Towards Deep Emotions in Psychotherapy – Tailored Approaches to the Client's Attachment Strategy

Mădălina Voicu[i], Roxana-Alina Olaru[ii]
SPER Institute, Romania

Abstract

Introduction: Often, during psychotherapy there are moments of blockages in the straightforward course of the therapeutic work and regarding the processing of emotions. Beyond many other possible causes, one of them can be a difference between people – each of us developed, since childhood, a certain type of basic attachment.

Objectives: The nuanced description of the attachment styles and, in particular, of the different, adapted way in which the psychotherapist must accomplish the emotional processing with particular individuals.

Methods: Synthetic analysis of scientific studies, case studies.

Results: The present paper illustrates and supports the imperative need for a personalized approach, appropriate for the way of being and the 'place' where our client is, in order to obtain optimum psychotherapeutic results, in an efficient and profoundly humanistic manner, regardless of conducting an individual, couple or family session.

Conclusions: The attachment style that the person has chiseled for themselves is not an obstacle to their personal development; it is upon the psychotherapist to recognize it and be capable of acting with flexibility in their intervention, which could also lead to security and a modified style.

Keywords: avoidant, anxious, body language, Arnold's theory, threat

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[i] Corresponding author: psychotherapist Mădălina Voicu, PhD, SPER Institute, Splaiul Independenței nr. 17, bl. 101, sc. 2, etaj 4, ap. 29, sector 5, Bucharest, Romania, email: voicu.madalina@gmail.com.
[ii] Corresponding author: psychotherapist Roxana-Alina Olaru, Șos. Ștefan cel Mare nr. 228, bl. 45, sc. B, et. 3, ap. 42, sector 2, Bucharest, Romania, email: contact@consiliere-psihologica.ro.

What is attachment?

"We are not just homo sapiens. We are HOMO VINCULUM – an emotional bonding mammal. Recognizing this is crucial to our survival – as individuals – as couples – as families – as tribes – as nations." (Sue Johnson, PhD, Founder of EFT – Emotionally Focused Therapy, plenary talk from the Creating Connections Conference, Washington DC, U.S.A., 2016)

"So true in my work with couples – most of the couples we see might feel helpless and may talk of divorce as one possible escape from pain or as the ultimate threat over the other but – if you show them there is a way – they will move toward connection like a flower turns towards the sun." @drsuejohnson

The attachment theory, as it was created by Bowlby (1969), has brought to the surface a new way of looking at the significance of human relations. Among the first observations of the importance of attachment, of the bond of love, were findings from orphanages, where children deprived of touch and soothing died of "emotional starvation" (David Levy, apud Johnson, 2017, p. 30).

Gradually, both Bowlby and his followers (Mary Ainsworth, Harry Harlow, Phil Shaver, Cindy Hazan, Susan Johnson, Mario Mikulincer, etc.) outlined the concept of attachment, by giving it a coherent and practical explanation. If initially the concept was vague, theoretical, all these specialists did research, in various fields of psychology and psychotherapy (child, family, couple), contributing to its development, understanding and nuanced application.

A first acknowledgment is that attachment, in the common language, is actually **love**.

Since ancient times, there are writings that make us realize it was love that raised and destroyed empires, because it is the source from which life is born and nourished continuously. More pragmatically, we can look at it as one of the most refined survival mechanisms of mankind, giving us the chance to create those important links that will become the safety oasis for the stormy moments of our lives. It is inscribed in our genes to form emotional bonds, to not be alone, but together!

And we call this ability to make emotional connections **attachment strategy**.

The vital importance of meeting attachment needs can be seen through its reverse side – "the unmet need for attachment is the other facet of the threat dimension. I always talk about the threat: **the threat of isolation/ of being abandoned/ rejected**. In Irvin Yalom's «Existential Psychotherapy», he too talks a lot about the fact that, deep down, we are afraid of annihilation, death, isolation, meaninglessness. And for me, as an attachment theorist, all of these are channeled into the threat of emotional isolation, abandonment and rejection, because I think the way our brain[1] is coded means that emotional isolation translates into

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[1] The brain is structured and composed of three parts (http://psihotronica.blogspot.com/2010/02/partile-creierului.html):

a) The reptilian brain, similar to that of reptiles, composed of brainstem and cerebellum. According to some researchers, it is ~500 million years old and controls the vital functions, the heart rate, respiration, body temperature, and cooling and purification functions of the body, through sweating.

b) The limbic brain, common to that of mammals, ~150 million years old, consists of the amygdala, hypothalamus, and hippocampus. It is the seat of emotions and the laboratory of our beliefs. It filters, analyzes and interprets the outer universe and dictates the appropriate reaction.

c) The neocortex, dating back ~3 million years, is composed of two hemispheres joined by the corpus callosum. It has known a great development in humans. It is the seat of all knowledge, of articulated and abstract language, of the imaginary and of the complex culture.

By connecting with physiology, Cannon and his colleagues (apud Guasch, 1998, p. 96) have established that, if unpleasant emotions rather call for the orthosympathetic system and pleasant ones rather the parasympathetic system, all emotional arousal may cause a sympathetic-adrenaline discharge and a vagus-insulin one. Even after more recent discoveries, the neurophysiological pattern of emotions remains as follows:

- the cerebral cortex receives the sensory components and manages the representative components (intellectual role);
- the reticular formation modulates the interactions between the cortex and the sub-cortical formations;
- the limbic system manages the affective components (emotional role) and integrates the value of past experiences;
- the hypothalamus regulates in 'cascade' the various endocrine glands that, through their secretions, modify the internal environment and lead to the endocrine-vegetative effects related to the emotions.

Another perspective of the unitary functional approach of the organism is provided by the brain models developed by contemporary researchers. One of these is proposed by Paul MacLean, the head of the brain development research lab in Washington: the "triune brain" (apud Guasch, 1998, p. 68-71). He identifies within our brain the stages of phylogenetic evolution (from reptiles, to mammals

meaninglessness and loss of value, loneliness, death, lack of choices, because it is a **supreme** threat.

Nightmares, by definition, are places where you encounter horrible dangers and you are **alone**, there is no one to be by you and fight for you, otherwise it is not a nightmare.

Yalom is about death, he talks of it – see the book «Staring at the Sun: Overcoming the Terror of Death» – and I am about isolation, so we have slightly different ideas about the supreme threat.

But if you listen to people talking about death, often the biggest fear is to die **alone**, not having someone near them, and I think that says something...

And if you listen to religious hymns, «Abide with me!»: help for the helpless, is something paramount for bonding mammals, in need of an attachment figure, the need to **be with**. When «you are with» it's like you can tolerate anything, even the fear of being forgotten; but when you're alone, you can't tolerate anything, so... it's quite different." (Johnson, 2018a).

What are adult attachment strategies?

There are four types of attachment strategies:
- **secure**: when the person uses this strategy, he/she feels calm, confident in themselves and in others, has patience, etc.
- **avoidant insecure type**: when this type of strategy is activated the person feels alone, without the hope of being able to change something, has a negative self-image, thinks that he/she is not worthy and that everything he/she does is bad, tends to minimize what is good or is positively happening; the fear of conflicts and their escalation, the need for peace and harmony, the tendency to withdraw and isolate for protection, appear. The inner rhythm is a slower one. From the outside he/she seems cold and careless, but inside he/she torments even weeks after the disturbing event.
- **anxious insecure type**: when this strategy is used, the person in question experiences a lot of fear and impatience, an acute urge to resolve the situation, the need of emotional re-securing, of reconnecting; perceives what happens as extremely dangerous, catastrophic; he/she feels lonely and misunderstood – yet cannot remain alone (as the avoidant withdraws), because their fear and insecurity are heightened, tending to reach despair and generating conflicts with others. The inner rhythm is an alert one. From the outside, such people seem chaotic, 'crazy', quarrelsome, dependent. After the conflictual moment, they manage to calm down relatively quickly and not to torment later (again different from the avoidant ones).
- the fourth type, **disorganized**, represents basically the lack of an attachment strategy – those who find themselves in this situation have not build a strategy and shift permanently between the avoidant and the anxious one, never managing to reach the secure strategy.

Studies conducted on young adults revealed the following distributions of attachment styles, similar to those found in researches on children: 55-65% secure attachment, 22-30% avoidant (or dismissing), 15-20%

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and modern humans), distinguishing between a reptilian, a paleo-mammal (typical for lower mammals) and a neo-mammal brains (typical of evolved mammals, implicitly human). Comparing these three brains with "three interconnected biological computers", MacLean says that each bears, in a specific way, its own intelligence, subjectivity, sense of time and space, its own memory and motor functions, etc. Together, they constitute what has been called the "three in one" brain (triune).

The first cerebral level, the archaic, reptilian brain, forms the basis of the pyramid and groups the brainstem, hypothalamus and mesencephalon, its functions being mainly instinctual, ensuring survival and playing an important role in aggressive behaviors, related to territoriality, ritual acts and social hierarchies.

The second brain level, the limbic system, occupies the center of the brain and is difficult to clearly delineate. It is a kind of intersection between the outer world, the lower floor (hypothalamus), the upper floor (neocortex) and the motor organs. Thanks to it we can speak of a critical sense (selection) and a desire to act (motivation), the limbic system modulating our instinctive and emotional reactions according to our personality, the adaptation to the environment being more refined (for example we are thirsty, but we don't drink whatever what), our behaviors taking also into account our past experiences, our successes and our failures; thanks to it we live intense emotions.

The third level, the neocortex, is the last one to appear in the course of evolution. Its functions are mainly intellectual. It is a control body over primitive structures, integrating the 'repressive' influences of culture and society. The neocortex allows us to remember the facts and reflect on them; brings us the notion of limits in space and time (birth, death...); it has specialized hemispheres (left, rather oriented to abstract and logical, right being more 'artistic', more sensitive), linked through the corpus callosum.

We could say, as far as our mammalian brain is concerned, that the limbic system is a formation that makes the transition between the brainstem and the neocortex.

Our brain thus functions in three large registers: instinctual, affective and intellectual. All these are of interest to various therapeutic methods, of which we mention reichian therapy, EFT, as well as that of unification (PEU) (Mitrofan, 2004), allowing the 'social animal' to integrate the 'instinctual animal' it contains.

anxious (or preoccupied) (e.g., Feeney & Noller, 1990, Hazan & Shaver, 1987, apud Cassidy & Shaver, 2016, p. 535). Bakermans-Kranenburg and Van IJzendoorn (2009, apud op. cit., p. 535) conducted a meta-analysis of studies that used the Adult Attachment Interview (AAI), an assessment tool for the adults' attachment styles. The two authors found that, in a combined sample of 748 non-clinical North American mothers, 56% of them had a secure-autonomous attachment style, 16% an avoidant one, 9% an insecure-preoccupied one, and 18% did not have a trauma/ loss strategy (disorganized attachment – unresolved with respect to trauma or losses). A similar distribution was found in the sample of non-clinical fathers: 50% had secure-autonomous attachment, 24% avoidant, 11% insecure-preoccupied and 15% disorganized (unresolved).

Fraley (2002, apud Mikulincer & Shaver, 2007, p. 123-124) conducted a meta-analysis of 27 studies that examined attachment stability over various periods of childhood, adolescence, and young adulthood, building a dynamic mathematical model based on the concept and vision of 'prototype' (i.e. assuming that there is a stable prototype of the attachment, formed in early childhood, which 'propagates' over time, throughout the person's life, but whose influence is tempered by events and relationships in discrepancy with the initial ones). Fraley tested the model on longitudinal data and compared it with the alternative, 'revisionist' model (which postulates a continuous change and does not imply the existence of a primary prototype relationship that gives rise to an attachment style with a lasting influence). His conclusions were that the 'prototype' model best fits the research data, indicating that such a process can contribute to the stability of attachment at different periods of life, the initial prototypes exerting a moderate influence on subsequent interactions, which are easily embodied in the concordant conceptions of the world. Moreover, the prototype model predicts that a continuity between the early *secure attachment* and the secure attachment from any other time of life corresponds to a correlation of approximately 0.39.

Despite the evidence of a continuity regarding both the secure attachment, and the insecure one, along the life stages, this is not always the case. Bowlby himself (1973) understood that a modification of the attachment strategy is possible, which may be associated with major life changes or a series of events throughout life. Some people with insecure attachment patterns (transmitted intergenerationally), who have faced tough parents or adverse life events, are able to overcome the effects of these experiences and demonstrate balanced integration. Such an attachment is called by some theorists (Pearson et al., 1994, Roisman et al., 2002, apud Iyengar et al., 2014) **"earned secure"**. People with a type of earned secure attachment are considered to have interrupted the intergenerational cycle, showing emotional resilience (Fearon et al., 2010, apud op. cit., 2014).

Less explored is the **process** by which those with insecure attachment actively change their understanding of past and present experiences, often in the direction of better balance and resolution (Crittenden & Landini, 2011, apud ibidem, 2014). This construct is called 'reorganization' and is based on the clinical observations obtained with AAI (Crittenden, 1990, 1995, apud ibidem, 2014). It is not always necessary for an individual to experience danger or trauma before entering into a reorganization process, but the experience of danger and its resolution can sometimes lead to a change in mental processing and behavior, which results in change of the attachment strategy (Crittenden, 2008, apud ibidem, 2014). The modified coding system of the AAI aims, through the discourse analysis process, to identify the person's ongoing reorganization. Although such a person does not have a completely secure or balanced type of attachment, he or she may have mental resilience to mitigate the effects of unresolved suffering or trauma, as a result of maturation or change of the situation (Landa Duschinsky, 2013, apud ibidem, 2014), which could have positive effects on the attachment of their descendants. Very little is known about these people with unresolved trauma or loss, but who are in a dynamic process of modifying their attachment strategy towards a secure one. The reorganization process can change the transmission of insecure attachment from one generation to another, an idea that has important clinical implications, but has received for now too little attention in the specialty literature.

It is important to note that an unresolved trauma coding in the AAI transcript relies less on the description of the traumatic event and more on **how the experience has an impact on the current functioning of the individual and on the evaluation of the event** (Crittenden & Landini, 2011, apud ibidem, 2014). One way to differentiate whether or not a speaker with an unresolved trauma is or not in reorganization phase is to explore, based on AAI, the discourse about the event, as well as its integration, with effects on the present existence.

Therefore, although it was initially believed that once formed in childhood, in relationship to parents

or with significant attachment figures, these strategies will remain rigid at the maturity also, it has been found that adults can change them depending on the relationship they have with each person surrounding them – a very important and hope-giving aspect.

We can differentiate between the internal attachment model and the attachment strategies we call upon, each one of us, depending on the situations – in the difficult ones, even the people with secure attachment can be overthrown, using an avoidant or anxious style (at limit they may be even disorganized), but they recover faster and can more realistically evaluate the factors involved, while people with an insecure attachment type more often evaluate situations inadequately , perceive them more negatively than they are and react accordingly, and, as a consequence, may recover with difficulty or may even not recover at all without outside support.

In other words, we could say that the attachment style outlined in early childhood remains the basis of reaction and action in potentially stressful situations, which correspond to the early ones, in which the child was supported, thus being laid the foundation for a secure attachment, or not, an insecure or disorganized attachment being built – but that the latter can be 'polished' and adapted in the present time, by 'over-writing' them with more secure ones, following the change of perception and interpretation of external and internal stimuli, within relationships with securing persons (be it couple partners, friends or the psychotherapist).

Attachment strategies are activated depending on how the person perceives the situation: as problematic, dangerous or not.

Imagine you are on a mountain trail. Try to feel the fresh air, the rustle of the leaves, the song of the birds. You feel relaxation and tranquility. Suddenly you see how a bear is heading for you. What do you do? Run away, defend yourself (as if you were attacking the bear), or just freeze and cannot do anything else?

Well, when we perceive and decode the situation we are in as dangerous or threatening, physically or psychologically, in the relations with those around us, we have the same types of reactions, too (*flight, fight* or *freezing*). And this mode of action activates our insecure attachment strategy: either avoidant or anxious.

From our professional experience we have found that, in approaching clients, especially in terms of accessing and processing deep emotions, when we take into account their predominant attachment strategy, their

rhythm and level of understanding their own emotional dimension, the psychotherapeutic process is more effective and heads towards a positive result.

Appraisal theory of emotion (Magda Arnold) and 'assembling' the component elements of emotion (Sue Johnson)

This theory of appraisal considers that emotions derive from the estimates or interpretations we make about the events we experience, which elicits specific reactions in different people. Essentially, evaluation causes an emotional, affective response, based on it. If the appraisal is different, the answer will be different – which opens the way for change in psychotherapy, among others.

According to Magda Arnold's theory (1950-1960, see also https://en.wikipedia.org/wiki/Appraisal_ theory), there are:

1. an activating factor (trigger);

2. a basic perception, which is usually very global (for example: safety, danger, pleasure, pain, good, bad);

3. a bodily experience – even in people who do not know the emotions, who have no words for them, or do not recognize them, if the psychotherapist 'really' accompanies them, it is almost always possible to find a bodily experience, which is in fact related to an emotion, that is engrained as such;

4. making/ giving sense – the easiest way to talk to people about it is the psychotherapist asking them: "What do you tell yourself when this happens?" or "What does this emotion tell you?" (Johnson, 2018a);

5. the action tendency.

"What is an emotion? All these elements lived, experienced in the body.

An emotion is a very powerful information processing system, which is designed to take care of the person, to guide them in the world, to tell them what their needs are, and to make them act to meet these needs.

Basically, experiential-humanistic orientation psychotherapy navigates, touches, systematically searches for these elements, asks questions, collects non-verbal cues from clients and helps them to put them all together – it's not just labeling an emotion, asking a question or leading to an interpretation, but it helps people to 'assemble it' too" (op. cit., 2018a).

The psychotherapist deliberately finds these elements and then helps people put them together, not

arbitrarily, but in a certain context of life, in which that emotion is relevant, 'here and now'. One goes in the lived experience and people are helped to 'assemble' them in a certain way, in a secure environment – which is therapeutic in itself – because for most clients it is not just that they live disconnected from their emotion or they do not listen to them, ignore them, but there is another level of relating to them: they are scared of their emotions, it is like a foreign territory for them, they do not feel confident to seize and understand their own experience, to give it meaning ("I don't know, I don't know", "I don't want to feel, I have been looking for distractions all my life") (ibidem, 2018a).

Example: This is what a good mother does with the baby: he looks at something new, for which he has no words, but has a visceral reaction related to that 'weird', 'big' object. Mom says, "Oh, you hide your head in my lap, you don't want to look at the dog, it's a dog! The dog is ok, you're safe. You're scared of the dog! Yes, but it's ok. Yes, I believe you don't want to see it, because it scares you." The mother assembles not only what the dog and the outside environment are, but also the child's internal world, so that the child can begin to put it together by himself (ibidem, 2018a).

Therefore, in psychotherapy people are 'carried' in emotions in a secure way, they are helped to put all the emotions together, in a manner that gives them the feeling of control and stabilizes them, through deliberate and repeated validations and normalization, without labeling and accusations, offering freedom and responsibility for their own choices. When psychotherapists do this, clients start to become confident, so they manage to make their experiences consistent and feel much better when they experience that consistency. This in itself offers a security base, a "more protected place" where he/she can 'stay' (ibidem, 2018a) – and it lays the foundation for a secure attachment strategy.

'Surface' ('secondary') emotions are often just reactivity and there is much more under, hidden, than we as psychotherapists 'see', but that is something that people do not feel comfortable with in this particular situation: 'deep' ('primary') emotions. Example: someone is silent – he seems to be indifferent and cold, not involved, but that silence can hide the fact that he is completely overwhelmed (n.b. freeze or flight reaction mode); when the partner asks "What's going on?" and he does not respond, he is accused of not caring, of not feeling anything, although deep down he feels so many emotions (ibidem, 2018a).

In psychotherapy we attune to the emotional channel of the client, trying to add levels to the emotion, to reach the deepest and most basic ones, indicators of the person's need, fundamental for their being in a healthy, fulfilled, satisfactory manner, giving them the possibility to liaise properly with others, in a securing and secured way.

The emotion is brought 'outwards', in an interpersonal context – and, in relation to attachment theory, one permanently crosses between the interpsychic and intrapsychic spaces, because they define each other and because it is the way we live, as human beings: we live in ourselves, in the world and in connection with other people, even if they are no longer there with us (we internalize and represent them mentally) (ibidem, 2018a).

After the psychotherapist helps the client to assemble their emotions in a clearer, safer, more coherent way (all going together), what they do afterwards is to distill all this (together with the client) and to support and guide him/her to return towards the therapist or towards a part of his/hers, which he/she experiences as Another somehow, separated from himself/herself (if it is individual therapy)/ towards the partner (if it is a couple therapy). But often the client turns to relevant people in his/her life, either early or recent attachment figures – so one goes from the endeavor to assemble together internal emotions towards working on the interaction with key people, important ones, from the client's life, whether they are introjected or present in the room (in couple and family psychotherapies) (ibidem, 2018a).

In the couples therapy developed by Sue Johnson (2017, 2018b), Emotionally Focused Therapy (EFT), Lorrie Brubacher (see also 2018) proposes a scheme (adapted from *Infinity diagram design*, by Scott R. Woolley, PhD) to illustrate this superposition and interaction of the interpersonal space with the intrapersonal one, as well as with Magda Arnold's theory:
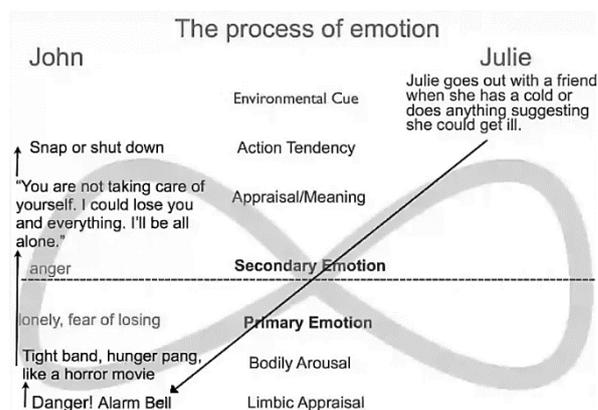
One can see the negative cycle of the interaction of the two partners, Julie and John, her actions (going out with a friend, although she has a cold) activating his limbic system, his alarm signals and his deep fears (primary emotions, needs and possible attachment wounds – for example, the trauma of being abandoned, alone, if something happens to his partner), bodily sensations and then manifest secondary emotions (anger, in the exemplified case), attributions and assessments of the situation and tendencies to action (he snaps or withdraws in himself). The cycle continues with the activation of Julia because of his actions, being reached her deep inner layers, protected and masked in reactivity and tendencies of action that further activate John, and so on.

From the diagram we can already see the layers of emotions, that we talked about above, which are covered and revealed from 'bottom up' and then assembled and integrated, to give the client the opportunity to react differently, perceiving the situations like they are and not through the filter of their own unmet needs (present and primary), by knowingly acting and using their resources adequately (and why not, assertively), gaining confidence in themselves and their abilities, but also giving a positive note to their image about world and life – which does not mean that they go in the opposite extreme, considering that 'life is pink', but they learn and know that if a situation or a person is not what they need, they can cope and try to make changes, to communicate or look for something/ someone else, suitable for them.

"Limbic activation somehow encounters the unmet attachment needs, because if a person is safe and secure, that alarm is not triggered, they can do things without it" (Johnson, 2018a) (n.b. without being in permanent alert and without looking for danger signals everywhere and in everything, exacerbating even the smallest clues – as is often the case for those with anxious or avoidant attachment).

At the same time, the insecure client tends to move quickly past these listed levels, without putting together the corresponding elements, because one of the main purposes for which they have developed their attachment strategy and the related action modalities is to avoid suffering, maintaining also a certain psychological balance, be it imperfect, neurotic. But this 'choice' (if one can name it so, given that the person did not have much of a choice, but it was what seemed best in that initial situation) keeps the client in a vicious circle of suffering and lack of connection with themselves (implicitly, no authentic contact with the significant other being possible, experience after which he longs).

"When John is angry, he doesn't say «I'm afraid I can lose you, I'll be left alone», but «You don't take care of yourself!» and then he bursts and closes." (op. cit., 2018a), which does not arouse Julia's empathy, but defense reactions to the injustice, under which she does not suspect what is actually hidden – the need for love.

Approaching clients with avoidant attachment strategy

As we begin to access the emotional area of our clients, the tendency is to delve into the emotional exploration, to go as deep as possible, reaching a rhythm that sometimes is extremely alert. However, as the psychotherapist Kenny Sanderfer (2017) said in a webinar: "to reach the primary emotions it is necessary to go down stairs, step by step, and not use the elevator". In the case of clients with an avoidant strategy, this alert rhythm is very difficult to maintain, because they have not internally developed a correct scheme to perceive their emotions. Thus, we need to help them create a kind of emotional map of their inner experiences. The way to make this map is by accessing through the different paths discussed above: physical experiences (the bodily location of the emotions and the way they are lived), creating mental images (to imagine what the emotions may look like), verbal naming of the emotions (the development of emotional language) and the action tendency (what they feel the urge to do when they have this kind of experience).

Often, especially at the beginning of the psychotherapeutic intervention, clients can access only one of the paths and it is necessary to stay at its level, without reaching the primary emotion in that session. Thus, the processing of a single emotion can be done in several sessions. We propose that you look at this process as a gradual training of the client in being able to access their primary emotions safely, trusting that nothing bad will happen, having patience with themselves and courage. Many professionals tend to speed up their clients' pace of working with emotions, consequently failing to help them become prepared. The risk is either that these clients leave the therapy early (being accessed the feeling of guilt and inadequacy), or that psychotherapists are under the impression that clients are resisting and thus begin to force them even more.

We will show you an excerpt from a couple psychotherapy session[2] to illustrate how one could access the four paths. (Comment: it should be noted that the case study is of a client with an avoidant attachment style, who is "advanced" in therapy – and yet...)

Suspension points are the breaks that the client takes before answering, sometimes taking tens of seconds to respond. The exposed fragment represents approximately 20 minutes of working time. In parentheses you will find explanations of the process, key points of the intervention, what intermediate goals one had in those specific moments and the nonverbal reactions of the client.

T: ...Is it okay for you to see together this part where you want to solve it, get it all right?... *(the targeted emotion is self-disappointment – and you'll see the smooth road to it)*

C1: It is very hard for me... it is very hard for me because... *(his regard aims downward, the face is tightening)* ... I do not know, I'm under the impression that we do not understand each other, that we are not on the same wavelength... we are at opposite poles, although we are hassled by the same issue and we are interested go get to a result as good as possible. *(the tendency to distance from himself and speak more generally – it can be a trap for the therapist to get lost in the informational content and, thus, to forget the emotional area)*

T: Mmmm...

C1: And the balance gets unbalanced.

T: And when you notice that you are at the opposite poles and don't understand each other, what's going on inside you? *(returning to the client's inner world, to the emotional zone)*

C1: So even today... Often I have the feeling that I should get up from my chair, open the window, stick out my head and yell a little... *(here one can see the **action tendency**, but also the slight minimization of the emotional load through that "a little")*

T: I feel like screaming... *(emotional emphasis with the purpose of deepening and maintaining the described emotion)*

C1: Yes...

T: Because it's very hard?

C1: Yes...

T: So hard that I don't know how to cope with it anymore and I just scream. I wonder where this howling is born within you... *(linking inner experience with **bodily location**)*

C1: Umm... I don't know, I would say in the chest area...

T: Here? *(I put my hand on my chest)*

C1: Yes, here...

T: It's ok. Try to put your hand there too. *(he touches his chest area and pulls his hand off pretty quickly)* Please keep your hand a little longer there... *(the goal is to get in touch with the body area, so it becomes real for the client)* ... How do you feel it?... Like a pressure, like a tightening? *(I'm trying to help him understand how emotion is perceived as bodily experience)*

C1: As a pressure, I think.

T: And if we were to look at this pressure, I wonder what it would resemble, what it would look like?

C1: It's like a volcano... *(**visual image of emotion** – which helps me to better understand how emotion is undergone)*

T: Like it accumulates, it builds up and creates pressure from the inside... *(again, I emphasize the emotion, but keeping it at the same level, without descending into a deeper emotion)*

C1: Yes...

T: I think that the moment I feel this very, very high pressure, and I look at myself and think that "I really want to solve this and I look at myself and see that it doesn't work, and that I cannot handle it and this tremendous pressure appears in me, and I feel like screaming", I begin to see myself... *(by accessing his self-image we can also take steps towards the primary emotions)*

C1: ... I don't know... I'd say alarmed...

T: That is, I panic...

C1: It's very possible...

T: I look at myself and see myself with all these moods... What do I think about me? *(more focus on the self-image)*

C1: ... I don't know, I feel normal. I mean, I don't have a bad impression about myself or be disa... I don't know if disappointed...

T: I don't know if I'm disappointed or not, but is like there is something there?

C1: Yes... *(nods)* Yes...

T: It's like I want to manage it differently, to do differently, it's just, I don't know how to do it...

C1: Yes...

T: What I think is that I have to do it, that I have to manage.

C1: Yes, I put pressure on myself to... to be able to say what I want... but for her to understand... I don't

know how to say it... I'm a little more judicious... *(the agitation and tendency to enter the cognitive area reappeared, because it is too difficult to stay in emotion)*

T: I think you are managing very well and it is normal to be hard for you to say what you feel. *(I stopped his speech and reoriented it toward the emotional area, and at the same time I also encouraged and supported the process)*

C1: Yes, but I don't know if what I'm saying is understood and I wouldn't want her to misunderstand me...

T: Let's see, what if you try to say it as it comes to you, and, if you feel that this is not what you wanted to express, you can rephrase. Is that all right?

C1: Yes. I want to make sure I convey everything and I'm not sure what she'll understand, if I will manage... *(self-disappointment and distrust are present, but the process of understanding and exploring the emotion begins)*

T: I understand. Is it very hard when you try and see that it is not good enough, that you do not find the right formula, perfect for doing this; it is as if you are trying to be perfect?

C1: ... *(inflates his cheeks, shakes his head, smiles, looks down, fusses and bustles)*

T: What was it like when I said that? *(reference to the word 'perfection')*

C1: ... *(inflates his cheeks again, sighs)* I don't know, I fell a little on the opposite side of... I was reluctant, I was distrustful and now I went to the other side. It's too much. *(same axis of disappointment, but at first sight he describes opposite poles)*

T: Anything I do is not perfect enough.

C1: It's missing a balance...

T: I wish I could reach that balance where I can handle it...

C1: I don't know if... *(lightly fists the couch)* I stress too much or if it is normal to keep on... pressing the gas pedal...

T: I don't know what to do. I want to be perfect for you and I think that if I am not perfect, I will not be as you need. *(I access the self-image by reference to the attachment)*

C1: ... *(sighs)* I'm afraid she'll... get upset...

T: I'm afraid I won't be the person you like...

C1: Yes... *(one can see on his face how difficult it is for him)* I discovered an ambition and a desire in me... *(he returns in the cognitive area)*

T: Wait... wait... wait... What happens inside you right now? *(returning to the emotional and toward staying in emotion)*

C1: It's very hard...

T: It is normal to be extremely hard when I am afraid of losing the love of my dear one. *(giving meaning through the lens of attachment)*

C1: Yes...

T: And I would do anything to stop feeling this, because all I want is to be good enough, to know that you love me...

C1: It would be something... but I don't know if it is possible...

T: I don't know if I can be loved the way I am, imperfect...

C1: Yes. I wouldn't even know where to start...

T: I don't know how to show you this part of me because I'm afraid you won't like me, because I don't like myself either...

C1: ... *(looks down)* Well, how?

T: Can you try to look at her? To see that she is still here, that she has not left, even if she has heard everything we have spoken? *(the partner looks at him with a smile – I use the attachment to correct the self-image, of self-acceptance)*

C1: ... *(he takes a peek and shifts his eyes again)*

T: I know it's hard for you, but she's here. Do you want me to ask her if she's upset?

C1: Yes...

T: How is it for you when you hear C1 talking about this part inside of him?

C2: I would very much like to know him as this. That's what I want, him to talk about himself, letting me know him.

T: Can you tell him that?

C2: *(towards C1 – C1 looks at her)* I want to know you as you are. I will not leave. *(C2 takes C1's hand – now inside C1 is being rewritten the fashion he processes acceptance)*

T: C1, did you hear what C2 said?

C1: Yes.

T: Could you tell her that there are times when you don't know what to do, and you can't handle it, and you are afraid to lose her if she also sees that in you?

C1: I want you to like me and I want to be perfect for you, but I don't know how to do this and I fear losing you...

We can see that in the case of a client with an avoidant attachment style, the working manner implies the following:
  – maintaining a slow rhythm;
  – creating an emotional map;

– gradual expansion of emotion;
– avoiding rationalizations;
– creating an image of emotion and an emotional language;
– therapist's steady acceptance of the client's inner world.

Approaching clients with an anxious attachment strategy

Emotional processing in the case of the predominantly anxious type of people seems to be profound, as they easily access the primary emotions. However, even if they show them, they do not have the capability to stay with these emotions, to feel and live them as such. What we need to do with these clients is to broaden the spectrum of emotional tolerance, to create another way to manage and express deep emotions. Also, in their case too, we will recourse at the four paths of emotional access (the bodily experiences, mental images, naming the emotions and action tendency) when we need it.

The excerpt shown below is from a later session[3] than the one above (at about 3 months distance from each other), and you will see how one can work with C1's partner (C2), who has an anxious attachment. You will also be able to see C1's transformation and of the way he talks about himself. The length of the intervention featured here is of approximately 10 minutes.

T: How is it for you that someone is staying with you and is interested in you? *(the goal is to access the shame and fear of abandonment)*
C2: It's kind of unnatural...
T: Something unnatural... Something I don't know what to do with...
C2: I don't know. Somehow... I try to let it happen to see what's coming out of it... *(the proficiency to cope easier with strong emotions)*
T: In a way, yes, in a way I can't open myself because if I go in front of him and show him what is in my soul... it's like... *(I didn't deny what she said, I just took her to the difficult emotional area)*
C2: It's like... he won't like it...
T: I think I'll scare him with what is in my soul. Because what do I see in my soul? *(emotional emphasis in order to reach deep emotions)*

C2: Fear... *(accessing a deep emotion)*
T: I'll scare him with fear?
C2: ... *(nods, yes)*
T: Because when I look at myself and see this fear, what do I actually see? *(accessing the self-image – the way she perceives herself)*
C2: ... *(crying)* Someone you cannot rely on, an unworthy human being... *(accessing shame)*
T: When I feel this fear, so big, and I see myself, I start being ashamed with me. I feel so much fear inside and I'm under the impression that C1 also thinks about me that I'm unworthy... And I try to hide this part of myself. It hurts me a lot when I 'touch' it, when we talk about it... *(exploring how shame is experienced and perceived, by rephrasing everything the client has told, with new words – somehow reorganizing and rendering all the informational content presented by the client)*
C2: Yes...
T: It's hard. I know... I wonder what it would be like if we showed C1, though, this part that you showed me?
C2: I don't know...
T: What do you think would happen if you show it to him?
C2: I don't know... That he'll be scared too, maybe even... and then a few questions if... I don't know, if he saw the right person for him.
T: Mmmm... That is, if I show him, maybe he leaves.
C2: ... *(nods, agrees)*
T: Is it ok if we check with him before you talk to him about you? *(using attachment as a method of assuring that the partner can receive whatever C2 has to say – rewriting the way she it is accepted)*
C2: ... *(nods again, yes)*
T: *(toward C1)* What I know is that it's hard for you to look away from C2, but I would like to ask you if it would be ok for you if C2 would tell you about her such deep fear?
C1: Yes.
T: Would it scare you?
C1: No. I think it would help me understand her and I know it will help her. It calms me when I talk to her.
T: Could you tell her that, too?
C1: Yes. When I open up to you, I start to feel a lot better, that... I feel much better... I don't know, I feel like a release, I feel like a tension, a strain in me has

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[3] Psychotherapist: Roxana-Alina Olaru.

subdued. I would like you to try it too and I want you to tell me everything that is happening with you.

T: (toward C2) Could you hear what C1 said?

C2: ... *(nods, approving)*

T: What is it like for him to open up to you? And to know that he wants to hear everything that happens with you?

C2: ... *(looks continuously at C1 – she begins to rewrite how she believes she can be accepted)*

T: Would you like to try telling him? I'm here with you, you're not alone. I know it's hard.

C2: Ok... *(she turns toward C1, sighs)* I'm most afraid... *(she cries)* for you to see me as I see myself, that is... someone whom... *(C1 offers his hand and C2 takes it – she manages to receive the support of her partner)* you cannot rely on...

T: Someone who...

C2: Someone who is not good enough for you... *(she cries, but looks in C1's eyes – shame is gone, gradually giving place to acceptance, by accessing attachment)*

Therefore, we can summarize, pin-pointing that in the case of a client with an anxious attachment style, the working manner implies ticking the following points:
- reorganizing the manner of perceiving emotions;
- increasing emotional tolerance;
- emphasizing emotions to facilitate the surfacing of the deeper ones;
- using simple words.

Conclusions

"Between stimulus and response, there is a space.
In that space lies our freedom and our power
to choose our response.
In our response lies our growth and our happiness."

(apud Pattakos, 2010, p. VI, foreword by Stephen R. Covey – unknown author, commonly believed to be Victor Frankl)

"The space between what happens to us and our response, our freedom to choose that response and the impact it can have upon our lives, beautifully illustrate that we can become a product of our decisions, not our conditions. They illustrate the three values that Frankl continually taught: the creative value, the experiential value, and the attitudinal value. We have the power to choose our response to our circumstances.

We have the power to shape our circumstances; indeed, we have the responsibility, and if we ignore this space, this freedom, this responsibility, the essence of our life and our legacy could be frustrated." (Covey, apud Pattakos, 2010, p. VII).

However, "our hectic life, with many tasks, makes us lose the connection with our own emotions – which will reduce the gap between stimulus and response, causing us to react automatically in different situations in our daily lives" (Huh, 2018).

It is exactly what we wrote above about happening in the attachment styles' case. What differentiates them, from a certain perspective, is precisely the perception of the freedom to choose the answer, the ability to see this 'space' between event and reaction (emotional and/ or actional reaction). Those with secure attachment react less automatically, analyzing more realistically the present, without being overwhelmed by (unconscious) memories and previously rooted fears. In contrast to them, we have seen how those with insecure attachment (anxious or avoidant) are finding harder to connect to authentic cues from the environment, most often having activated a filter through which those pass distorted. The ones with earned secure attachment need exercise to use at its true value the 'space' between stimulus and response. Stressful situations also lead to a more impulsive, automatic reaction (mediated rather by the reptilian brain, activated by one of the three aforementioned states: flight, fight or freezing, 'the 3 Fs').

Even from that emerges the difference of emotional way of accessing a client with avoidant versus anxious attachment. We could see in the case studies how the person with an avoidant style 'touched' his emotions with greater difficulty compared to the one with an anxious style. It was painful and overwhelming for both, but in the first case it was especially challenging for the client to name and recognize his emotions, returning to cognitive, minimizing, masking; but the fact that the psychotherapist took into account the client's style and rhythm gave him the chance to feel understood, unconstrained, to gradually adjust and gain courage, to allow himself feel and communicate with his partner.

In the second case, of the client with an anxious attachment style, the emotions came to light almost by themselves, the support of the psychotherapist being necessary 'only' to accompany her, to assists her in coping with them, in giving them meaning and sharing them with her partner; but not as much to bring them to the surface, to be aware of them, to name them.

We hope that the case studies were eloquent to illustrate what we stated at the beginning of the article: knowing the predominant attachment strategy of those in front of us, permanently considering what that means in terms of personal rhythm and of the clients' level of understanding their own emotional dimension, we, as psychotherapists, will lead a more free-flowing, more harmonious, warmer, more connected, eventually more efficient therapeutic endeavor, regardless of whether it is an individual, a couple or a family session.

Although we may hear too often the phrase 'difficult client', in fact the style of attachment that the person has built throughout his/her life is not an impediment on their personal development path, given the psychotherapist identifies and is able to show flexibility in their intervention, which leads to a possible securitization and alteration of this style – the psychotherapist being a securitizing factor, one first model for establishing the earned secure attachment style.

In the end, we cite the words of Sue Johnson (2018a), who expressed extremely eloquently what it means to encompass attachment theory and its implications in successful psychotherapeutic practice.

Basically, in psychotherapy "we put together the music of emotions, in a certain way, and then we communicate it to the other – and that music becomes a clue to him/her, which then helps him/her process. What I think is happening in secure relationships is that people can slow down this process and tolerate their own vulnerabilities, are not afraid that they will be alone with these, there are parts of them (other than those vulnerable ones) that make them think other people will support them. So, even when they are angry, they have a certain part of them that is able to reflect on it, to say 'Hey, why am I so angry?'. A part that is able to record that, when they become angry, the partner also seems alarmed. They are much more present, their awareness is wider than someone's who is insecure, reactive, desperate to avoid their vulnerabilities and whose defense mechanisms become activated (n.b. automatically).

The secure person will get angry too, but he/she will not stay as much in this state, they can change the 'channel'.

It is striking that this is very true for the secure persons, but we also see this at the end of the EFT therapy: in the beginning the couples cannot change the 'channels' from the surface to the deeper emotions, they cannot shift from the defense mechanisms to their own vulnerabilities.

Rebecca Jorgensen: And even when we help them shift, they can't stay there.

Sue Johnson: Yeah, they shift for two seconds and then they are back.

But in the end, if we did our job, they know more about their inner world, they are not as insecure, they know more about their partner and about what will happen between them.

And then they can change the 'channel' and are able to stay there."

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