

* Attachment: What Counsellors Need to Know

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* Learning Outcomes

Aim: To overview theories of attachment and provide a useful tool kit to support clients who may experience attachment difficulties

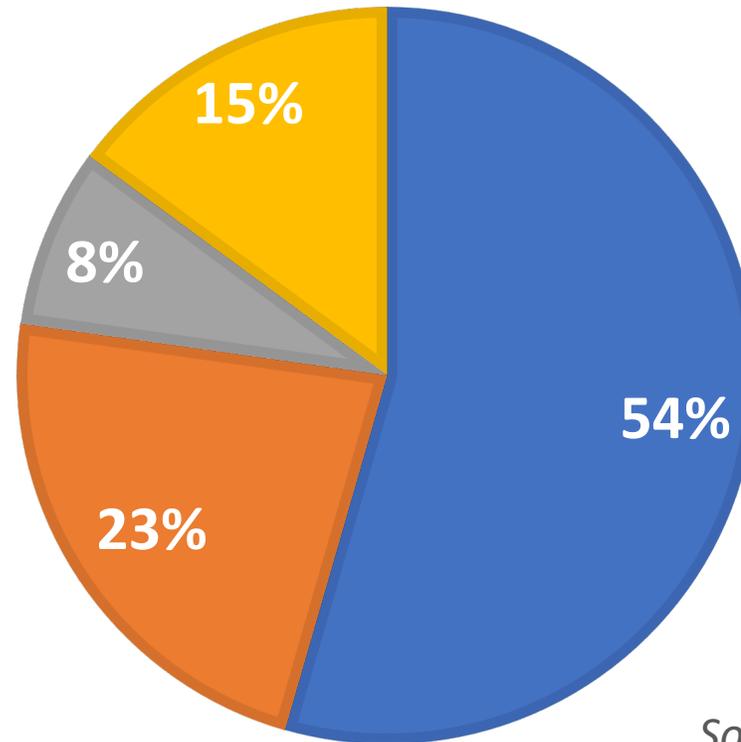
Objectives:

- To explain the key element of attachment theory
- To overview how attachment issues may present in therapy
- To strengthen your confidence in using the therapeutic relationship itself as a tool for co-regulation, rupture repair, and building earned security
- To explore why an understanding of attachment is essential for counsellors

* Research into Attachment UK - Population

(SHEMMINGS, 2011; BROWN AND WARD, 2013)

■ Secure ■ Avoident ■ Ambivalent/Anxious ■ Disorganised



Source - Fostering and Adoption Agency

* Which Means Statistically ...

More than **50%** of people who view **this presentation** are likely to have a **secure attachment style**.

Statistically, **just over half of clients** will also present with a secure attachment style.



* Why is this important

The therapeutic relationship *is* an attachment relationship.

Clients unconsciously bring their attachment patterns into therapy. Knowing this helps therapists anticipate dynamics such as:

- fear of abandonment (anxious)
- fear of closeness (avoidant)
- confusion or instability (disorganised)

This awareness allows the therapist to respond with an attuned, steady presence rather than taking behaviours personally.

* Attachment Patterns Are Adaptations, Not Pathologies

Clients' attachment styles—secure, anxious, avoidant, disorganised—are **protective strategies** that were shaped in early relationships or through experience.

They are not “problems” to be fixed, but **relational blueprints** that helped a child survive and make sense of their environment.

Why this matters in therapy:

- Helps counsellors stay non-pathologising.
- Supports compassion and curiosity rather than judgement.
- Encourages clients to see their behaviours as *understandable*, reducing shame.
- Helps with repairing ruptures

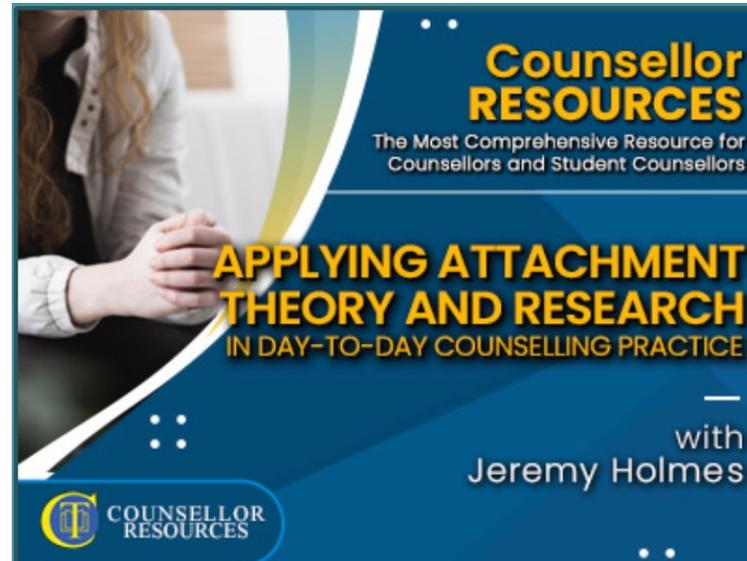
* Secure base – A life-long journey

“All of us, from the cradle to the grave, are happiest when life is organised as a series of excursions from the secure base provided by our attachment figures.”

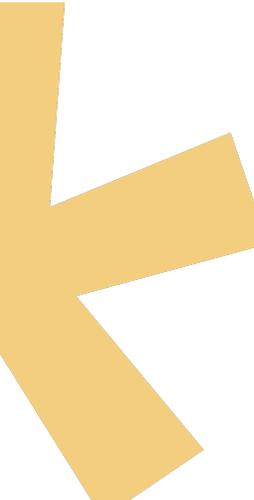
John Bowlby, 1988, A Secure Base: Parent-Child Attachment and Healthy Human Development



* Some Essential Resources in the CPD Library



All with Dated CPD Certificates to support audit by Professional Bodies



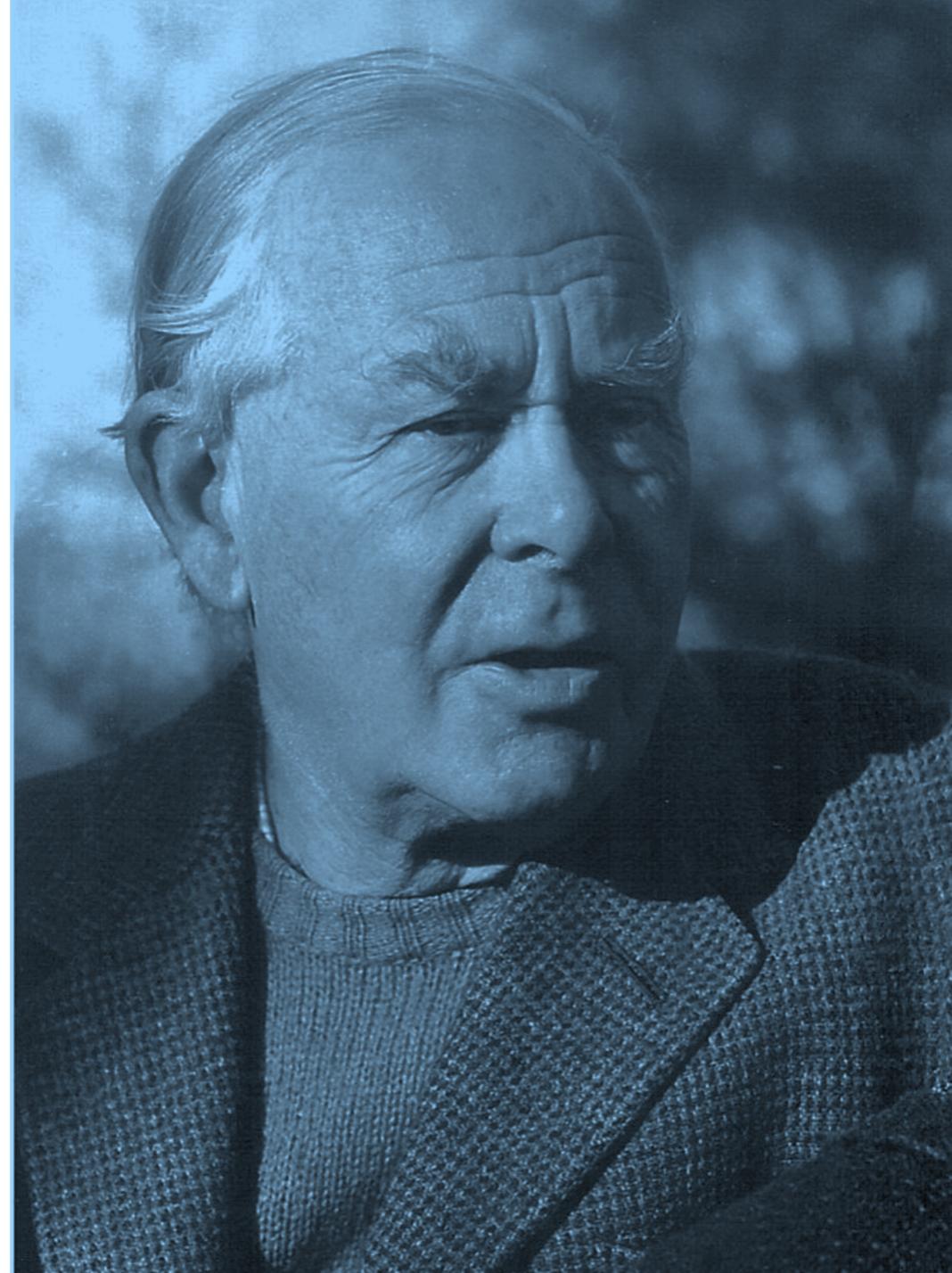
What the Theory Says

* John Bowlby

B,1907 – D,1990

John Bowlby was a British psychiatrist and psychoanalyst best known as the founder of attachment theory.

His work laid the foundations for much /'of modern counselling, psychotherapy, and child development theory.



* Key terms in Attachment

- **Secure base** - Place a child returns to for comfort
- **Proximity maintenance** - Child keeps caregiver in sight (Think Izzy!)
- **Separation anxiety** – Child's anxiety when separated from caregiver
- **Social referencing** - Child looks at caregiver to see how they should respond
- **Object consistency** - Consistent approach from caregiver
- **Primary caregiver** - Usually a mother figure*
- **Secondary caregiver** - Usually a father figure*

Primary care giver is seen as one who gives love and nurturing.

Secondary caregiver is the one who helps the child take risks - maternal and paternal styles.

**Non-gender specific*

* Mary Ainsworth

- Mary Ainsworth researched how caregiver behaviour impacts on children (1970s), student of Bowlby.
- Undertook the 'Strange situation experiments'
- Broke new ground in determining how caregiver behaviour impacts on a child's attachment style.

Coined the terms 'Anxious' and 'Avoidant' as a way of the child reacting to the care givers response.



* Shaffer & Emerson 1964

Longitudinal study of 60 Glasgow infants (working-class).

Home visits **monthly** for the **first year** and again at **18 months**.

Measured **separation anxiety** and **stranger anxiety**.

Key Finding:

Attachment develops **in stages**, not all at once.



* Shaffer & Emerson: Stages and Conclusions

Stages of Attachment:

- **Asocial Stage (0–6 weeks):** Little difference in response to people vs objects.
- **Indiscriminate Attachments (6 weeks–7 months):** Prefer people; no specific attachment figure.
- **Specific Attachment (7–9 months):** Clear preference for one caregiver; separation and stranger anxiety emerge.
- **Multiple Attachments (10+ months):** Attachments to several caregivers (e.g. father, grandparents).

Conclusions:

- Most infants form **multiple attachments**, not just to the mother.
- **Responsiveness**, not time spent, predicts the primary attachment figure.

* Main and Soloman

Main & Solomon coined the term 'Disorganized Attachment' (1980's)

- Identified how children of abusive or unresponsive parenting may form attachments.
- Widely respected in the fields of paediatrics and adoption.

Behavioural Perspective (Nurture)



Mary Main



**Judith
Soloman**

* Attachment - Race and Culture

Family and Attachment Across Cultures

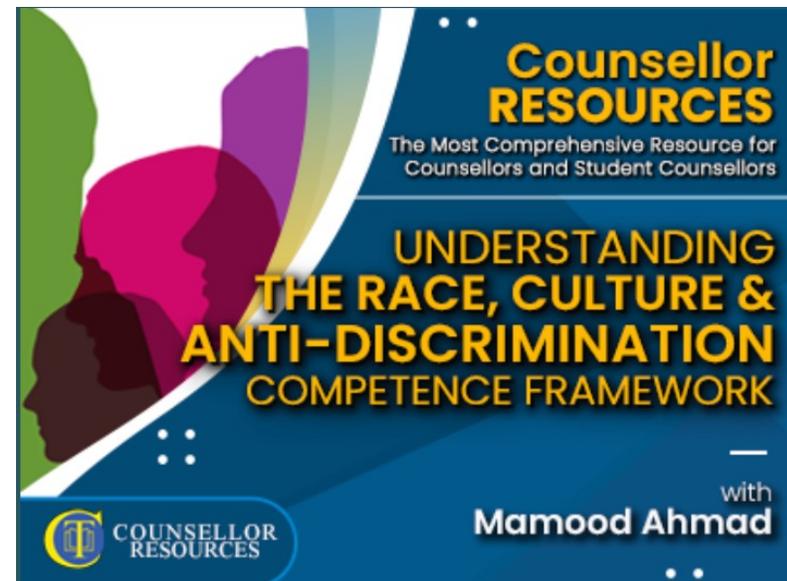
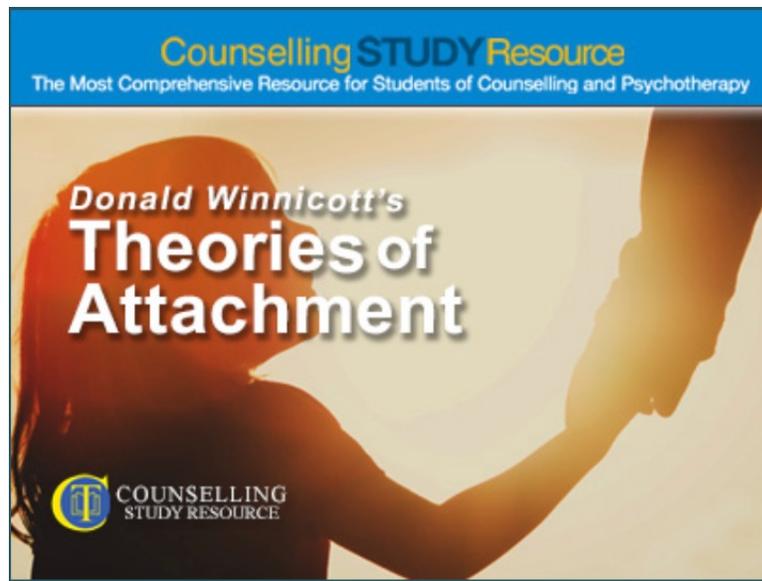
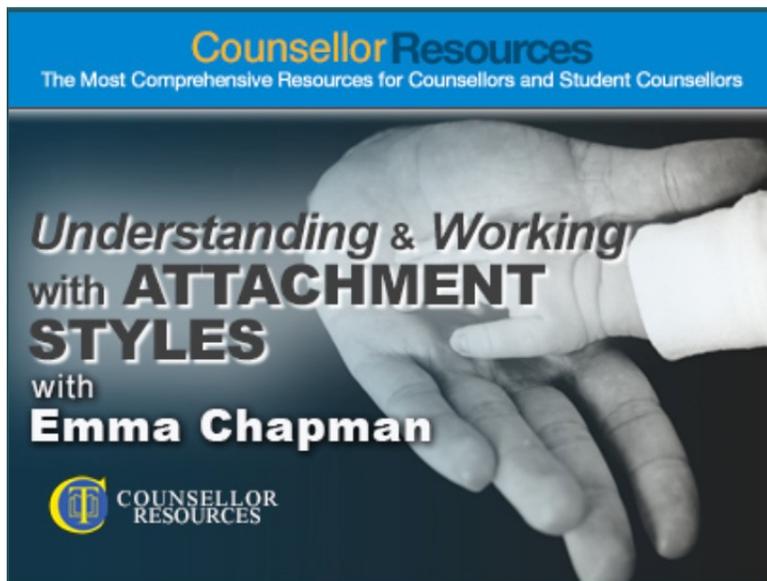
Family structures vary across cultures and shape attachment experiences. In *Long Walk to Freedom*, Nelson Mandela describes being raised in a collective family system with multiple caregivers. From an attachment perspective, security may develop through several consistent attachment figures, not only a nuclear family.

Therapists who rely on Western assumptions risk misunderstanding or judging clients' relational histories. An attachment-informed approach invites curiosity about how safety and care were experienced within the client's cultural context.

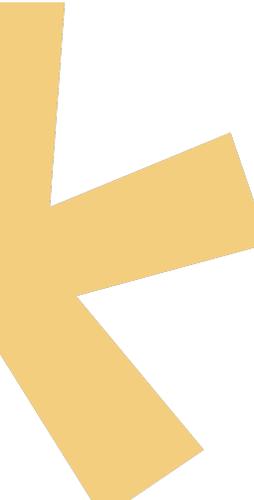


Nelson Mandela

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How does attachment present?

* Attachment: A quick overview

The description below is adapted from the 'OK Corral', a concept developed by **Franklin Ernst**, one of the earliest contributors to Transactional Analysis. First published in 1971.

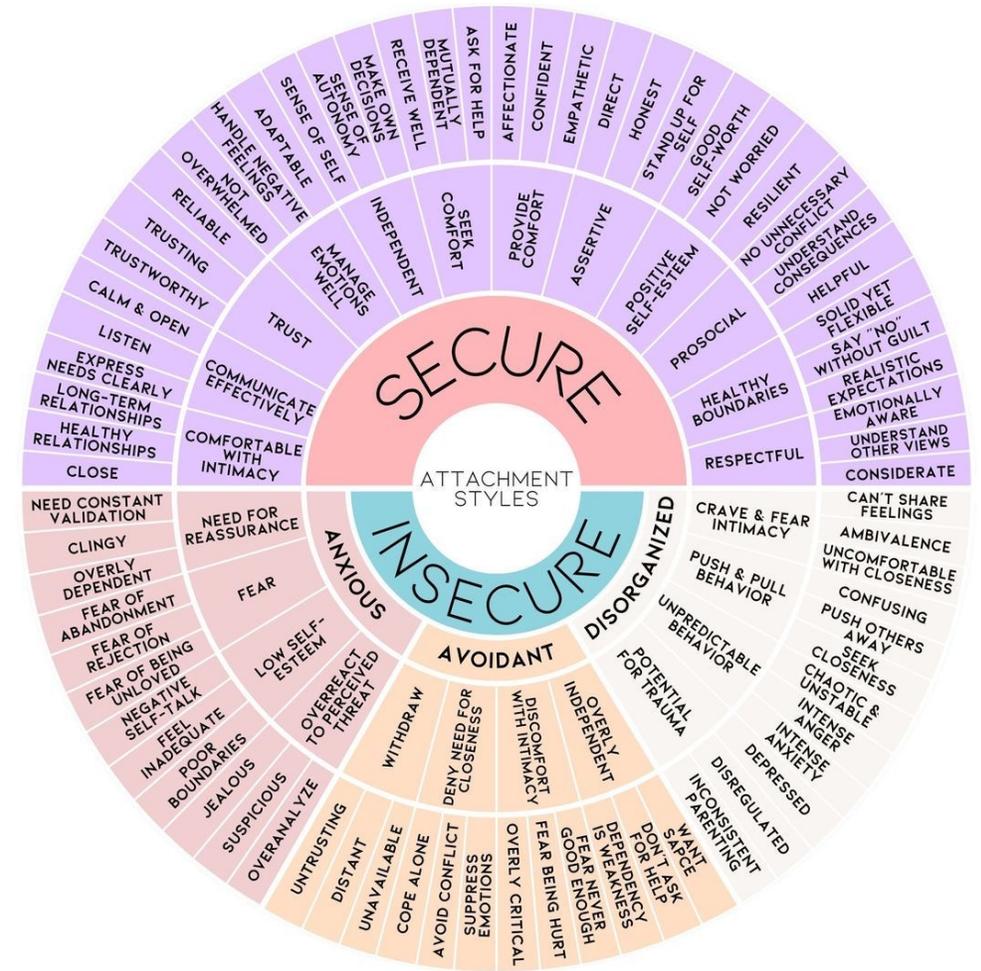
I am OK, you are OK Secure attachment	I am OK, you are not OK Avoidant attachment
You are OK, I am not OK Anxious attachment	I am not OK, you are not OK Disorganised attachment

* Attachment Style Wheel

The Attachment Wheel is a useful tool in supervision for reflecting on how a client presents in therapy.

It is also a valuable resource for exploring our own attachment style, which is an important factor in shaping the therapeutic relationship.

There is also a PDF handout that you can keep, allowing you to refer to the Attachment Wheel whenever needed.



Credit [Mubarak Mansoor Ali linkedin](#)

* When Does Attachment Appear in Therapy?

1. From the First Point of Contact (Intake / Email / First Session)

Clients may show attachment patterns before they ever sit down in the room.

Signs include:

- anxiety about whether the therapist will accept them
- checking repeatedly for reassurance
- hesitating, withdrawing, or cancelling sessions
- fear of “doing therapy wrong”
- difficulty asking for support

This reflects early relational expectations:

“Will you be there for me? Can I trust you?”

* When Does Attachment Appear in Therapy?

2. When the Relationship Begins to Deepen

As the client starts to emotionally invest, their attachment system activates.

Typical signs:

- fear of being judged or abandoned
- testing the therapist (“Do you really care?”)
- idealising the therapist or feeling overly dependent
- pulling away when therapy feels too close
- wanting more time/contact than boundaries allow

This is often where **anxious, avoidant, or disorganised patterns** become visible.

* When Does Attachment Appear in Therapy?

3. When the Therapist Sets a Boundary

Boundaries are highly activating for attachment-insecure clients.

Common responses:

- feeling rejected or punished
- shutting down or withdrawing
- becoming angry or fearful
- over-apologising or people-pleasing

A boundary may *unconsciously* echo past relational ruptures - *Transference*



* When Does Attachment Appear in Therapy?

4. When There Is a Rupture in the Therapeutic Relationship

This is where attachment becomes most visible.

Examples:

- therapist misunderstands something
- the client feels ignored, minimised, or unseen
- missed sessions or cancellations
- misattunement in tone, timing, or empathy

* When Does Attachment Appear in Therapy?

5. During Work on Core Themes (Trauma, Intimacy, Shame, Loss)

When therapy approaches emotional intimacy, early experiences of being soothed or neglected come to the surface.

Attachment may present through:

- difficulty trusting the therapist with painful emotions
- fear of burdening the therapist
- shutting down when vulnerable
- becoming emotionally dysregulated
- seeking more closeness than therapy can realistically offer



* When Does attachment Appear in Therapy?

6. As Therapy Nears an Ending

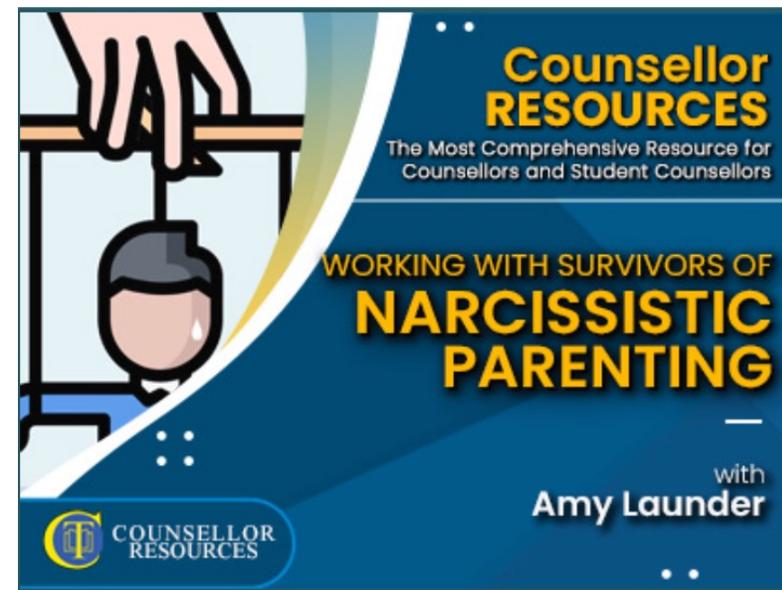
Endings often mirror the client's early separation patterns.

Possible presentations:

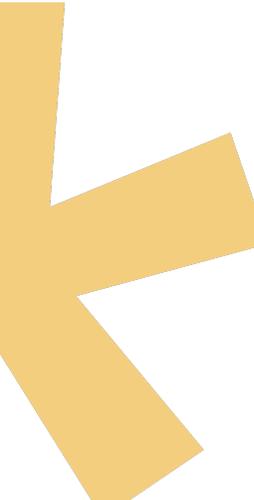
- clinging or anxiety about losing the therapist
- minimising the importance of therapy (“It didn’t matter anyway”)
- sudden drop-out to avoid the pain of goodbye
- grieving the relationship
- working collaboratively on the ending (more common with secure attachment)

Endings are one of the most telling attachment moments in therapy.

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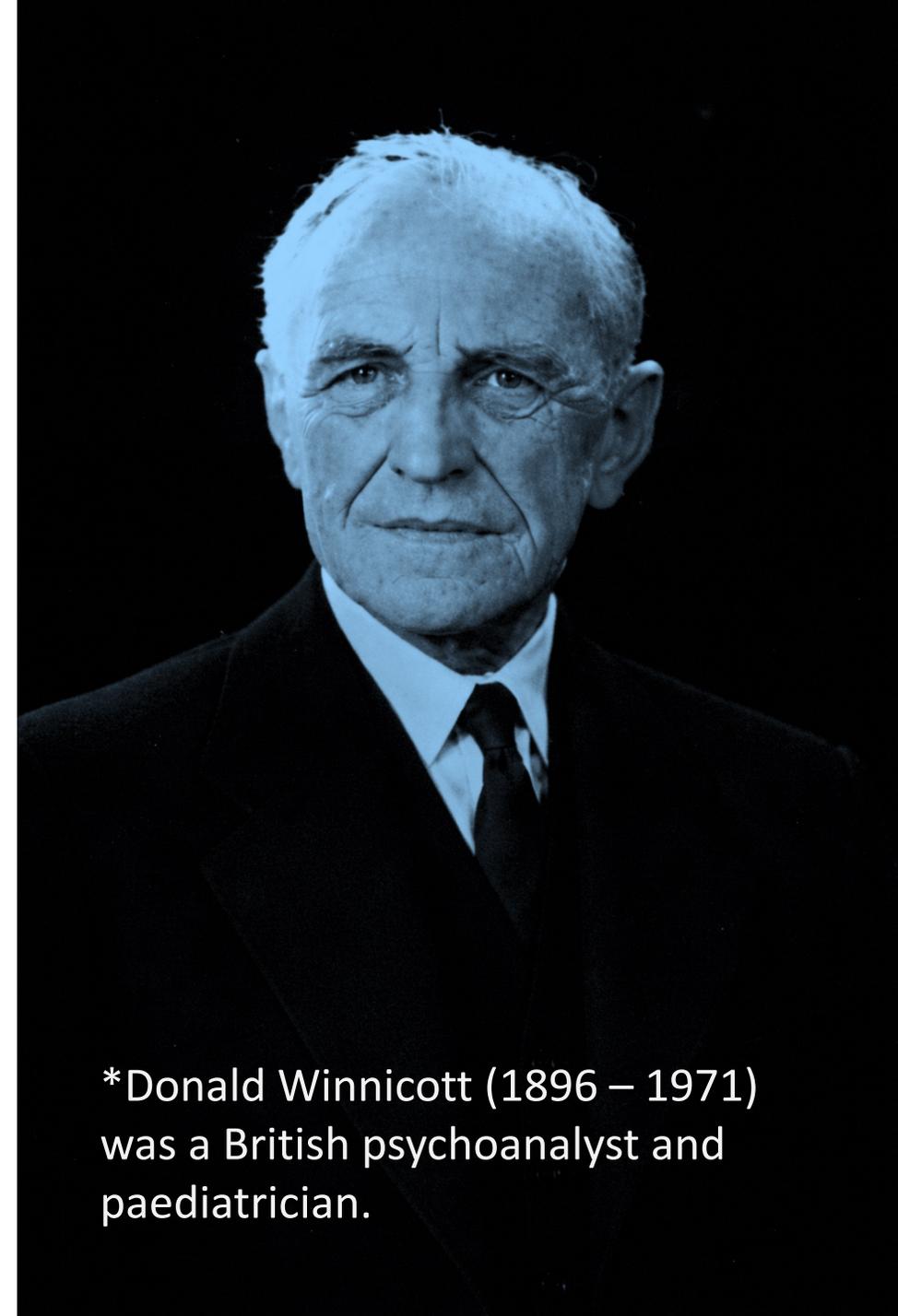
The 'Good Enough Other'

* Attachment is the client's gift to you

– *They are seeking the good enough other**

Healing attachment wounds can only happen within the context of a relationship with a person who can offer *emotional availability, consistency, patience*, and a high degree of *self-awareness* and *self-mastery*.

The “good enough other” comes with training, personal development, and insights gained through personal therapy.



*Donald Winnicott (1896 – 1971) was a British psychoanalyst and paediatrician.

* Attachment is the client's gift to you

Thoughtful therapists see attachment as a gift clients give them, and they collaborate with that client to gently explore the facets of the attachment in such a way that it slowly reveals a client's internal world.

Through the ark of therapy the client may become aware of their place in relationships and the world, thus giving them the opportunity to become aware of beliefs and behaviours that no longer serve them and can be released or replaced with more adaptive ones.

* Safety and Regulation Must Come Before Insight

Clients with attachment injuries often struggle with emotional regulation, especially when closeness or vulnerability is involved.

Insight alone doesn't shift attachment patterns—**felt safety**, co-regulation, and a steady, predictable therapist do.

Practical clinical meaning:

- Prioritise pacing, grounding, and stabilisation before deep exploration.*
- Support the client to stay within their window of tolerance.*
- Be mindful that “going too fast into feelings” can trigger shutdown or overwhelm. *

* *Being trauma informed is essential*

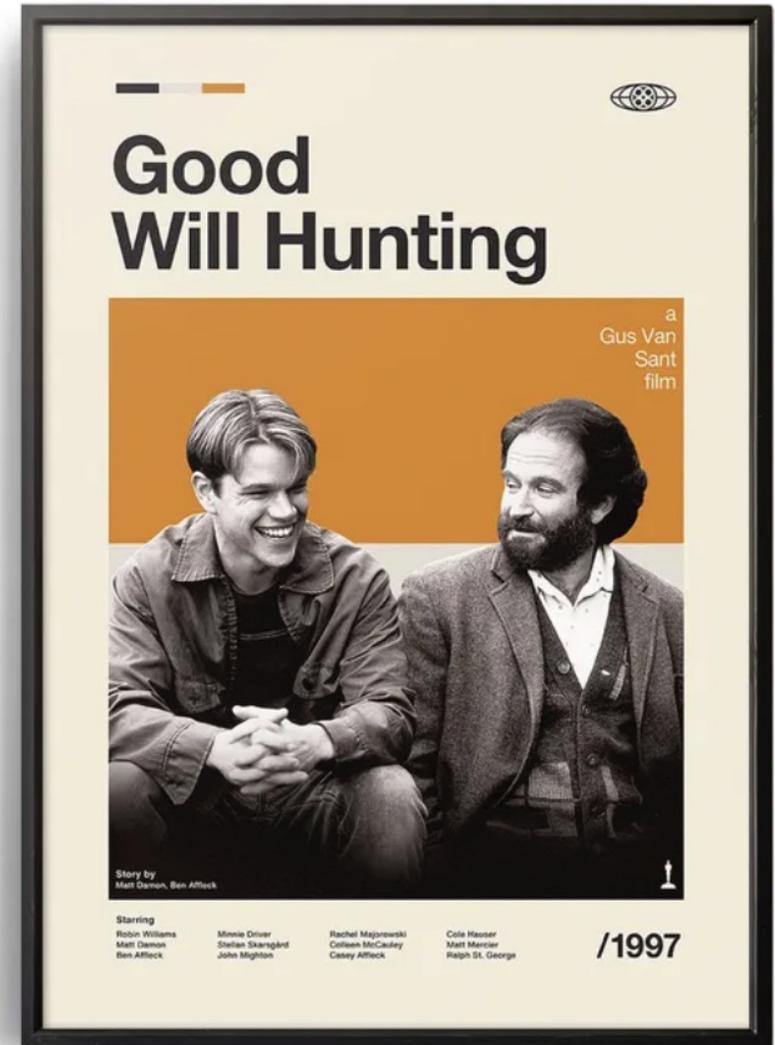
* From Protection to Connection

“You think I know the first thing about how hard your life has been, how you feel, who you are? Because I read *Oliver Twist*?

Does that encapsulate you? Personally? I don't know you.

And if you don't talk to me, I will never know you. I want to help you... but you've got to take the step to let me in.”

-Sean Maguire, the therapist played by Robin Williams, in the film Good Will Hunting (1997).



* Connection

– Co-regulating the nervous system with a safe being

Be a safe and calm nervous system.

Nervous systems communicate with each other through mirror neurons. If you are calm, their nervous system will know this, and this will allow them to feel safer.



* Connection

– Co-regulating the nervous system with a safe being

Use imagination and memories.

Imagining or remembering a place or person that you felt safe with can also calm the nervous system. Some clients might use their imagination; others might like a picture or video of a child, partner, friend, place, or pet to help them to remember a feeling of safety.



* Clients will test you

Part of attachment presentation is the client replaying past relationships in the therapy room.

Implications in practice:

- Clients may choose to be silent (You can't make me talk!)
- They may try to shock you with sexual exploits, violent acts, or other past transgressions.
- The purpose of these tests is to see if you are consistent, unlike those people in the client's past.

*The Therapeutic Relationship is the Agent of Change

Attachment plays out **in the room**, not just in the client's history.

The therapist often becomes a **temporary attachment figure**, meaning the relationship will evoke patterns, longings, fears, and defensive strategies.

Implications in practice - Final Thoughts:

- Expect transference-based reactions (clinginess, withdrawal, testing, avoidance).
- Your consistency, boundaries, attunement, and repair work provide corrective experiences.
- Rupture and repair *is* the therapy—this builds earned security.

* Sources of information

The material for this lecture has been curated from a wealth of comprehensive lectures provided by experts, all of which are available in the [Counsellor CPD library](#).



* References

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