The Implications of Attachment Theory in Counseling and Psychotherapy

Over the past decade, researchers have found that Bowlby's **attachment theory** (1973, 1988) has important implications for counseling and psychotherapy (Cassidy & Shaver, 1999, Lopez, 1995; Lopez & Brennan, 2000; Mallinckrodt, 2000). Attachment theory is a theory of affect regulation and interpersonal relationships. When individuals have caregivers who are emotionally responsive, they are likely to develop a secure attachment and a positive internal working model of self and others.

Currently, adult attachment could be described in terms of two dimensions, adult **attachment anxiety** and **adult attachment avoidance**. Adult attachment anxiety is conceptualized as the fear of interpersonal rejection and abandonment, excessive needs for approval from others, negative view of self, and hyper-activation of affect regulation strategies in which the person over-reacts to negative feelings as a mean to gain others' comfort and support (Mikulincer, Shaver, & Pereg, 2003). Conversely, adult attachment avoidance is characterized by fear of intimacy, excessive need for self-reliance, reluctance for self-disclosure, negative view of others, and deactivation of affect regulation strategy in which the person tries to avoid negative feelings or withdraw from intimate relationships (Mikulincer et al., 2003).

Bowlby (1988) acknowledged that attachment patterns are difficult to change in adulthood even though it is not impossible. Studies related to examining mediators of the relation between attachment and mental health outcomes are particularly important for counseling and psychotherapy because mediators can be potential interventions to help individuals relieve their distress. In addition, identifying the mediators can help individuals reduce the impact of attachment patterns without having to change the patterns, which is a more difficult task (e.g., Bowlby, 1988). Below are some suggestions from empirical studies in this area.

First, **attachment theory** serves as a solid foundation for understanding the development of ineffective coping strategies and the underlying dynamics of a person's emotional difficulties. Clinicians can help those with attachment anxiety and avoidance understand how past experiences with caregivers or significant others have shaped their coping patterns and how these patterns work to protect them initially but later contribute to their experiences of distress (Lopez, Mauricio, Gormley, Simko, & Berger, 2001; Wei, Heppner, & Mallinckrodt, 2003).

For example, those with attachment anxiety may learn that if they are "perfect," they will be more likely to gain others' love and acceptance (Wei, Heppner, Russell, & Young, 2006; Wei, Mallinckrodt, Russell, & Abraham, 2004). Conversely, those with attachment avoidance may drive themselves to be perfect in order to cover up their hidden sense of imperfections. They may think, "If I am perfect, no one will hurt me" (Flett, Hewitt, Oliver, & Macdonald, 2002). Unfortunately, perfectionism is associated with greater depressive symptoms (e.g., Chang, 2002, Hewitt & Flett, 1991). Therefore, potential clinical interventions can focus on modifying these individuals' perfectionistic tendencies.

Second, clinicians can help those with attachment anxiety and avoidance find alternative ways to meet their unmet needs. Most people who seek help want to learn how to cope with dysfunction in their daily life and modify their dysfunctional or ineffective coping strategies. However, merely focusing on modifying the dysfunctional coping strategies does not guarantee that people will eventually cope well.

In particular, people have acquired and continued to use dysfunctional strategies because these have served an adaptive function by helping individuals meet their basic psychological needs such as connection, competence, and autonomy in the past. For example, people's motivation to be perfect may stem from their attachment figures' failure to meet basic psychological needs. In other words, some individuals may wish to be perfect because during their development, they have learned that others will like them (i.e., fulfilling a need for connections), view them as capable (i.e., fulfilling a need for competence), and respect them (i.e., fulfilling a need for autonomy) if they are perfect. Unless these individuals' unmet basic needs are satisfied by other means and learn other strategies, altering these individuals' maladaptive strategies may be limited in terms of effectiveness.

Also, if individuals believe their maladaptive strategies are the only ways to meet their psychological or emotional needs, then they may still choose not to give up these strategies, despite the negative mental health outcomes associated with these strategies. Therefore, helping people find alternative ways to meet their unmet needs is critical to solving their problems thoroughly. Wei, Shaffer, Young, and Zakalik (2005) provided empirical evidence that those with attachment anxiety and avoidance can decrease their shame, depression, and loneliness through meeting their basic psychological needs for connection, competence, and autonomy.

> *"Therefore, clinicians not only need to focus on changing maladaptive coping strategies, but also need to understand the underlying unmet needs that are satisfied by the use of these strategies as well as help individuals learn alternative ways to satisfy their psychological or emotional needs."*

Third, clinicians need to know that people with different insecure attachment patterns (i.e., anxiety and avoidance patterns) may use different coping strategies to manage their life difficulties, which are associated with increased distress. For example, consistent with the prediction of attachment theory, those with attachment anxiety tend to use emotional reactivity (i.e., a hyper-activation strategy in which the person over-reacts to negative feelings) as a coping strategy, which is associated with distress. Conversely, those with attachment avoidance are inclined to use emotional cutoff (i.e., a deactivation strategy in which the person tries to avoid negative feelings) strategy, which is related to increased distress (Wei, Vogel, Ku, & Zakalik, 2005).

Fourth, Mallinckrodt (2000) suggested providing counter-complimentary interventions when working with individuals with high attachment anxiety and avoidance. That is, counseling intervention can focus on breaking clients' old patterns. For example, Wei, Ku, and Liao (2007) discovered that those with attachment anxiety, because of their negative view of self, can increase their well-being through enhancing their self-compassion.

Gilbert and Irons (2005) suggested that writing a compassionate letter to the self or making an audiotape filled with compassionate thoughts or self-soothing statements can increase self-compassion. Also, those with high attachment anxiety can imagine how they felt when they were being taken care of by therapists or supportive others who represent alternative attachment figures. Eventually, those with high attachment anxiety can learn to be their own attachment figures (i.e., be their own parent) to provide self-compassion or self-care.

Conversely, because of their negative view of others and the deactivated attachment system (e.g., actively keeping distance from others or suppressing emotions), those with high attachment avoidance may gradually become less able to understand others and lose touch with others' feelings or thoughts (Wei et al., 2007). The counter-complimentary strategy is thus to help them learn new ways to react empathically to others' emotional experiences. Pistole (1989, 1999) proposed the concept of care-giving from attachment theory as a metaphor for the counseling relationship and process.

In other words, therapists can be empathetic to individuals with high attachment avoidance in order to re-parent them. The therapists thus serve as role models for them so that these individuals can eventually learn to be empathetic to others, which may improve their subjective well-being.

Another study found that due to their negative view of self, assisting those with high attachment anxiety to increase their level of social self-efficacy (i.e., a strategy to increase their positive view of self) is an important strategy to decrease their loneliness and future depression. Conversely, those with high attachment avoidance tended to be reluctant for self-disclosure and hold a negative view of others. For these individuals, the study confirmed that counter-complimentary interventions which enhances their comfort level of self-

disclosing to others (i.e., a strategy to decrease their reluctance in self-disclosure and increase their closeness with others) is an important strategy to decrease their loneliness and future depression (Wei, Russell, & Zakalik, 2005).

Summary

In summary, **attachment theory** can be used to understand the development of coping patterns or relationship patterns and the underlying dynamics of a person's emotional difficulties. Clinicians not only can help those with high **attachment anxiety** and **avoidance** to modify their ineffective coping strategy, but also can help them understand the underlying unmet needs that are satisfied by their ineffective coping strategy and learn alternative ways to satisfy their psychological or emotional needs (e.g., a need to connection, competence, and autonomy). Moreover, clinicians need to know that people with different insecure attachment patterns (i.e., anxiety and avoidance patterns) may use different coping strategies to manage their life difficulties. It is recommended that clinicians provide counter-complimentary intervention to help break clients' old patterns.

Wei, M. (2008, October). The implications of attachment theory in counseling and psychotherapy. [Web article]. Retrieved from https://societyforpsychotherapy.org/the-implications-of-attachment-theory-in-counseling-and-psychotherapy