Attachment Theory and Earned Security in Therapy

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Michal Goldman, LCSW, is a licensed clinical social worker specializing in relational therapy and therapist development. Michal holds extensive training in Emotionally Focused Therapy (EFT) and discernment counseling, and enjoys supporting couples through relational challenges. In addition to her clinical work, she is an adjunct professor for psychology and social work, and regularly writes and speaks on topics in therapy, ethical practice, and relational work. She is passionate about helping clinicians integrate attachment theory into everyday clinical practice and deepen their self-of-therapist awareness to enhance their work with individuals and couples.

Attachment Theory History

- John Bowlby – created attachment theory
  - Focus on children after idea that attachment lasts a lifetime was rejected
- Mary Ainsworth – developed attachment styles
  - Strange situation
- Edward Tronick – still face experiment

Types of Attachment

- **Secure**
- **Insecure**
  - Anxious
  - Avoidant
  - Disorganized

Attachment Needs

- Am I seen?
- Am I wanted?
- Am I successful?
- Am I good enough?

Reaction to Attachment Needs

- Secure attachment – ask for responsiveness
- Insecure attachment – shame and threat response (fight, flight, freeze, fawn)
- Nervous system goes on alert
- Can exacerbate mental health conditions
  - Depression
  - Anxiety
  - PTSD
  - Relationship struggles

Case Study

- David is a 40-year-old client who begins therapy after his partner says he is emotionally distant. David reports that he prefers to “handle things on his own” and feels uncomfortable when people rely on him emotionally. When his partner asks for reassurance, he becomes irritated and says, “Why can’t you just relax?”

- In session, David speaks calmly and logically about conflicts but rarely expresses vulnerable emotions. When the therapist asks how he feels during arguments, he responds, “I don’t know. It’s not that deep.”

Case Study

- David describes his childhood as “fine.” His parents provided financially and valued independence. Emotional conversations were rare. He recalls being praised for being self-sufficient and not needing much.

Case Study Clinical Questions

- What attachment style is most likely reflected in this case?

Case Study Clinical Questions Discussion

- **What attachment style is most likely reflected in this case?**
  - Avoidant Attachment
  - Perceived by others as emotionally distant
  - Prefers to handle things on his own
  - Rarely shares emotions
  - Family of origin – valued independence, emotions weren't expressed often, praised for being self-sufficient

Case Study Clinical Questions

- As a therapist, what attachment needs might you assume are stronger for David?

Case Study Clinical Questions Discussion

- **As a therapist, what attachment needs might you assume are stronger for David?**
  - Need to feel successful
  - Need for safety in vulnerability
  - Need to experience closeness as non-threatening

Building Secure Attachment

“Shame thrives in secrecy, but it cannot survive being spoken and met with empathy.”

- Brene Brown research on shame
- Shame → isolation → dysregulation
- Connection → regulation

Secure Attachment: Safe Haven, Secure Base

- Safe haven – connection soothes the distress
- Secure base – can explore and grow because have a safe place to come back to
- Safe havens create secure bases
- Connection and threat systems work in opposition

Creating Safe Havens and Secure Bases in Therapy

- Therapist becomes regulating other (co-regulation leads to self-regulation)
- Attunement
- Validation
- Emotional responsiveness
- Clear boundaries
- All create a corrective emotional experience = earned secure attachment

Examples of Therapy Modalities

1. Emotionally focused therapy (EFT)
2. Accelerated experiential dynamic psychotherapy (AEDP)
3. Internal family systems (IFS)
4. Somatic experiencing
5. Sensorimotor psychotherapy

Self-Assessment Question

Which of the following therapist responses most strongly reflects a safe haven intervention when a client expresses fear of being rejected?

A. “Let’s explore whether this belief is realistic.”
B. “You don’t need to worry about that. I’m not going anywhere.”
C. “When you feel unsure about our relationship, it makes sense that your body goes into alarm. I’m here with you, and we can slow this down together.”
D. “What evidence do you have that I might reject you?”

Self-Assessment Question

Which of the following therapist responses most strongly reflects a safe haven intervention when a client expresses fear of being rejected?

C. **“When you feel unsure about our relationship, it makes sense that your body goes into alarm. I’m here with you, and we can slow this down together.”**

A safe haven connection creates secure connections that soothe distress. The therapist assists in co-regulation, using attunement, validation, emotional responsiveness, and clear boundaries to create a corrective emotional experience, thereby creating an earned secure attachment

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