

# ATTACHMENT THEORY IN CLINICAL PRACTICE: THEORETICAL REVIEW AND RECOMMENDATIONS

## TEORÍA DEL APEGO EN LA PRÁCTICA CLÍNICA: REVISIÓN TEÓRICA Y RECOMENDACIONES

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### Abstract

*This article aims to review the latest advances in psychotherapeutic practice from the perspective of attachment theory and which clinical recommendations are suggested. The objective is, on the one hand, to update bibliographic knowledge regarding possible interactions between different styles of adult attachment and psychotherapeutic practice, taking into account the importance of the therapeutic relationship. On the other hand, it aims to offer recommendations for clinical practice based on the latest advances from research.*

*For this purpose, an exhaustive search was carried out on different databases. All articles whose objective was not expressly to study the relationships between adult attachment and individual therapy or psychotherapy of patients without any specific disorder, as well as those conducted before 2009, have been excluded.*

*The results include a total of 19 publications that meet the inclusion criteria and are analyzed in a table showing their titles, authors and year, journal of publication and impact factor; type of study, results and main conclusions. Based on these findings, recommendations are proposed to optimize and adapt clinical practice to the different needs of clients. The limitations and future reflections of the present study are discussed.*

**Keywords:** Attachment theory, Psychotherapy, Adult attachment styles, Therapeutic alliance, Patient-therapist relationship.

### Resumen

*El presente artículo pretende revisar cuáles han sido los últimos avances en la práctica psicoterapéutica desde la perspectiva de la teoría del apego y qué recomendaciones clínicas sugieren. El objetivo es, por un lado, actualizar los conocimientos bibliográficos en relación con las posibles interacciones entre los diferentes estilos de apego adulto y la práctica psicoterapéutica, teniendo en cuenta la importancia de la relación terapéutica. Por otro lado, trata de ofrecer recomendaciones para la práctica clínica basadas en los últimos avances procedentes de la investigación.*

*Para ello se ha realizado una búsqueda exhaustiva en diferentes bases de datos, se han excluido todos los artículos cuyo objetivo no fuera expresamente estudiar las relaciones entre el apego adulto y la terapia o psicoterapia individual de pacientes sin ningún trastorno específico, así como los anteriores al 2009.*

*Los resultados incluyen un total de 21 publicaciones que cumplen con los criterios de inclusión y se analizan en una tabla que presenta sus títulos, autores y años, revista de publicación e impacto, tipo de estudio, resultados y principales conclusiones. A partir de estos hallazgos, se proponen recomendaciones para optimizar y adaptar la práctica clínica a las diferentes necesidades de los clientes. Se comentan las limitaciones y futuras reflexiones del presente estudio.*

**Palabras clave:** Teoría del apego, Psicoterapia, Estilos de apego adulto, Alianza terapéutica, Relación paciente-terapeuta.

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## Introduction

The concept of attachment is becoming an important topic for professionals in Psychology and other related disciplines, even if this is a construct that has been used in a very diffuse way (Valero Rivas, 2018). Although it attracts a lot of interest and has a special relevance in clinical practice, its application and use are imprecise (Crittenden, 2017) and the abundant information is poorly structured and poorly focused to suggest pathways of intervention for professionals. Similarly, Eagle (2017) notes the absence of therapies with specific techniques and interventions directly linked to or prescribed by Attachment Theory as a limitation. Similarly, Galán (2019) highlights a strong imbalance between the scientific achievements and their clinical development.

The basic foundations of the relationship between attachment and psychotherapy lie, on the one hand, in the establishment of the professional as a secure base from which his patient explores his inner world and to which he returns in search of refuge and comfort (Bowlby, 1988/1995). On the other hand, a good therapeutic alliance offers the opportunity for the patient to experience a new form of corrective relationship and to explore his past in a safe context. Also, being linked to his therapist, in whom he trusts, to offer support, security, and comfort in moments of discomfort (Holmes, 2009). Thus, the Attachment Theory moves from the initially defined relationship between a mother and her baby to the therapeutic relationship between therapist and patient in which a way of dealing with vulnerability is favored (Bowlby, 1969/1989).

In short, it is vitally important to know and organize the existing research on how to establish a therapeutic relationship that meets the main characteristics of an attachment relationship, which has to be functional in order to overcome the difficulties and vulnerabilities faced by people who come to seek the help of psychology and psychotherapy professionals. Likewise, as professionals, we will be able to guide the work in the therapeutic relationship to adapt to each individual more effectively, thus calming their suffering and offering new relational experiences that generate a positive change and increase the chances of therapeutic success. Renn (2017) supports the idea that there are many professionals interested in the contributions of this theory, but they feel lost when they try to apply it in their clinical practice and, especially, to the adult population.

The introduction to this article consists of three parts: Attachment Theory, attachment in adults and the previous remarkable work in the attachment and psychotherapy relationship. After justification, the method and results are presented. Based on the results, several recommendations for clinical practice are offered in the discussion and lastly, the limitations and future reflections are commented on.

### **Attachment Theory: Fundamental concepts**

It was John Bowlby, in the 1960s, who developed Attachment theory. The theory describes the effect of early experiences and the relationship with the first

figure into the child's development (Bowlby, 1969/1989, 1979, 1988/1995). This relationship is the first that we establish as we are born and, within it, we learn to regulate our own emotions since we are not able to do it by ourselves when we are born (Botella & Corbella, 2005; Schore, 2001; Fonagy, 1999). Additionally, it is through this relationship that the newborn experiences the first positive feelings (security, affection, confidence) and negative (insecurity, abandonment, fear) (Cordellat, 2008). It also fulfills the functions of maintaining proximity and trying to establish the figure of attachment as a secure base; from which the child departs to explore and returns in search of refuge and comfort (Bowlby, 1988/1995).

The quality of this attachment bond influences both the physical and cognitive development of the child, as well as his emotional and affective development, throughout his life (Malekpour, 2007). Although it is more intense in childhood, it remains "from cradle to grave" (Bowlby, 1969/1989; p.78). These relational experiences are the basis on which representational models known as Internal Operating Models are built (Bowlby, 1973). These models are representations of himself and others that he has acquired throughout his life as a result of his interaction with the environment and fundamentally with his attachment figures.

Ainsworth, Blehar, Waters & Wall (1978) designed an experimental situation known as the Strange Situation. The study examined the balance between attachment and exploration under high-stress conditions and the type of attachment identified in children aged 1-2 years. Ainsworth (1979, 1989) observed individual differences that could be classified into three main attachment forms:

- Secure attachment (type B) is achieved through continuous and affectionate contact, and being sensitive to the needs of the child; who is sociable and presents high levels of exploration.

- Avoidant insecure attachment (type A) is observed in children whose caregiver exhibits behaviors of rejection, rigidity, hostility, aversion to contact, intrusiveness and/or difficulty to regulate their emotions. As a result, these are children who avoid close contact and distance themselves from their caregivers by paying more attention to their toys.

- Resilient/ambivalent attachment (type C) is typical of children who respond with protest behaviors, with separation anxiety and anger and/or ambivalence in the reunion. Their caregiver is physically and emotionally available inconsistently (sometimes available and other times not) and the child feels insecure and afraid to explore and get separated from their caregiver.

Main and Solomon (1986) identified a fourth type: The disorganized (D), characterized by being more insecure than the above mentioned and for responding with confusing, contradictory and/or apprehensive behaviors in response to the attachment figure approach (Delgado & Oliva Delgado, 2004).

### Adult Attachment

While it is true that the theory of attachment was initially discussed in the field of early relationships, many studies have subsequently emerged which investigate the principles of theory in interpersonal relationships that take place in adulthood. Although the attachment style is something that remains relatively stable due to internal operating models and family environment (Stein et al., 2012), it is not something fixed in time. In other words, it is likely to be modified from new rewarding relational experiences with secure attachment figures when experiencing a redefinition process, as in a psychotherapeutic process (Lossa, 2015).

In terms of attachment styles, we do not only refer to representations of relationships, but also to internal operating models that function as interpreters and strategically guide the processing of information, as well as influencing the emotional record and the disposition towards action (Serván, 2018). These can be defined as two models: Categorical and dimensional. Following the categorical model, Main (2000) distinguishes the following adult attachment styles: secure-autonomous, rejecting, concerned and unresolved. The secure attachment style (*autonomous*) is characterized by people who, in the interpersonal domain, are warmer, more stable and with satisfactory intimate relationships. In the intrapersonal domain, they are more positive, integrated and having coherent perspectives of themselves (Mikulincer, 1998). This type of affective bond of attachment is represented as a psychological immunity system. Whenever, throughout development, such psychological immunity (offered by the one who protects) is suboptimal, the individual must sacrifice some aspect of his psychic life in exchange for a modest security giving rise to the styles of insecure attachment (Holmes, 2009). On the one hand, avoidant (*rejecting*) individuals remain close to those who protect them, but without approaching excessively due to fear of rejection or aggression. In the interpersonal domain, they feel insecure towards others and expect to be displaced based on past experiences of abandonment (Mikulincer, 1998). Children in this category tend to sacrifice intimacy and a deficit of activation of attachment responses is observed. On the other hand, ambivalent (*concerned*) individuals are always clinging to the caregiver (even in the absence of danger) as a result of having experienced incoherent responses in distressing situations. Then, they sacrifice exploration and autonomy as a strategy for gaining security and overactive attachment responses. In the interpersonal domain, they have a strong desire for intimacy, but in turn (and hence their ambivalence), they feel a sense of insecurity towards others (Mikulincer, 1998).

The previously discussed attachment styles can also be defined from the characteristic dimensions of insecurity; anxiety or fear of abandonment as well as intimacy and closeness avoidance (Mikulincer & Shaver, 2007). Specifically, a person with secure attachment is characterized by low anxiety and avoidance, since they conceive themselves as worthy of care and are not afraid to engage intimately with others. However, a person with avoidant insecure attachment (*rejecting*) presents a high level of avoidance of closeness, intimacy and/or dependence and

is characterized by a strong tendency towards independence, self-sufficiency and the ability to deal with problems without the need for external support. Finally, people with high levels of anxiety (*concerned*) have concerns and fear of rejection and abandonment, as well as doubts about their capacity and social importance.

In short, Galán (2019) states that when the attachment relationship has malfunctioned, the person is more likely to present difficulties in different functioning areas (cognitive, affective, behavioral and/or relational) and it becomes necessary to intervene within the therapeutic relationship in order to promote a better regulation of these areas and managing the attachment style.

### **Previous work in the Attachment and Psychotherapy relationship**

Although attachment theory has not presented a specific clinical proposal at the same level of development as its evolutionary contributions, it has exerted a huge influence on the world of psychotherapy (Galán, 2019). It offers a broad and far-reaching view of human functioning and can enrich a therapist's understanding of his patients, as well as the therapeutic relationship, rather than dictating a particular form of treatment (Slade, 2008). On the other hand, efforts to collect and systematize their clinical and therapeutic derivations are observed (Galán, 2020) with monographs in journals such as the *Revista de Psicoterapia* (Vol. 29, no. 111) and with articles that aim to fill the gap between research and practice (Bennett & Nelson, 2010; Bettman & Friedman, 2013; Oppenheim & Goldsmith, 2007). However, none indicate exactly what therapists should do to help their clients push the boundaries of their personal history and the majority focus on childhood and adolescence collectives. In addition, there are numerous limitations to these clinical contributions (Galán, 2019) such as the absence of therapies with specific techniques and interventions directly linked or prescribed by this theory (Eagle, 2017).

Based on the idea that it is necessary to highlight the importance of the relationship to practicing professionals and to make a psychopathology and psychotherapy more relational based (Fonagy & Campbell, 2017), the most noteworthy contributions of professionals who have dedicated their investigation to this subject are presented. They have delved deeper into the concepts of the secure base, the therapeutic alliance, the functions within this therapeutic relationship and how the styles of attachment of the therapist and the patient are complemented.

First, Holmes (2009) explains how attachment theory has traits that make its contribution to psychotherapy unique; it can advance from observable external behaviors to mental representations. In doing so, it integrates psychodynamic, cognitive and behavioral perspectives at the same time; it offers a coherent theory about the therapist-patient relationship where the need of the patient to seek a figure of attachment is the main feature and the therapist must act as a responsive caregiver (sensitive, coherent, reliable and psychologically minded). Furthermore, it explains the concept of a secure base applied to psychotherapy as vitally important for the survival of the individual. This secure base is represented as the external figure to

which the person is addressed for protection and tranquility, and, at the same time, as the representation of security within the psyche of the individual to which he addresses himself for the regulation of his affection (p. 27).

Like the figure of a sensitive and responsive mother to her baby's needs (promoting a sense of security and supporting environment exploration by offering the certainty that she will be available if the baby needs her support), a therapist can serve as a secure base from which clients can "go out" to explore and reflect on painful memories and experiences and also represent a secure haven to which they can return in search of safety. Feeney & Noller (2001) conclude in their review that it is valid to consider some adult relationships to be attachment relationships. Holmes (2009) asks: "What is a therapeutic alliance but a bond of attachment?". He defines the consistency, reliability, blending, and repair of the rupture as the basic parameters to be established as a secure base and, at the same time, as relevant elements for establishing the therapeutic alliance (p. 83).

In the same vein, Wallin (2007) argues that psychotherapy can be a healing link and that the therapist is consolidated as a new attachment figure with which the patient can develop new attachment patterns. Specifically, it establishes the therapist as a secure base that facilitates exploration, development and change and to which the patient can return in search of tranquility and emotional restoration. In short, it offers a therapy model where the flexible balance between proximity (connection) and exploration (characteristic of secure attachment) is fostered.

Also, Crittenden (2017) presents the role of the therapist as a transient attachment figure that fulfills functions such as emotional regulation, compassion, understanding and acceptance, problem identification and supporting emotional exploration (among others), in her "Dynamic Maturational Model (DMM)".

The patient's attachment style is an important variable to consider when building a therapeutic link. Therefore, it should be considered important when initiating a psychotherapeutic process (Lossa Corbella, & Botella, 2012). Different personal paths of attachment result in differences in the ability to attend to private experiences (Miller-Bottomo, Talia, Eubanks, Safran & Muran, 2019; Wallin, 2007) and the security to explore the world could be complemented by security to target internal processes such as sensory, affective and cognitive experiences (Eagle, 2017).

The "Attachment Style" review by Meyer & Pilkonis (2001) provides the following practical recommendations: 1. Evaluate the patient's attachment style; 2. Consider the patient's attachment style to create a good therapeutic alliance; 3. Consider modifying the attachment style as a treatment goal; 4. Evaluate the therapist attachment style. The conclusions indicate the benefits of secure attachment in forming stable and effective therapeutic alliances (Eames & Roth, 2000; Kanninen, Salo, & Punamaki, 2000), greater treatment results for people with this style (Mosheim et al., 2000; Meyer & Pilkonis, 2002) and improved performance in client and therapist dyads with opposite attachment styles.

Patients with secure attachment styles are considered "easy" as they take the

risk of entering a different relationship between themselves and the professional, going on to recognize the help received and venture to explore their inner world. Ambivalent (concerned) patients are highly emotionally activated (too conscious and prone to exaggeration) and seek safety and protection at all costs. In this case, they benefit from interventions with greater contention levels so functional limits are established, where the patient's abilities are strengthened (decreasing the experience of vulnerability that over-stimulates attachment), and where the presence and availability of the therapist are emphasized (thus making the over-request for help unnecessary) (Galán, 2020). For avoidant patients, they are wary, ungrateful and uninvolved emotionally (both with themselves and with others), so they benefit interventions that facilitate their affective expression and connection (Hardy et al., 1999).

### **Justification for this Article**

Publications specifically referring to the relationship between individual psychotherapy and adult attachment are generally abundant, but there is little research linking attachment theory to individual therapy in adults without any specific disorder (e.g. anxiety, depression, post-traumatic stress, etc.) and who simply come to seek therapeutic help for experiencing discomfort or dissatisfaction in their daily lives due to problems arising from their attachment style and/or insecurity. Therefore, the objective here is to show the variables mentioned in the literature concerning this topic from the research published in the last 11 years in a systematized and specific way. As well as this, the latest advances are shown with the goal of establishing a certain order; highlighting the most significant and innovative common aspects.

Finally, a guide with clinical recommendations based on this evidence is offered to help professionals who have an interest in this type of clinical practice in order to facilitate the implementation of this theory in carrying out their intervention and increasing the chances of therapeutic success.

## **Method**

### **Type of review**

The method used consists of a theoretical review. The reviews are part of a research methodology whose objective is to accumulate knowledge systematically from published studies on the same subject. The reviews should be carried out following a pre-established design and unlike others, this type of review does not put patients at the study center, but the studies available in the different electronic resources (Aguilera Eguía, 2014).

### **Information Search Strategy**

Searches were performed on the following databases: Dialnet; Science Direct; Medline; PsycARTICLES; E-Journals; Academic Search Premier; EBSCO eClas-

**sics Collection (EBSCOhost), Psychology and Behavioral Sciences Collection; ERIC; Psychology and Behavioral Sciences Collection; PsycINFO; Psychodoc; Proquest Central; Google Scholar; SciELO (Scientific Electronic Library Online).** The following words, set of words or phrases related to the objectives of the research were used: “Theory of Attachment”; “Attachment and psychotherapy”; “Therapeutic alliance and attachment”; “Adult attachment and therapy”; “Therapeutic relationship and attachment”; as well as their literal translations in Spanish. The boolean operators used were “AND”.

### *Inclusion criteria*

In a first search without applied criteria, a total of 4,700 publications on “attachment AND psychotherapy” were found from 1932 to the present day. The first inclusion criterion was the year of the search start (2009-2020) to get the representative articles of the advances in the last decade. The second criterion was the language, selecting those publications in Spanish and English. Also, the type of articles included were systematic reviews, meta-analysis, trials, thesis, monographic and official practice and/or clinical treatment guides. Finally, both published and unpublished articles (especially theses) have been included to avoid “publication bias” (Delclaux, 1980; Oakes, 1986).

### *Exclusion criteria*

Exclusion criteria were considered pre-2009 publications as well as articles that did not expressly refer to the relationship between adult attachment and individual psychotherapy as a priority objective. Therefore, the articles with specific therapy content and with a focus on couples, groups, friendship and/or sentimental relationships or other attachment different from the adult were discarded, as well as those which investigated specific disorders such as anxiety, depression, borderline personality disorder, eating disorders, etc.





Figure 1. Selection diagram of the final articles of the study.

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## Results

The results of this theoretical review are summarized below.

Table 1. *Main results derived from the articles included in the review.*

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1. Attachment theory provides a useful framework for informing and supplementing psychotherapy with adults, regardless of clinical orientation.

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  2. The “secure base” and “secure haven” concepts are nuclear within the therapeutic relationship.

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  3. The therapeutic relationship between the patient and the therapist is central to promoting a change in the patient’s attachment dynamics and how to address vulnerability.

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  4. The secure attachment styles of the patient and therapist positively affect the process, while the anxiety and avoidance characteristic of insecure styles hinders it.

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  5. The opposite attachment styles between therapist and client favor therapeutic alliance.

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  6. Corrective emotional experience is achieved through a relationship that changes throughout the process (it is not static)

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  7. At the beginning of therapy, therapists must adapt to the patient's attachment style and respond to their needs for adapting distancing and offer more new adaptive experiences, once the therapeutic link is established.

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  8. There is a need for further research on this issue to empirically confirm the “added value” of the prospect of attachment.

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## Discussion

A detailed analysis of the articles selected in this review is provided below with the main results and conclusions:

Table 2. Summary of key data from the articles included in the review.

Title	Author, Year	Magazine (Impact Index)	Type of study	Objective	Conclusions
An Attachment Perspective on Therapeutic Processes and Outcomes	Mikulincer Shaver, & Berant, 2013	Journal of Personality (3,483)	Theoretical Review	To explain the fundamental implications of Bowlby Theory to psychotherapy and review empirical evidence.	It confirms the importance of establishing what Bowlby called "secure base" and "secure haven" within the therapeutic relationship. - The client's sense of security during therapy is vital to facilitate therapeutic work. - The security of the therapist contributes to positive therapeutic results. - Attachment insecurities can be reduced in the therapeutic process.
How Does Attachment Theory Improve Our Clinical Practice? A Time for Summing Up	Galán, 2020	Psychologist's Papers (0,45)	Theoretical Review	To present more relevant contributions from The Theory of Attachment to Clinical Practice and offer recommendations	<b>Attachment Theory has driven a specific way of relating to the patient, where proximity, availability and committed emotional care are fundamental elements</b>
Attachment and Psychotherapy	Slade & Holmes, 2018	Current Opinion in Psychology (3,180)	Theoretical review	To contextualize the importance of attachment theory for adult psychotherapy, review existing literature and highlight the fundamental elements of attachment-informed psychotherapy	The key points are: - The therapist-patient relationship is central to promoting change - The "in vivo" recognition of attachment dynamics during therapy guide intervention - Therapy can modify attachment dynamics

<p>The Therapeutic Relationship from An Attachment Theory Perspective The Clinical Dimension of Attachment Theory, A Promise Still Unfulfilled?</p>	<p>Skourteili &amp; Lennie, 2011 Galán, 2019</p>	<p>Counseling Psychology Review Journal of Psychopathology and Mental Health of Children and Adolescents</p>	<p>Empirical study Theoretical review</p>	<p>To examine the therapist's vision as an attachment figure and the relationship between the type of attachment of the client in close relationships and with the therapist. To address the explanatory factors of the imbalance between scientific achievements and their clinical development</p>	<p>Quantitative analyses suggest that client attachment is activated in the context of the therapeutic relationship (specifically "Need for Approval" is significantly associated with the two types of attachment (Avoidant and Concerned and "Relationship Concern" correlates positively with Concerned attachments). Qualitative results indicate that the therapist serves as a figure of attachment to clients. With thoughtful, tight and well-founded approaches, an enormous wealth can be extracted from the theory of attachment with which to improve clinical practice.</p>
<p>Attachment Theory and Research and Clinical Work</p>	<p>Eagle, 2017</p>	<p>Psychoanalytic inquiry (0,228)</p>	<p>Theoretical review</p>	<p>To develop information about the therapist's role as a secure base from which the patient can start his exploration.</p>	<p>Barriers to the patient's ability to perceive the therapist as a secure base and the therapeutic ingredients needed to mitigate them are discussed.</p>
<p>Effects of The Therapist's Attachment Organization on The Process and Outcome of Therapy: A Review of The Empirical Literature</p>	<p>Parpottas &amp; Draghi-Lorenz, 2015</p>	<p>Counseling Psychology Review</p>	<p>Theoretical review</p>	<p>To explore how the types of attachments of trainee therapists and qualified therapists could influence the work alliance, the depth of interventions, countertransfers, and the outcome of therapy.</p>	<p>Secure attachments from therapists could affect the process and outcome of therapy positively while insecure attachments affect negatively.</p>
<p>The Role of The Therapist's Kind of Attachment in The Alliance and The Outcome: A Systematic Review of Literature</p>	<p>Degnan, Seymour-Hyde, Harris, &amp; Berry, 2016</p>	<p>Clinical Psychology and Psychotherapy (2,508)</p>	<p>Systemic review</p>	<p>To examine the impact of the therapist's attachment style on therapeutic alliance and results.</p>	<p>The results indicate that therapists need to take the influence of their attachment style on the therapeutic process into account and that more research is needed on the subject.</p>

<p>A Qualitative Exploration of the Use of Attachment Theory in Adult Psychological Therapy</p>	<p>Burke, Danquah, &amp; Berry, 2016</p>	<p>Clinical Psychology and Psychotherapy (2,508)</p>	<p>Qualitative study</p>	<p>To explore how a group of therapists with an interest in attachment theory apply it in their work with adult clients.</p>	<p>The study concludes that attachment theory can play a significant role in adult clinical practice and can be usefully adopted to complement therapeutic processes regardless of the therapist's clinical orientation.</p>
<p>The Attachment Dance</p>	<p>Owen, 2011</p>	<p>Journal of Psychotherapy Integration (2,11)</p>	<p>Theoretical review</p>	<p>To explain how empirical results can produce a guide to understanding the theory of changing dynamics between client and therapist.</p>	<p>Although it is impossible to identify every turn and change in the overall therapeutic relationship, it can establish a map of the dynamics of two people in a therapeutic relationship to recognize, reduce and overcome insecurity.</p>
<p>Therapeutic Alliance: Evolution and Relationship with Attachment in Psychotherapy</p>	<p>Rossetti &amp; Botella, 2017</p>	<p>Argentine Journal of Psychological Clinic (0,582)</p>	<p>Empirical study</p>	<p>To analyze how the therapeutic alliance behaves over time and to ascertain whether it is facilitated or hindered by certain characteristics of the patient's attachment style.</p>	<p>A slightly increasing linear evolution of the therapeutic alliance was evident. By associating it with attachment, the avoidance dimension revealed no correlation. With anxiety it did show a stronger negative relationship as therapy advanced.</p>
<p>The Relationship Between Adult Attachment Style and Therapeutic Alliance in Individual Psychotherapy: A Meta-Analytic Review</p>	<p>Diener &amp; Monroe, 2011</p>	<p>Computers (2,302)</p>	<p>Meta-Analysis</p>	<p>To examine the relationship between adult attachment style and therapeutic partnership in individual psychotherapy.</p>	<p>The results showed that increased security in the attachment style was associated with stronger therapeutic alliances, while greater insecurity in attachment style was associated with weaker therapeutic alliances.</p>

Attachment Style, Representations of Psychotherapy, and Clinical Interventions with Insecurely Attached Clients: Client Attachment Style	Geller & Fairber, 2015	Journal of Clinical Psychology (2,33)	Empirical study	To demonstrate the clinical usefulness of the relationship between attachment theory and how patients create and use representations of the therapeutic relationship.	The results indicated that although patients with different styles of insecure attachment attempted to evoke positive representations of therapists, the specific nature of their representational patterns varied depending on the specific attachment styles.
The Psychotherapeutic Relationship as an Attachment Link: Evidence and Implications	Mallinckrodt, 2010	Journal of Social and Personal Relationships (1,75)	Theoretical review	To introduce a conceptual model that describes how therapists can regulate therapeutic distance to create conditions that best suit clients with overactivation of attachment behaviors versus those who turn them off.	Therapists have created a corrective emotional experience by offering the client a series of attachment relationships that are progressively changing and that promote an increasingly adaptive functioning, rather than a static attachment relationship.
Experienced Therapists' Approach to Psychotherapy for Adults with Attachment Avoidance or Attachment Anxiety	Daly & Mallinckrodt, 2009	Journal of Counseling Psychology (3,344)	Qualitative study	To identify common topics that report strategies used by therapists and describe their work with clients who have a high level of attachment anxiety (overactivated) or a high level of avoidance (deactivated).	The distance needed to "hook" clients is initially progressively adjusted to create a corrective attachment relationship that facilitates a change: They gradually increase the therapeutic distance in those with anxiety so that they learn to function more autonomously and decrease it in those with avoidance to overcome their fears of intimacy.
Meta-Analysis of Client Attachment to Therapist: Associations with Working Alliance and Client Pretherapy Attachment	Mallinckrodt & Jeong, 2015	Computers (2,302)	Meta-Analysis	To conduct a meta-analysis of studies that had explored client-therapist attachment associations (measured by the CATS) with client attachment before therapy and with the work alliance.	The results suggest that the two dimensions of customer attachment insecurity (anxiety and avoidance) were negatively and significantly associated with the CATS "Secure" subscale and positively with the "Avoidant" subscale. The CATS "Secure" subscale was the only one with a strong and positive partnership with the working alliance. The results have significant implications for understanding client transfer.

<p>The Insecure Psychotherapy Base: Using Client and Therapist Attachment Styles to Understand the Early Alliance.</p>	<p>Marmarosh et al. 2014</p>	<p>Computers (2,302)</p>	<p>Empirical study</p>	<p>To check the notion that complementary attachments are better for a secure base in psychotherapy.</p>	<p>The results partially support the notion that different attachment configurations between therapist and client facilitate greater alliance, although it only occurred when the initial alliance perceived by the patient was measured and only related to the anxiety dimension of the attachment.</p>
<p>Client and Therapist Attachment Styles and Working Alliance</p>	<p>Bucci, Seymour-Hyde, Harris, &amp; Berry, 2016</p>	<p>Clinical Psychology and Psychotherapy (2,508)</p>	<p>Empirical study</p>	<p>To examine the relationship between the work alliance and the attachment style of the client and therapist of 30 dyads of a mental health service in England.</p>	<p>The security of the attachment of the client and the therapist were not independently related to the work alliance, although there was a significant association between the insecurity of the therapist and the alliance in clients with the most symptomatology. It was also shown that therapists and clients with opposing attachment styles reported better alliances.</p>
<p>Patient Attachment Style in Building the Therapeutic Alliance</p>	<p>Lossa, Corbella, &amp; Botella, 2012</p>	<p>Psychology Bulletin (0,063)</p>	<p>Empirical study</p>	<p>To deepen the knowledge of the relationship between the patient's attachment style and the construction of the therapeutic alliance.</p>	<p>- Patients manage to overcome their difficulties linking associated with a lower score in the subscale avoidance of attachment style. - Patients with an anxious attachment style have difficulties setting goals with the therapist as therapy progresses</p>
<p>Therapeutic Partnership and Its Relationship to The Attachment Variables Of The Therapist And Consultant</p>	<p>Navia &amp; Arias, 2012</p>	<p>Universitas Psychologica (0,23)</p>	<p>Empirical study</p>	<p>To determine variations in the therapeutic alliance throughout the therapy and determine the relationship with the attachment of the consultant and therapist.</p>	<p>The results indicated that the security of attachment favors the development of the therapeutic alliance evaluated by the therapist, especially in the first session. Subsequently, the openness to intimacy with the consultant and trust in the therapeutic procedure benefits the therapeutic alliance.</p>

Based on the results and the review carried out, several operational specifications can be established in different areas of the intervention and which have been previously highlighted by various authors:

### **Therapist's Basic Aspects**

- ⇒ *Take into account the therapist's attachment style* and how it influences the therapeutic relationship, so it is advisable training in the subject, individual therapy and supervision (Degnan et al., 2016; Mikulincer et al., 2013; Parpottas & Draghi-Lorenz, 2015).
- ⇒ *Have training and knowledge* of attachment theory regardless of its orientation, since it is necessary to be prepared to encounter relational strategies widely marked by the history of attachment of the patient (Berry & Danquah, 2016; Burke, Danquah, & Berry, 2016; Galán, 2019; Parpottas & Draghi-Lorenz, 2015).
- ⇒ *Provide the necessary conditions to establish a good therapeutic alliance* that facilitates the improvement of the patient and establish yourself as a "secure base" and a "secure haven" using the following skills: be sensitive, offer trust, proximity, and availability, be interested and in charge of the situation, with the ability to accept, understand, empathize with and respond carefully to the needs of the patient, offer tranquility and calmness (emotional care) and encourage him to explore his past and present experiences and to achieve an adaptive and functional balance between autonomy and dependence, know how to repair the breakdowns and adapt to changes. Be flexible, patient, coherent and consistent to establish a predictability in the way the patient will be treated which allows him to trust and be calm and relaxed (more secure) (Eagle, 2017; Mallinckrodt, 2010; Mikulincer et al., 2013; Navia & Arias, 2012).

### **Patient's Basic Aspects**

- ⇒ *Feeling vulnerable, needing protection and requiring help from a stronger or more capable congener* are the characteristics of patients who come to consultation and who activate the attachment system within the therapeutic relationship (Galán, 2019, 2020).
- ⇒ *Evaluate and take into account the type of attachment of the patient*: Validated instruments such as the Patient Attachment Coding System (PACS) can be used to evaluate the deployment of the attachment relationship to the therapist within the session, regardless of the specific type of psychotherapy (Talia, Miller-Bottomo, & Daniel, 2017). It is also helpful to ask about past experiences and discuss how he retells them. These formulations of the type of attachment are the ones that will guide the psychotherapeutic process through different strategies (Mallinckrodt & Jeong, 2015; Navia & Arias, 2012; Rossetti & Botella, 2017).



### Intervention's Basic Aspects

- ⇒ *Basic goals of psychotherapy*: Modify the patient's type of attachment to a more secure and adaptive one that reduces the characteristic discomfort of anxious and avoidant attachment styles. Modify their internal working models to allow them to have a more adaptive function with a stronger sense of control and self-efficacy, along with greater ability to autonomously regulate (self-regulation of emotions, thoughts, and behaviors) and a greater sense of security (Mikulincer et al., 2013; Slade & Holmes, 2018; Owen, 2011).
- ⇒ *Intervention strategies* to achieve the above objectives:
1. *Adapt the intervention to the patient's attachment style*
    - A) *For concerned patients (anxious or ambivalent)*, they may benefit most from cognitive/behavioral interventions that help them separate, contain and control their emotions (also known as deactivation strategies). Furthermore, greater consistency and predictability are recommended through establishing clear limits, as well as being patient towards their dependence and not being overly protective (promote their autonomy gradually).
    - B) *In the case of avoidant patients*, they can benefit more from interventions that make use of emotional strategies (overactivation strategies) and care should be taken not to reinforce their self-sufficiency and lack of emotional contact by discussing superficial issues to protect the patient (Bucci et al., 2016; Daly & Mallinckrodt, 2009; Galán, 2019, 2020; Mallinckrodt, 2010; Marmarosh et al., 2014; Rossetti & Botella, 2017).
  2. *Increase patient security progressively* to improve therapeutic linkage and thereby increase the chances of therapeutic success and internalization and practice of new self-regulation capabilities.
    - A) The therapist must initially join the patient's attachment style (respect and validate their protective strategies and respond to their needs and pace) and once the therapeutic alliance is established and as the therapy progresses, begin to distance themselves and promote their exploration and autonomy (in the case of the anxious) or their tolerance to intimacy (in the case of avoidant ones).
    - B) At the end of therapy, the two types of dyads will ideally work at an adaptive level of therapeutic distance.
    - C) Security must be established in a general way from the beginning of the process until its completion and in a particular way in each session: Clear communication is key, with the establishment of clear limits that offer a coherent structure in terms of the duration, frequency, appointment remarks, prices, schedules, the development of each session, etc., and provided that it is always adapted to the needs of

the patient and his rhythms (Daly & Mallinckrodt, 2009; Galán, 2020; Mallinckrodt, 2010; Mikulincer et al., 2013; Slade & Holmes, 2018; Owen, 2011).

3. *Make use of the “here and now”*, of the relational situation “in vivo” to increase awareness of what is going on in the therapeutic relationship and thus identify the relational dynamics and how to deal with the vulnerability of the patient. Optionally, feedback and returns can be given that are illustrative so that he can identify, understand and change inside and outside the session (Galán, 2019; Slade & Holmes, 2018).

### **Limitations and future reflections**

The main limitation is due to the little empirical research and/or effectiveness and efficiency that link the theory of attachment to clinical practice (individual psychotherapy) in adults without any specific disorder, but who seek help from a therapist because they feel discomfort, emotional mismatch or problems in their relationships. Additionally, the initial inclusion criteria and the final selection of studies have been somewhat restrictive, due to the initial and exploratory nature of this research. Based on the results of this study, a new, broader and comprehensive study could be carried out with less restrictive criteria for the final selection of articles, and also including studies and publications in languages other than Spanish and English.

Looking ahead, it is becoming essential to empirically demonstrate the “added value” of attachment theory to psychotherapy (Berry & Danquah, 2016), as well as the effectiveness of the different practical recommendations offered in this study to give the most credibility. Finally, it is necessary to propose training guides for professionals interested in this perspective of attachment to facilitate its application in psychotherapy and even to be able to offer adaptations to different current and clinical practices.

## References

Note: Posts marked with an asterisk (\*) are those used in the systematic review.

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