment. Another interesting area for further research would be on the use of tailored interventions based on attachment organisation. There are a couple of articles presenting compelling research that attachment style can predict treatment outcomes, but not enough research has been conducted yet to determine that adapting treatment would be of significant patient benefit (Norcross & Wampold, 2011). A final, interesting direction for future research might consider how attachment styles influence the nonverbal interactions between the patient and therapist.

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