

The Role of Attachment in Shaping Core Beliefs and Interactions in Therapy: A Case Study

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Abstract

This paper explores a case study (which is, in reality, a composite of several real cases to protect client confidentiality) through the lens of Brennan, Clark & Shaver's (1998) work on the dimensional model of attachment and Marmarosh, Markin & Spiegel's (2013) work on attachment styles of individuals playing out in group work [1,2]. It is especially interesting to retrospectively re-look at the case, explore new possibilities and hypothesise different outcomes as a result.

X is a 32/ Male/ Chinese referred to me by the hospital psychiatrist one year ago for the management of generalized anxiety disorder and major depressive disorder. X was first presented to the hospital in 2013 for the management of his benzodiazepine use and was placed on a long-term therapeutic and monitored dose of dizepam by the psychiatrist subsequently.

In my intake interview with X, he disclosed that his mother was both verbally and physically abusive towards him when he was a young child while his father was often absent in his life. X elaborated that his father was a fairly successful businessman at that time and would often attempt to compensate for his absence by showering him with expensive gifts and being extra permissive with him whenever he was around. X mentioned that while he appreciated the presence of his father, he also felt resentful towards him deep inside. X was angry with his father for not protecting him and allowing the "atrocities" to continue (father stayed out of the situation between X and his mother). A part of him believed that the "niceness" of his father had a selfish motive underneath; so that he would not have to feel so guilty about being absent. X remembered mother being frustrated all the time and nothing he did would please her. His grades and subsequent careers he ventured into were never good enough for her and the focus was often on his shortcomings rather than his strength.

X added that he grew up believing that the world is harsh and critical and people would either put him down and reject him or be nice to him because they had a secondary agenda. As a result, X often talked about his disdain for people around him and how they are likely to "reject and abandon him" after that have completely sucked the life out of him. As a result, he lived his adult life "as if" this was always going to happen to him, demonstrated by his tendencies to be, outwardly giving and accommodating in his relationships, often to the point of subjugating his needs, being hypersensitive to signs of rejection and lack of reciprocation to his giving and resentful over his partners not "playing their part" when he expected them to meet his emotional needs. He reported a pervasive pattern of being perceived as overly-clingy, calculative and hard to please by a number of partners he used to be in a romantic relationship with. He also talks about how this has reinforced his world view that people are generally cold, unappreciative and impossible to satisfy, just like his mother. If they were to be nice to him for any given periods, it must be because they wanted "something" from him and once he "fell into their trap", they would eventually "betray" and "leave him high and dry", just like his father. According to X, his anxiety and depression became unmanageable when his last girlfriend left him 3 years ago. X says that he became increasingly insecure and suspicious about people around him and these fears eventually transcended into other areas of his life, which resulted in him becoming increasingly isolated, lonely and depressed. He oscillates between talking about the yearning for connection and feeling fed up with not getting what he wants and swinging onto the other extreme of isolating himself and "running away" when people in his life attempted to get close to him because "they are going to hurt him anyway".

Analysis according to Attachment theory & Self-reflection

When I initially worked with X, I was utilizing cognitive behavioural approaches in an attempt to alleviate his symptomatic complaints (his negative automatic thoughts, panic attacks, avoidant coping mechanisms) and aspects of schema therapy to look at some of his

life themes that seem to explain his way of relating to the world around him. There seems to be a fair bit of subjugation and avoidance (and when his emotional needs are unmet, he swings to other extreme of isolating himself and disowning his need for connection).

Looking at X's struggles through the lens of attachment theory, it is interesting to note that he seemed to be exhibiting strong traits of a preoccupied attachment style according to dimensional model of attachment [1]. The tendency for X to desperately seek out relationships (even to the point of sacrificing his needs), the constant dissatisfaction with the reciprocal support obtained from his relationships and the hypersensitivity to "tell-tale" signs of abandonment seemed to overlap very cleanly with Mikulincer & Shaver (2007b)'s ideas about the presentation of a preoccupied individual.

The description of Linda in a group also had a lot of parallels with some of the nuances of X's way of being with me in his sessions [2]. For example, in the early phases of therapy with X, he would often make remarks like, "I must be your worst and most problematic patient right?", "You seem like a good therapist and I must be a disappointment not showing progress despite seeing you for X amount of time." or "I am clearly not your favourite patient." X almost sounded like another variation of Linda, constantly seeking reassurance from me because he anticipated rejection and judgement right from the very beginning. It was also difficult to "satisfy" him as it would seem like no amount of reassuring, normalizing and talking through would really be enough for him. There was a point when I attempted to put X in a box together with the many generalized anxiety patients I have seen before in the past and convince myself that this is the typical presenting "flavour" of someone who yearns for reassurance all the time to such an extent that he lacks the capacity to self-soothe in healthy ways. When I attempted to process his concerns, dwell a little into the here and now, asking questions like, "What makes you ask me the question of whether I am disappointed with you? Do I appear displeased or critical towards you today? Do I, for any reason, remind you of people in your life who were judgmental and critical? Do you find yourself often asking, not only me, but others in your life this question?" he would start to "back away" and respond with statements like, "Did I say something wrong? Are you upset with me now? Are you going to tell the doctor (psychiatrist) that I am not suitable for therapy and you are not going to continue with me anymore? "

On retrospect, it is interesting to note Wallin (2007)'s description about patients with more preoccupied attachment being experts in reading what others want from them and being skillful at charming others at initial contact [3]. When I looked within myself and explored the feelings X has elicited in me early in our treatment, I do feel a sense of being placed in a pedestal, being idealized and perhaps even a need to outwardly "protect" and "reassure" him regularly because he is such "sweet" patient in need of so much support. This again was so in line with Marmarosh, Markin, & Spiegel (2013)'s point about the preoccupied patient's way of getting people to take care of and support them by mirroring and making others feel special and validated. There were also occasions where I find myself giving him leeway in our sessions (e.g. allowing our sessions to stretch 5 to 10 minutes longer than the usual one hour) which I usually do not accord to other patients. This also reminded of the interesting remark that the referring psychiatrist made when he sent the case to me ("Lawrence, be gentle with him, he's a special patient, not like the typical addicts you see"). It was again interesting to note the parallels between his interactions with us and the description by Marmarosh, Markin, & Spiegel (2013) about how sometimes within a group, members tend to "cut the preoccupied member some slack"

sparing him/ her from the intense dynamics of the group in fear of "hurting" or "breaking" him/ her [3].

Clinical Implications

When attempting to look at X's difficulties through the framework of attachment theory, some refreshing possibilities with respect to working with X begin to surface. Firstly, understanding X's attachment style is tremendously helpful as it gives us a flavour of the kinds of behaviours and difficulties he is likely to be encountering in session. The following sections describe some of the areas that could be explored in future therapeutic work with X.

Group work as a utility for treatment, it will be helpful to discuss with X about the possibility of engaging in group therapy. Given his attachment style, there is a high likelihood that he will not drop out of groups due to the fear of losing the relationship he finds in the group [4]. He is also likely to be supportive to other members as well as find support within the group because of his tendency to appear needy and elicit support in relationships [5]. It is also within the group (much more so than individual therapy) that his attachment issues can unravel in its full glory and be available for work and change.

Mentalization

A helpful direction to take with X in therapy would be to enhance his capacity to mentalize. One possible way to go about this could be to model the process of verbalizing and reflecting on one's feelings. This, in my opinion, can be done both in a group (more therapeutic leverage) or in an individual setting. For example, I could make a mental note to share more openly about how I feel about him from time to time and I could also take note of the times when he expresses difficulties in the session and to invite him to regularly share about his perception of what I possibly am thinking about him in the here and now. This may be helpful in allowing him to constantly receive feedback and have the opportunity to check the accuracy/ discrepancies of his perception of my thoughts and feelings (meta-cognition). This process would clearly be a lot more beneficial in a group setting where X will have an opportunity to do this with different members over a number of sessions. As Fonagy mentioned, this process is key for someone like X who plausibly have difficulties describing the thoughts and feeling of others and how these meta-cognitions are expressed in the mind of others [6].

Mindfulness based practices

As Wallin (2007) pointed out, there exist a stance (the mindful self) that involves deliberate nonjudgmental attention to experience in the present moment [3]. This stance illuminates the process by which experience is constructed which, in many ways, enhances and facilitates the process of mentalization [7]. Siegel (2005,2006) further posited that regular exercise of mindful awareness seems to promote the same benefits; bodily and affective self-regulation, attuned communication with others, insight, empathy, which interestingly are qualities found to be associated with childhood histories of secure attachment (which is the kind of attachment styles we are trying to create in sessions) [8,9]. Hence, in the individual sessions with X, we could also consider the socialization and infusion of simple mindful practices like mindful walking, eating and tooth brushing as an adjunction to the therapy he is receiving. This process is largely non-intrusive & may facilitate and enhance X's ability to mentalize and respond to both individual and future group therapy more therapeutically.

Regulation of affect

Within the framework of attachment theory, a huge piece of emotional regulation for X would be linked to the dialing down of defensive emotions that he is likely to lead with (in X's case, likely to be being anxious, fearful, angry and critical with self) and to dial up his core emotions which he fears experiencing. From time to time in our sessions, I may have to attempt to bypass his defensive emotions to explore his wider range of core emotions [10]. This may imply that periodically in our sessions, I may have to ask him to, for a moment, put aside the anxiety of being rejected/ abandoned and to explore his deeper and more authentic and full range of emotions underneath. As part of my role as the therapist is to be the container and perhaps to provide a corrective experience (and an opportunity for the fostering of a new, more secured pattern of attachment), it is imperative for me to express empathy and validation for X's every attempt to explore these previously unavailable emotions. This process, again, seems to be potentially more therapeutic if X has availed himself to group therapy where the facilitator (together with the rest of the members) can, from time to time, become a secure container for X to deeply explore his core emotions and associate them with care and support from the group.

Personal self-reflection

In the early sections, I mentioned about feeling protective towards X in the beginning phases of my work with him. These feelings of protectiveness towards X, however, took a turn over time to that of frustration. It felt draining and unproductive to have to spend a good deal of the session constantly reassuring him, setting him at ease and to remind him that I am not judging or being critical towards him. Being mindful of his relationship with his mother and how X can be hypersensitive and hyper-vigilant in picking up hints of rejection, I find myself constantly having to tread carefully so as not to hurt him. It became difficult to make progress as any suggestion of us being stuck and the need to look at new, creative ways to make progress seemed to trigger him into an apologetic and self-blaming mode, saying things like, "Yes, I know, it's all my fault.", "You see, just like how I've been in my life, I am a failure as a patient", "You probably see me as a waste of your time and a dark stain in your career as a psychologist." Or "I am draining you". On hindsight, my frustration with X could either be explained by me seeing the disowned, split-off and anxiety-provoking parts of myself (the ECR indicated my attachment style as preoccupied) in him or X's way of narrating the unsayable, showing me (in his own way) his difficulties in regulating and making sense of his intense emotional experiences or appreciating the thoughts and feelings of others as a result of his early attachment experiences [11,12]. It was clear that X, very much like Alice, was quick to become self-critical when any hints of disappointment (with him) was detected in me. At some point, it also became quite apparent that X deals with conflict and "difficult situations" in therapy by going back to his defensive affects like anger towards self and self-criticism as opposed getting in touch with feelings that were likely to be related to attachment traumas like hurt, loss or disappointment [2,10]. The hypothesis drawn here, based on the understanding of X's experiences with his parents, was the possibility that these disowned/ difficult emotions were not empathetically responded to in his early attachment relationships with them (mother may be dismissive and critical over X's attempt to express hurt and disappointment while father may be trivializing or attempting to overcompensate his guilt towards X and X's anger towards his mother) [13].

I also read with interest on Wallin (2007)'s writings about therapeutic couples who collude and make an unconscious "deal" with one another that serves the self-protective needs of both partners [3]. It has interesting to note that both X and my attachment patterns are that of a preoccupied one, which can result in me containing or even expressing on behalf of X all the feelings that he disowns, depriving him of the opportunity to do his work in therapy. This also made me rethink about the times in therapy where I sometimes feel anxious and fearful about being too harsh and pushy towards him, causing him to feel a sense of devaluation and abandonment. This may also, in part, explains my behaviour of stretching boundaries for him without realizing that I may have been projecting my own anxieties of being cast aside and abandoned onto X, creating more defenses for him not to have to dwell deeper into those emotions that he already disowned in the first place. Sometimes, in my haste/ anxiety to "protect" him from fully experiencing terrifying and unfamiliar emotions, I do find myself verbalizing them on his behalf (for example, instead of taking a step back and patiently allowing X to explore the other emotions he feels besides anxiety and self loathe, I would offer him some possibilities of emotions I think he may have felt and X being the people-pleasing patient, would agree "wholeheartedly" with my suggestions so as to be "let off the hook") without being aware of the repercussions.

On retrospect, the writings of on Susan and Shannon have helped me realize my work with X can also be a therapeutic experience for me as an individual [2]. X helped me see, in many ways, how a person like me would appear in the eyes of others. This has very interesting parallels with the example of Susan and Shannon where a similar attachment styles allow them to see for themselves "how frustrating it feels like to be in a relationship with me and why people end up leaving me".

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