ADULT ATTACHMENT ASSESSMENT IN THERAPY: CLIENT AND THERAPIST EXPERIENCES

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DECLARATION

I declare that this thesis is my own work and has not been submitted as part of another degree at the University of Limerick or any other academic institution.

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April 2017
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ABSTRACT

Introduction: Previous research has suggested the potential value of assessing client attachment styles (e.g., Burke, Danquah, & Berry, 2016; Quijada, Kwapił, Tizón, Sheinbaum, & Barrantes-Vidal, 2015), and the value of using assessments therapeutically (e.g., De Saeger, Bartak, Eder, & Kamphuis, 2016; Ward, 2008). There however appears limited research exploring the lived experience of assessing client attachment styles. The present study sought to address this gap in research by exploring the impact of learning and discussing client attachment styles in therapy, for both clients and psychologists.

Method: The attachment styles of nine clients, currently attending an adult mental health service, were assessed using the Experiences in Close Relationships-Revised questionnaire. Following this, five clinical psychologists delivered written feedback to these clients on their attachment styles within a therapy session. Semi-structured interviews were conducted and Interpretive Phenomenological Analysis was used to explore participant experiences.

Results: Five main themes were found. Three themes portrayed client experiences, and two represented those of therapist. Client themes included: ‘Conceptualising the Self,’ ‘Towards Recovery,’ and ‘The Process of Attachment Style Learning.’ Therapist themes comprised: “‘Both Going Forward Together,’” and ‘Appraisal’.

Discussion: This study contributes to the literature on adult attachment theory and the therapeutic use of assessments. The results suggest the value and impact that may be achieved through the provision of client attachment information. These findings are discussed in the context of existing literature. Implications, recommendations for future research, strengths, and limitations of this study are provided.
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1 CHAPTER 1: INTRODUCTION

1.1 OVERVIEW OF PRESENT STUDY

This study aims to explore client and therapist experiences of determining client attachment styles in therapy. Whilst considerable literature exists on attachment theory, and advances in this theory have led to the application of attachment theory in therapy (White 2014); there appears limited research exploring experiences of attachment style assessment. Some researchers have suggested the potential value of assessing client attachment styles (e.g., Burke et al., 2016; Quijada et al., 2015), and the value of using assessments therapeutically (e.g., De Saeger et al., 2016; Ward, 2008). However the lived experiences of the assessment of adult attachment in therapy are unclear. This study aimed to explore this topic with the broad research question: what is the experience of learning client attachment styles in therapy, for clients and therapists?

The attachment styles of nine clients were assessed using the Experiences in Close-Relationships-Revised (ECR-R) questionnaire. All clients were actively engaging in psychological therapy within an adult mental health service at their time of participation. Written feedback on client attachment styles was communicated to clients by participating clinical psychologists (n = 5) within a therapeutic session. Following this, semi-structured interviews were conducted with clients and therapists to explore their experience of learning this information. Interpretive Phenomenological Analysis (IPA), with an emphasis on each participant’s unique experience, was used to reveal five main themes.

Findings of this study suggest the value of assessing client attachment styles in therapy. Clients were seen to recognize the self in their attachment style, and to perceived changes to the self in response to the information. These changes were varied and included: increased insight; newly seeing the self as normal; shifts in self-blame for relationship difficulties; and changes made to personal circumstances. Receiving feedback in a written format was also perceived to have an impact on clients. With regard to therapists, change and movement within therapy was perceived in response to learning and discussing clients’ attachment styles. Furthermore, the attachment assessment was perceived as an evaluation of the self and one’s practice.

This study adds to the apparently limited research on the experience of adult assessment in therapy, and informs the future practice of attachment assessment. The findings
show the potential value of assessing client attachment for increasing client insight, providing client motivation for change, guiding therapists, and stimulating therapists’ reflection on practice.

1.2 THESIS STRUCTURE
This thesis is structured in the following way: Chapter 2 presents a review of relevant literature; Chapter 3 provides an overview of the procedure and methodology of the study; Chapter 4 outlines the superordinate and corresponding subordinate themes found through data analysis; and Chapter 5 presents a discussion of the findings of the context of relevant literature, strengths and limitations of the study, suggestions for future research, and implications.

1.2.1 CHAPTER 2: LITERATURE REVIEW
This chapter reviews the literature pertinent to the current study. The subject of this research traverses numerous topics, and research specifically on client or therapist experiences of learning and discussing client attachment styles is not apparent. This chapter therefore reviews the relevant subjects of: attachment theory; the measurement of attachment; reasons to assess client attachment styles; and the therapeutic use of assessments.

1.2.2 CHAPTER 3: METHODOLOGY
The method chapter provides the rationale for the use of a qualitative methodology in this study, followed by an overview of Interpretive Phenomenological Analysis (IPA). Information on participants, instruments used, the procedure, and ethical considerations are presented. The specific process used for data analysis through IPA is outlined; and validity is discussed. Finally reflections on the research process are provided.

1.2.3 CHAPTER 4: RESEARCH
The results chapter outlines the five overarching superordinate themes that emerged from the fourteen interviews conducted. Three superordinate themes emerged from client data namely: ‘Conceptualising the Self,’ ‘Towards Recovery,’ and ‘The Process of Attachment Style Learning.’ The two superordinate themes that were revealed in the therapist data were “‘Both
Going Forward Together,”” and ‘Appraisal.’ A discussion of these emergent themes is presented along with relevant participant quotes, and interpretations by the researcher.

1.2.4  **CHAPTER 5: DISCUSSION**

This chapter provides a discussion of the study findings. A summary of the results is presented which are then discussed in the context of previous literature. Limitations, strengths, directions for future research, and recommendations for clinical practice are then addressed. Concluding comments and a reflection on the research process conclude this chapter.
2 CHAPTER 2: LITERATURE REVIEW

2.1 CHAPTER INTRODUCTION
This chapter reviews the literature pertinent to the current study. The subject of this research traverses numerous topics, and research specifically on client or therapist experiences of learning and discussing client attachment styles was not found. This chapter therefore reviews the relevant subjects of: attachment theory; the measurement of attachment; reasons to assess client attachment styles; and the therapeutic use of assessments.

2.2 SEARCH STRATEGY
In conducting this literature review the following databases were searched from inception to April 2017 for relevant studies: PsychINFO; Academic Search Premiere (EBSCO); the Allied and Complementary Medicine Database; Psychology and Behaviour Sciences Collection (EBSCO); Applied Social Sciences Index; PsycARTICALES; MEDLINE; PubMed; ScienceDirect; Web of Science; and Wiley Online Library. The literature search used various combinations of the following terms (with synonyms and closely related words also used): ‘attachment’; ‘adult attachment’; ‘assessment’; ‘experience’; ‘measurement’; ‘therapy’; ‘psychotherapy’; ‘therapeutic’; ‘qualitative’; ‘systematic review’; and ‘meta analysis’. The searches were not limited by study design or language of publication. Further studies were identified by: examining the reference lists of relevant articles; searching the contents of the library at the University or Limerick; and searching Google Scholar. There were no language, date, document, type, or publication status limitations for inclusion.

Over 30,000 articles were found relating to ‘attachment,’ within the PsychINFO database. Articles on this topic across databases mainly focused on attachment behaviour, interpersonal relations, infant and child attachment, and the development of questionnaires. Over 3,758 articles were found relating to ‘adult attachment,’ within PsychINFO. Studies on this topic predominantly comprised of: quantitative studies examining a correlation between adult attachment and other variables; quantitative studies exploring the mediating role of attachment; and the development of adult attachment questionnaires. Qualitative studies on the subject appeared far less frequently (125 academic journals within PsychINFO) and focused on a range of topics including: attachment and the therapeutic alliance; attachment behaviour; and the use of attachment theory in psychotherapy. Research could not be sourced on client or therapist lived experiences of assessing or finding out a client’s attachment style.
Over 1,000 studies were sourced on the therapeutic use of assessment. These studies mainly focused on: therapy evaluation; the comparisons of feedback methods; the development of assessment feedback guidelines; and quantitative studies exploring the factors affecting the acceptance of assessment results. Research was not found on the therapeutic use of attachment assessments.

Articles were screened and selected with regard to relevance to the current study and the overarching research question. Selection criteria included all relevant studies that focused on attachment assessment, client or therapist experiences of assessment, and therapeutic assessment. As articles pertaining to the specific topic of this study (i.e., the lived experience of learning about a client’s attachment style) were not available for consideration, literature on the relevant topics of attachment measurement, the assessment of attachment styles in therapy, and the therapeutic use of assessments were reviewed. A focus on these areas of research was taken as they were most relevant to the research question of the current study. Further to this, historical literature on the foundations of attachment theory was sourced to provide context for the study. This literature a review represents a review of key concepts based on a narrative review style.

2.3 A BRIEF HISTORY OF ATTACHMENT THEORY

2.3.1 CORE CONCEPTS OF ATTACHMENT THEORY

Human attachment has been extensively researched by psychologists over the last 80 years. John Bowlby (1969, 1982), was at the forefront of attachment research. His observations of parent-child relationships, along with ethological (Hinde, 1970), cognitive (Pantin, 1965), and developmental (Piaget, 1937) influences, led to the formation of an attachment theory. Bowlby’s theory had a number of core concepts which have endured, and underpin the current study. These concepts have however evolved and continue to evolve over time.

One of the main fundamentals of Bowlby’s attachment theory was that in order to survive, infants and children need to maintain proximity to their caregivers, referred to as ‘attachment figures.’ A second principle was that infants and children may display proximity-seeking behaviours in order to achieve closeness to an attachment figure; these were referred to as ‘attachment behaviours’. Examples of attachment behaviours includes: selective crying, reaching, and sustaining eye contact. A third fundamental was that attachment behaviours are regulated by an ‘attachment behaviour system’. A biological function of this system was
assumed. This was supposed to have the aim of achieving protection from danger through proximity to others who may provide care. In this way, the attachment behaviour system was noted as goal-oriented. When the goal of proximity was achieved an infant was proposed to experience a sense of security, facilitating their confidence to explore and learn from their environment. Furthermore, when an infant experienced threat they are hypothesised to cease exploration and attachment behaviours are activated to attain proximity and safety with a caregiver. This system was hypothesised as particularly important during infancy and childhood, when ensuring proximity to others increases the probability of survival. Although these fundamentals were developed a number of years ago, and have evolved over time, they continue to influence the understanding of childhood relationships and form a theoretical foundation for the current study. By the 21st century the National Research Council and the Institute of Medicine’s Committee on Integrating the Science of Early Childhood Development based its policy and practice conclusions on four themes, one of which acknowledged that “early environments matter, and nurturing relationships are essential” (Phillips & Shonkoff, 2000, p.4) making a strong statement in support of the importance of child attachment.

Criticisms of attachment theory have however been presented. The influence of infant temperament on proximity seeking behaviour has been queried; with the suggestion that temperament may be inherited physiologically and may contribute to infant behaviour (Kagan, Snidman, Arcus, & Reznick, 1994). It was further suggested that temperament may be involved in the behaviours studied during the assessment of infant attachment security (Seifer, Schiller, Sameroff, Resnick, & Riordan, 1996).

Also, theorists from differing orientations have provided alternative explanations of attachment. Dollard and Miller (1950) for example have suggested a learning theory explanation of attachment. They suggest that attachment results from drive reduction, as a child is driven to satisfy their need for nutrition and warmth. Satisfying these needs is suggested to result in drive reduction and to hence provide a reward for the child. Discomfort is referred to as a primary drive, with food and warmth primary reinforcers. The individual supplying the primary reinforcers is suggested to become associated with food and warmth and to therefore act as a secondary reinforcer. Attachment is then assumed to occur due to the child’s want for the person who provides the primary reinforcer, rather than being part of an innate tendency to form attachments. In response to this explanation of attachment behaviour a number of studies have suggested that food is not relevant to attachment and that infants
form attachment to individuals who are not primary caregivers (see Harlow & Zimmerma, 1959; Lorenz, 1967). Subsequently, the drive model of attachment lost ground and has been criticised as a simplistic view of child attachment (see Ainsworth, 1969 for review).

2.3.2 **INTERNAL WORKING MODELS**

Another concept pertinent to attachment theory is that experiencing repeated interactions with others leads to the development of ‘internal working models’ (Bowlby, 1969). These are mental representations that embody previously experienced interactions, and which influence the regulation of the attachment system (Bretherton & Munholland, 2008; Gillath, Karantzas, & Fraley, 2016). Internal working models are thought to contain internal representations of the self and others, and can be described as secure or insecure. A secure internal working model will develop if a child’s caregivers are generally warm, responsive, consistent, and available (Bretherton & Munholland, 2008). With this experience, the child is likely to develop a representation of the self as loveable. Holding this positive self-representation generates curiosity and exploratory behaviour, and further leads to the learning of life-enhancing knowledge and skills. Furthermore, it has been suggested that secure children develop ‘secure base scripts’ which are noted as the foundations of internal working models (Bretherton & Munholland, 2008; Page & Bretherton, 2001). Theoretically these scripts are suggested to allow secure individuals to create attachment-related ‘stories’ in which a person may successfully use another as a secure base during times of need or distress. A child will conversely develop an insecure internal working model if their caregivers are cold, rejecting, insensitive, unpredictable, or frightening (Bretherton & Munholland, 2008). With an insecure internal working model a child is likely to develop a sense of the self as unworthy of love and others as untrustworthy. Holding this negative self-representation leads to the activation of attachment behaviours in an attempt to self-regulate (e.g., withdrawing, or excessively seeking attention). An individual with an insecure internal working model are suggested to demonstrate gaps, distortions, or absences in ‘secure base scripts.’ The concept of the internal working model of attachment is highly important to attachment theory and has influenced research on attachment measurement. Again, these concepts are fundamentals of the current study.

This concept was tested by Waters and Rodrigues-Doolabh (2001); and Waters and Waters (2006), by assessing the secure base scripts of children through their completion of story stems that begin with the activation of the attachment behavioural system of a character.
Secure attachment at 2 years of age was positively correlated with the creation of stories involving knowledge of and access to the secure base script at ages 3 and 4. These findings were further replicated with young adults by Mikulincer, Shaver, Sapir-Lavid, and Avihou-Kanza (2009); and with young children using a doll play vignette by Green, Stanley, Smith, and Goldwyn (2000). These studies appear to provide preliminary evidence for the presence of internal working models.

2.3.3 Measurement of Attachment in Infants
Following Bowlby’s acknowledgment of the presence of an attachment system and attachment relationships, research began to focus on the formal study of individual differences in attachment organisation. The Strange Situation assessment was the first measurement of attachment which explored patterns of infant-caregiver relationships (Ainsworth, Blehar, Waters, & Wall, 1978). This assessment used the systematic analysis of infant-caregiver separations. They studied child responses to the introduction of a stranger, and the reunion of the infant and caregiver. Through observation of the Strange Situation, three types of infant attachment were identified: secure, ambivalent/resistant, and avoidant. Descriptions of these attachment patterns under the three conditions of the strange situation assessment are outlined in Table 2.1. Following the work of Ainsworth et al. (1978) an additional attachment pattern was identified by Main and Solomon (1990) termed ‘disorganized’ attachment. This category is characterised by odd, awkward behaviour, as well as fluctuations between anxiety and avoidance. The recognition and assessment of these patterns of relating has influenced later measurement of attachment in both children and adults (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010) which is pertinent to this present research.

There now exist numerous terms to denote the observed patterns of relating for both children and adults, which include: attachment styles, attachment patterns, and attachment orientations. However at their core, each describes patterns of secure and insecure attachments (Gillath et al., 2016). This thesis will use the term ‘attachment styles’ throughout to ensure consistency.

The pioneering work by Ainsworth et al. (1978) has received some criticism, for example that it is biased towards relationships in Western cultures (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000); however this research remains greatly important to the development of attachment theory. Gillath et al. (2016) note that Ainsworth’s research:
provided empirical evidence for individual differences in attachment; provided an empirical
taxonomy of individual differences in infant attachment patterns; and demonstrated an
association between attachment styles and infant-caregiver relationships. Each of these
achievements has formed a foundation for the current research.

Table 2.1: Description of attachment patterns in the strange situation assessment (Ainsworth et al. 1978)

<table>
<thead>
<tr>
<th>Attachment Type</th>
<th>Reaction to Stranger in caregiver’s presence</th>
<th>Reaction to Stranger in caregiver’s absence</th>
<th>Reaction to Separation from caregiver</th>
<th>Reaction to Reunion with caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Indifferent to stranger.</td>
<td>Ignores stranger.</td>
<td>Upset and distressed at separation, cannot be consoled by stranger.</td>
<td>Happy at reunion, is calmed rapidly by caregiver, returns to exploring their environment when calm.</td>
</tr>
<tr>
<td>Avoidant</td>
<td>Does not check for caregiver’s presence, interacts with stranger.</td>
<td>Does not check for caregiver’s presence, interacts with stranger.</td>
<td>Does not become distressed, may seek comfort from the stranger.</td>
<td>Indifferent to caregiver, does not show an interest in them, and may actively avoid interactions with them.</td>
</tr>
<tr>
<td>Ambivalent/Resistant</td>
<td>Fearful of stranger.</td>
<td>Fearful of stranger.</td>
<td>Highly distressed.</td>
<td>Experiences difficulty being soothed. Wants comfort from caregiver but will also push them away. May want to punish the caregiver for their absence.</td>
</tr>
</tbody>
</table>

Numerous empirical studies appear to support attachment theory and meta-analysis of attachment hypotheses are encouraging (Bolen, 2000). Some studies have also sought to explore the limitations of attachment theory. Historical studies of attachment have been criticised for their use of small sample sizes, leading to the strength of relationships reported in literature as quite small (Lamb, 1987). Furthermore, many studies on attachment have been criticised for being correlational in nature, preventing the exploration of causality (Bolen, 2000). Further research regarding attachment theory must continue using rigorous methodologies to persist to develop an understanding of attachment theory.
2.3.4 **ADULT ATTACHMENT THEORY**

Given the accepted importance of attachment theory in the field of childhood relationships, curiosity may arise as to whether attachment theory holds the same critical space with adults. Indeed there have been numerous studies examining attachment processes beyond childhood. The early attachment concepts outlined above were principally concerned with the relationship between infants and caregivers. Bowlby (1979) however also made reference to the belief that attachment influences individuals “from the cradle to the grave” (p.129). Bowlby (1988) posited that the attachment behaviour system is active, throughout the lifespan, through internal working models. It was proposed that the system is revealed through thoughts and behaviours aimed at seeking proximity to attachment figures during times of distress or threat. These attachment behaviours may be expressed even by mature and secure adults in an attempt to seek care if experiencing pain, loneliness, or low mood.

Two distinctions can be made between child and adult attachment relationships (Gillath et al., 2016), namely: (i) the adult in a child-adult attachment relationship is the sole caregiver in the pair, whereas in adult-adult attachment relationships both figures can serve as caregivers; and (ii) adult-adult attachment romantic relationships are qualitatively different due to the addition of sexuality, which is absent in child-adult relationships. Gillath et al. (2016) credits Bowlby’s early references to attachment through the lifespan as valuable for later adult-related research, such as the current study, as: (i) it suggested the influence of an individual’s attachment history across the lifespan; and (ii) it suggested that attachment behaviours have an enduring role in adult relationships.

Attachment theory is now considered by many as a “‘lifespan developmental theory’” (Crowell, Fraley, & Shaver, 1999, p. 434), which contributes to the understanding of how certain early relationship experiences influence emotional and physical well-being, both in childhood and beyond into adulthood (Sable, 2008). The concept of attachment through the life cycle is significant to this thesis, and the association between attachment and adult relationships requires supporting evidence. There now exists a large body of research on adult attachment, including how the theory can be used in clinical practice (Sable, 2008); and attachment theory has become one of the leading theoretical frameworks for considering emotional regulation, personality development, and interpersonal relationships (Cassidy & Shaver, 2016). However, those querying the application of attachment models to adult relationships have raised important questions regarding the study of adult attachment including: whether attachment dimensions can be explained in terms of personality factors;
the influence of culture, economics, and environment on outcomes; whether individuals may have multiple attachment relationships rather than one overarching attachment style; the stability of attachment over time; and whether attachment should be conceptualised as categorical or dimensional. These issues are each explored below.

It has been queried whether attachment dimensions are reducible to general personality factors. With the suggestion that constructs such as attachment can be located within models of personality, such as the five-factor model (Bartholomew, 1997). In an investigation of this query, an analysis of the associations between two dimensions underlying attachment, and the five factors of personality have shown an association between attachment and personality; however it has also shown that attachment cannot be reduced to general personality factors (Griffin & Bartholomew, 1994). Furthermore, there is evidence that attachment ratings predict important components of relationships functioning independently of their associations with personality dimensions (Griffin & Bartholomew, 1994; Shaver & Brennan, 1992).

Attachment theory has also been criticised for retracting from the influence of culture, economics, and environment on outcomes (Hilman 1996). Van IJzendoorn and Bakermans-Kranenburg (2010) queried whether individual differences that exist with regard to attachment patterns in adults could be related to gender, age, cultural, or socioeconomic differences. In their review however, they did not find evidence of significant gender differences with regard to attachment; and did not find an association between language and culture in their samples. They however found adolescent mothers from low socioeconomic backgrounds as predominantly presenting with dismissive attachment styles. The same finding was not seen in adolescent males. Van IJzendoorn and Bakermans-Kranenburg (2010) state the need for further future studies to explore attachment differences between unchartered cultures and countries, as well as further longitudinal studies that explore attachment from adolescence to old age. They also suggest the need to distinguish carefully between culture and socioeconomic background when exploring the cross-cultural validity of attachment.

The application of the attachment model to adults also relies on one of the core assumptions of attachment theory, namely working models of the self and others. As outlined above, there is a growing body of research developing in support of ‘secure base scripts’ (Bretherton & Munholland, 2008; Page & Bretherton, 2001) which supports this idea. However further research is required on this concept to strengthen the evidence for internal working models.
It has also been queried whether adults may have multiple attachment relationships, rather than one overarching attachment style. Harris (1998) has critiqued Bowlby’s assumption that caregiver relationships are the principle influence on child outcomes. She posits that peers have more influence on personality and character than parents (Harris, 1998). Harris (1998) denounces what she calls the nurture assumption, and suggests child learning within the home may be irrelevant in the outside world. Harris’ comments have however been criticised, as much of her material is derived from questionnaire data studies that have limited value, rather than from more valid direct observation of children (Barglow, 2000). Harris relied heavily on easily measured aspects of child development, such as language acquisition, while neglecting harder to quantify but crucial personality configurations such as temperament, aggression, and self-confidence (Barglow, 2000). Furthermore, the relative invincibility shown by a child who thrives in spite of desperate social circumstances or personal physical fragility has been suggested as derived largely from caregiver relationships or from the influence of other adults (Barglow, 2000; Werner & Smith, 1992). This would appear to support the importance of primary caregiver relationships on child development.

Attachment researchers have traditionally conceptualised working models as trait-like structures (Fraley, Heffernan, Vicary, & Brumbaugh, 2011). In this way they assume that working models are influential across a wide range of relationships e.g., with friends, romantic partners, and parents. However in a further challenge to attachment theory, Fraley, Heffernan, et al. (2011) have queried the within-person variability in the expectations and beliefs held about significant others in their lives. They state that individuals may hold differing attachment styles with various significant people. This raises questions about whether attachment assessments should assess individual differences in attachment within and across a variety of relational contexts. This could deem assessing for only one attachment style per individual as inaccurate. Fraley, Heffernan, et al. (2011) suggest the use of questionnaires that assess for attachment styles across numerous relationships. Further research is however required to with regard to within-person variability of attachment with others across multiple contexts, and methodological problems exist with preliminary measures to assess within-person attachment styles (Fraley, Heffernan, et al., 2011). Further queries regarding the application of attachment theory to adults are discussed in more detail in the following section of the literatures. Specifically, the questions regarding the stability of attachment patterns over time, and whether adult attachment is best considered
categorically or dimensionally are explored within a critical discussion on the measurement of adult attachment.

2.4 MEASUREMENT OF ADULT ATTACHMENT

2.4.1 ATTACHMENT AS CATEGORICAL OR DIMENSIONAL

This piece of research has the specific aim to determine the experience of learning a client’s attachment style, therefore the measurement of adult attachment styles is of great relevance. Research specifically exploring client and therapist experiences of assessing client attachment styles however has not been found. This is despite numerous distinct ways of measuring adult attachment being formed since Ainsworth’s (1978) early ideas. This variety of assessments has generated considerable discussions on how best to conceptualise adult attachment; and specifically whether individual differences in adult attachment are best understood as categorical or dimensional. The following section reviews some of the prominent attachment measures in existence, and addresses the debate of how best to conceptualise the construct of attachment. This section considers the theoretical underpinning of measurement, which provides context for the use of attachment measurement in the current study.

The Adult Attachment Interview (AAI: George, Kaplan, & Main, 1984) has been widely used in research to assess adult attachment styles (e.g., Bakermans-Kranenburg & van Ijzendoorn, 2009; Martin, Buchheim, Berger, & Strauss, 2007; van Ijzendoorn & Bakermans-Kranenburg, 2008). It uses information from semi-structured interviews with clients to assign them to attachment categories corresponding to those identified by Ainsworth et al. (1978), namely: ‘autonomous’ a secure category; and ‘dismissing’ and ‘preoccupied’ which constitute insecure categories. The latent structure of individual difference reflected in the AAI has however been questioned. Roisman, Fraley, and Belsky (2007) and Fraley and Roisman (2014) have argued that the categories of this assessment are more consistent with a dimensional model. It was further proposed that the life experience of secure adults instead appear to be distributed continuously (Roisman et al., 2007). Similarly, later categorical measures of adult attachment, such as the Attachment Styles Questionnaire (Hazan & Shaver, 1987) have been criticised for ignoring the variations that exist among individuals within a category (Baldwin & Fehr, 1995; Collins & Read, 1990; Simpson, 1990).

Categorical measures have been challenged by the suggestion that adult attachment is better considered as two dimensions. These dimensions were proposed to represent two
separate internal working models held by a person; one of the self (as positive or negative), and one of others (as positive or negative) (Bartholomew, 1990; Bartholomew & Horowitz, 1991). By dichotomising these working models as positive or negative and plotting a score for each onto regions of two-dimensional space they could also be used to yield four attachment styles, namely: secure, fearful-avoidant, dismissing, and preoccupied (see Figure 1 and Table 2.2 for descriptions). The consideration of individuals on two dimensions facilitates the exploration of associations between higher or lower scores on scales, and between attachment score and other variables such as life stress (e.g., Fortuna & Roisman, 2008). The suitability of considering attachment in terms of dimensions has been suggested through the taxometric assessments (Fraley & Waller, 1998; Waller & Meehl, 1998) of dimensional measures (e.g., the Relationships Questionnaire: Bartholomew & Horowitz, 1991) which have shown no evidence for a purely categorical model.

*Figure 1: Bartholomew and Horowitz (1991) Model of Attachment*
Table 2.2: Descriptions of Dimensional Attachment styles (Bartholomew & Horowitz, 1991)

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Attachment Style Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>This style indicates a sense of the self as worthy of love, and a belief that others are generally accepting and responsive.</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>This style indicates a sense of the self as unworthy of love, but others as trustworthy and available.</td>
</tr>
<tr>
<td>Dismissing</td>
<td>This style denotes a sense of the self as worthy of love, but others as unreliable and rejecting. An individual with this attachment style may avoid close associations with others, and preserve a sense of independence and invulnerability to protect the self against disappointment.</td>
</tr>
<tr>
<td>Fearful Avoidant</td>
<td>This style indicates a sense of the self as not worthy of love, and a belief that others are generally negatively predisposed. An individual with this style may avoid close involvement with others in an aim to protect the self from their anticipated rejection by others.</td>
</tr>
</tbody>
</table>

Further to the identification of two dimensions of attachment, Brennan, Clark, and Shaver (1998) discovered that two distinct factors appear to underlie attachment measurement. These factors map onto the working models of the ‘self’ and the ‘other’ referred to above, and are represented in the Experiences in Close Relationships- Revised questionnaire (ECR-R: Fraley, Waller, & Brennan, 2000) which is used in this study. This measure has been widely used in the assessment of romantic and general attachment styles in research (Ravitz et al., 2010). The first factor, ‘attachment-related avoidance,’ refers to the extent to which an adult views others as trustworthy and available, or unreliable and rejecting. It is characterised by a hypersensitivity to signs of love or threats of rejection (Mikulincer, Gillath, & Shaver, 2002; Mikulincer & Shaver, 2003; Mikulincer & Shaver, 2007). The second factor, ‘attachment-related anxiety,’ refers to the extent to which an adult views themselves as worthy of love and support. It is characterised by low self-worth and a fear of abandonment and rejection (Bartholomew & Horowitz, 1991; Gillath et al., 2016). These definitions have been used by the current study.

Overall, evidence for the presence or absence of categories in adult attachment has been mixed. Recent research suggests that there remains no definitive preference for the use
of categories or dimensions (Fraley & Roisman, 2014; Ruscio, 2014), and consensus on which is most suitable has not yet been reached (Ravitz et al., 2010). However, many researchers have considered it most appropriate to conceptualise adult attachment in terms of two distinct dimensions (e.g., Bartholomew & Horowitz, 1991; Brennan et al., 1998; Fraley & Waller, 1998; Mikulincer, Shaver, & Pereg, 2003; Wei, Russell, Mallinckrodt, & Vogel, 2007). Fraley and Roisman (2014) suggest that it would be more harmful to abandon dimensional and continuous information, as they may yield surplus information that can be discarded if irrelevant. It is also noted that there exists the possibility of assigning dimensional data to categories, but the reverse cannot be achieved. Ruscio (2014) alternatively suggested that a categorical or dimensional method should be selected on a case-by-case basis by evaluating the pros and cons of each system. Much research continues to use categorical models of attachment despite some of the criticism outlined above (e.g., Adamczyk & Bookwala, 2013). To overcome the ambiguity relating to this debate the use of both dimensions and categories concurrently has been suggested (Fraley & Roisman, 2014; Ruscio, 2014); and this method has been exhibited in numerous research studies (e.g., Adamczyk & Bookwala, 2013; Conradi & de Jonge, 2009; Meredith, Strong, & Feeney, 2006; Rusby & Tasker, 2008; Welch & Houser, 2010). A reason for adopting both methods is that dimensional measures may be less helpful to real world decision makers than categorical measures (Fraley & Roisman, 2014), due to: (i) the possibility of idiosyncratic interpretations of results, as dimensional scores may be interpreted in numerous ways; (ii) the risk of applying self-devised thresholds to data, (iii) their increased precision, (iv) that existing variation may be restricted by assigning individuals to categories artificially (Fraley and Roisman 2014); (v) potentially useful information may be discarded when using categories (Fraley and Roisman 2014); (vi) continuous information may not be diagnostically meaningful (Fraley and Roisman 2014); and (vii) continuous information may not be relevant for understanding an individual’s true attachment status (Fraley and Roisman 2014).

Taking these arguments into account, particularly that of Fraley and Roisman (2014), the current study aims to adopt both dimensional and categorical approaches to attachment assessment using the ECR-R. This is to ensure the results are as meaningful and relevant as possible for clients and psychologists. Using techniques specified by Fraley (2012), clients will be assigned to categories of attachment styles using their dimensional scores. Hence both dimensional and categorical methods will be used to ensure the delivery of comprehensive and meaningful information on attachment styles to participants.
In addition to the categorical/dimensional debate, two other issues of attachment measurement are deemed worthy of consideration in this literature review. Firstly, the stability of attachment over time; and secondly, the use of clinical judgement to assess attachment of clients informally. These issues are briefly outlined below.

The stability of attachment styles over time has been contested. A modest overlap has been found between infant to parent attachment and attachment to others in later life, however stability of parent-based attachment over time has been seen as low to moderate (Fraley, 2002). Two possible models of attachment continuity have been proposed by Fraley (2002). Both models apply the basic attachment fundamentals that: (i) attachment representations are formed by early experiences with caregivers; and (ii) these shape the quality of subsequent attachment experiences over the life course. The first model posits that attachment representations are updated and revised by new experiences over a lifetime, and that early representations may be ‘overwritten.’ Whereas the second model states that attachment representations formed in the first year of life are conserved and continue to have an influence into adulthood. Fraley, Vicary, Brumbaugh, and Roisman (2011) later added the proposal that patterns of stability in adult attachment are most consistent with a prototype model, which assumes that stable factors prevail under temporary variations in attachment.

Further research on the stability of attachment styles over time has focused on the idea of ‘earned security’ defined as “the processes by which individuals overcome malevolent parenting experiences,” (Roisman, Padrón, Sroufe, & Egeland, 2002, p.1206). This definition developed following a 23 year longitudinal study exploring the idea of earned-secure attachment styles in which a change from an insecure to a secure style is observed. Roisman et al. (2002) concluded that, promisingly, adults may overcome adverse childhood experiences and associated insecure attachment styles. Subsequently they display a new ‘earned-secure’ attachment style. This is distinct from ‘continuously secure’ individuals who have held a secure attachment style since birth. These findings provide great hope and motivation for the potential value of psychotherapy for reworking insecure attachment styles. The validity of earned-security has however been questioned for two reasons outlined by Venta, Sharp, and Newlin (2015). Firstly, that the assessment of earned-security relies on the concurrent collection of both retrospective and current attachment information. Therefore longitudinal change may not be accurately measured. Secondly, the results of the only existing longitudinal study on earned security by Roisman et al. (2002) showed that
individuals with an earned-secure attachment were not more likely to have experienced adverse care giving as a child than continuously secure individuals. Furthermore, their findings showed the earned-secure group to have received above-average care giving in childhood. When considering these findings it may transpire that earned security does not represent a shift from security to insecurity, but rather reflects the recollection of negative childhood events by securely attached individuals.

It can be seen that consensus on the stability of attachment over time has not been reached. Therefore it is unknown whether the attachment styles of clients determined within this study are enduring or open to modification. In either instance it is felt that attachment information may be of value and interest to clients and therapists.

2.4.3 Informal Assessment of Attachment
The question of the need to formally assess client attachment styles using specific assessment tools has also been raised. Neborsky and Bundy (2013) have suggested that systematic inquiry at clinical interview, which explores: current, past, and therapeutic relationships; and the client defences, anxiety, and impulse/feeling, could be combined with clinician knowledge of a client’s history to effectively substitute for the use of the AAI. Within their small study clinicians predicted the attachment styles of eight out of nine clients accurately. Furthermore, Burke et al. (2016) found the formal assessment of client attachment styles was conducted infrequently by therapists in their small study. Instead, therapists described assessing clients ‘loosely,’ ‘dynamically’ and with the use of clinical judgement. Some therapists were found to doubt the value of using formal attachment assessments whereas others deemed it as important.

This current thesis does not advocate for the use of any specific attachment assessment tool, as the aim of this research is to determine the experience of learning a client’s attachment style, rather than to evaluate the methods of any specific measure. However, the use of an assessment tool was considered as vital to ensure the accurate and valid measurement of client attachment styles.
2.5 ASSESSING CLIENT ATTACHMENT IN THERAPY
The assessment and consideration of client attachment styles in therapy has been noted in several studies. These studies also provide a rationale to support the practice of attachment assessment in therapy for a number of compelling reasons. These are discussed below.

2.5.1 ‘RED FLAGS’
The assessment of client attachment styles has been recommended in order to provide therapists with ‘red flags’ that may draw attention to potential difficulties that may arise in therapy. Of particular interest are the difficulties experienced when developing an alliance with insecure clients (Diener & Monroe, 2011; Shorey & Snyder, 2006). Previous research has demonstrated the experience of increased barriers to therapy with insecure clients. Having an insecure attachment style, particularly an avoidant attachment type, has been associated with: poorer therapy outcomes (Horowitz, Rosenberg, & Bartholomew, 1993; Saatsi, Hardy, & Cahill, 2007); a higher frequency of ruptures (Eames & Roth, 2000); an increased likelihood that ruptures will occur (Diener & Monroe, 2011); higher withdraw from therapy when ruptures occur (Harris, 2004); more frequent termination of therapy prematurely (Saatsi et al., 2007); the rejection of the importance of the therapeutic relationship (Harris, 2004); and increased difficulty bonding with therapists due to increased self-reliance, discomfort with closeness, increased perception of rejection, and dissatisfaction with support (Bernecker, Levy, & Ellison, 2014). Furthermore, attachment history has been shown to moderate the impact of the quality of working alliance on treatment outcomes in adolescents (Zack et al., 2015), such that working alliance had a stronger relationship with symptom reduction for those with the poorest attachment histories. Although other factors are likely to also account for some of the variance in the client-therapist alliance (Diener & Monroe, 2011), there appears a strong correlation between attachment orientations of clients, therapy, and the therapeutic relationship. Knowing that a client has an insecure attachment style may facilitate therapists’ proactive intervention and planning to develop learning experiences that may benefit the client (Diener & Monroe, 2011). It will be interesting to observe whether therapists in the present study note their clients’ attachment styles as serving as red flags for potential difficulties.
2.5.2 TO GUIDE FORMULATION AND THERAPEUTIC APPROACH

Attachment theory has been noted as a useful framework through which to understand and approach a range of client difficulties at differing stages of therapy (Burke et al., 2016). Furthermore, this practice has been recommended in a number of studies to inform therapy (e.g., Berry & Danquah, 2015; Burke, Danquah, & Berry, 2015; Diener & Monroe, 2011; Korver-Nieberg, Berry, Meijer, de Haan, & Ponizovsky, 2015; Quijada et al., 2015). Despite his vast writing on attachment theory, Bowlby did not develop an attachment-related therapy which could be practiced. Over the last two decades however dramatic advances have been made in research leading to the establishment of the clinical relevance and application of attachment therapy (White, 2014). Even though he did not develop an attachment-related therapy, Bowlby (1988) pioneered the application of attachment theory to the therapeutic relationship with the observation of distinctions between client presentations in accordance with their attachment representations. Bowlby posited that those with an anxious or preoccupied attachment bring to therapy a history of feeling abandoned in relationships, a need for others to manage their emotions, and overwhelming anxiety when alone. Clients with avoidant attachments were alternatively described as avoiding dependency, having a fear of intimacy, and a tendency to minimise their difficulties. Anxious or preoccupied clients were alternatively described as having an internal representation of themselves as not worthy, and viewing others as abandoning or rejecting, whereas avoidant clients were noted to have representations of themselves as self-sufficient and of others as unavailable (Bowlby, 1988; Holmes, 2001; Wallin, 2007).

More recently Burke et al. (2016) have suggested that attachment theory can usefully complement the therapeutic process regardless of a therapist’s principle clinical orientation. They noted that attachment theory complements other models, and can provide a framework for understanding client mental health difficulties. They reported therapist experiences of adapting their practice in accordance with client attachment styles. For example, introducing affect and emotion to the therapy of avoidant clients, and focusing on cognition and reflection with anxious clients. Also, they noted the value of considering the therapeutic relationship as an attachment relationship. By considering attachment they describe therapists as focusing on providing a secure base for clients to enhance exploration in the therapy room. Burke et al. (2016) however used a small sample, and only explored the application of attachment in the practice of therapists who had expressed a prior interest in the theory. This may have led to a bias in the positive description of the application of attachment theory in therapy.
Nevertheless it appears to demonstrate the potential value of applying attachment theory in practice.

The consideration of client attachment styles to inform treatment strategies has also been shown by Quijada et al. (2015) with clients who have psychosis. They found that clients with lower attachment-related avoidance showed better clinical outcomes, and that secure attachment predicted improvements in functioning (Quijada et al., 2015). It was suggested that the attachment of clients with psychosis should be sought; as focusing on strengthening a secure attachment and lowering attachment insecurity may prove as a comprehensive approach to psychotherapy for this population (Quijada et al., 2015). Korver-Nieberg et al. (2015) also suggest the use of attachment information to inform intervention. They state that interventions focusing on emotional reactions could be of optimal relevance for those with dismissing attachments, whereas an approach that minimises the focus on emotional distress may prove most useful for those with preoccupied attachments. These comments however bring into play the debate on the stability of attachment over time (e.g., Fraley, Vicary, et al., 2011).

The assessment of client attachment styles has also been suggested as an important part of clinical formulation (Obegi & Berant, 2010). Attachment assessment may provide a means for ‘orienting’ therapists to concepts of the attachment system which may be observed within the therapeutic relationship or noted as occurring for clients outside of therapy (Obegi & Berant, 2010). Obegi and Berant (2010) however consider attachment assessment as a working hypothesis and therefore open to revision. They note that such an assessment may not be comprehensive, as a client may experience different relationships with different individuals (Bretherton & Waters, 1985; Fraley, Heffernan, et al., 2011). They also state that a client’s attachment style may not represent their moment-to-moment sense of security within a therapeutic session, as they believe a client with an insecure attachment can experience comfort and security in a supportive therapeutic relationship which can enable disclosure (McCluskey, Hooper, & Miller, 1999). Obegi and Berant (2010) therefore do not consider an attachment assessment as an ‘end unto itself’ but as a guide to understanding some of the complexities presented by a client. This current study is also grounded in the belief that an assessment of attachment forms one valuable tool which may be employed by therapists to aide formulation, and is interested in exploring the experienced impact of attachment information on therapeutic work.
2.5.3 To Function as a Learning Experience for Clients
Assessment of client attachment has also been endorsed in order to provide information about client perceived separation and loss experiences with attachment figures (Holmes, 2001; Wallin, 2007). Facilitating client understanding of the influence of past relationships on their current experiences, including the therapeutic relationship, has been deemed as important (e.g., (Cobb & Davila, 2009; Heard, Lake, & Mccluskey, 2009; Sable, 2007). Client or therapist experiences of learning following a discussion of a client’s attachment styles does not appear to have been explored to date. This study aims to address this research gap by exploring the perceived experience of learning attachment information.

2.6 The Therapeutic Utility of Assessments
Following the assessment of client attachment the current study involves therapists’ provision of feedback on their attachment styles to clients. A limited body of research is available on the therapeutic relevance of providing assessment feedback to clients. This existing research is mainly quantitative, and does not appear to have included feedback from attachment assessments.

A novel perspective on testing was introduced with the development of a therapeutic model of assessment, arising from the humanistic school of thought (Finn & Tonsager, 1997). This introduced the idea of testing as a therapeutic rather than a reductionist practice (Riddle, Byers, & Grimesey, 2002). Using an assessment therapeutically implies the provision of feedback to clients following their completion of an assessment. Feedback can be defined as “a conversation with a client about the results of psychological evaluation,” (Goldfinger & Pomerantz, 2013, p.167). This may be achieved in person or by telephone, and in its most basic form consists of a conversation about the results of a test and the conclusions drawn from them (Goldfinger & Pomerantz, 2013). The administration of assessments, and sharing of results in feedback has been compared to psychotherapeutic processes (Waiswol, 1995). Tests may elicit information regarding the hidden sides of client perceptions, thought processes, personality and perceptions (Waiswol, 1995). Due to these observations when shared with clients, assessments may have use beyond mere diagnosis, by serving as therapeutic tools (Waiswol, 1995). When shared, results may stimulate the gradual gain of client insight and self-awareness; and may act as a catalyst in the therapeutic process (Waiswol, 1995). Furthermore the sharing of this information may reduce clients’ paranoid
suspicions and fears regarding assessments or the therapeutic relationship, and lead to an enhanced rapport (Waiswol, 1995).

Research on the therapeutic use of psychological assessments can be considered as falling within six broad categories (Ward, 2008): (i) those identifying factors affecting clients’ willingness to accept assessment results; (ii) studies exploring feedback as a means for assuring the quality of therapy; (iii) those comparing the effects on clients of various methods of providing feedback; (iv) studies that examine the efficacy of Finn’s (1992, 1997) model of therapeutic assessment; (v) those that provide guidelines on the provision of feedback; and (vi) research that explores how psychological assessments may function in the lives of clients. This section of the literature review will focus on research that falls within the sixth category; these were considered as most pertinent to the current study, which aims to explore the experience of learning attachment-based information that is provided through feedback.

Before discussing research on the function of the use of assessments for clients and therapists it may be useful to briefly discuss the concept of therapeutic assessment (TA). The concept of TA arose from Finn and Tosanger’s (1992, 1997) development of a model of psychological assessment. This model aimed to maximise the interventional features of assessments for clients. Within the research on the therapeutic use of assessments, ‘TA’ specifically refers to a particular theory, set of techniques, and a collaborative approach refined by Finn and Tosanger (1992, 1997). Numerous models of TA have been developed, each is believed to share the common features of: “(a) developing and maintaining empathic connections with clients, (b) working collaboratively with clients to define individualized assessment goals, and (c) sharing and exploring assessment results with clients” (Finn & Tonsager, 1997, p.378). The current study does not adopt a specific model of therapeutic feedback in therapists’ delivery of attachment style results to clients. This is due to the primary aim of this study to explore the impact of learning client attachment styles; as opposed to determining the impact of using a model of therapeutic feedback. The experienced therapists participating in this study are instead allowed to communicate assessment feedback in their own way, informed by their clinical judgement. The procedures of this research will however involve the therapeutic use of an assessment tool. This deems research on the therapeutic use of assessments as highly relevant, including those that have used TA. Furthermore, research on sharing assessment information with clients does not exclusively involve the use of models of therapeutic feedback.
2.6.1 **The Impact of Psychological Assessments**

The following section of the literature review critically discusses research focused on how psychological assessments may function in the lives of clients and therapists. This question has been explored using both qualitative and quantitative measures.

With the use of quantitative methods Newman and Greenway (1997) showed a significant increase in self-esteem and a decrease in symptomatic distress by clients who received therapeutic feedback following their completion of the Minnesota Multiphasic Personality Inventory (MMPI-2). Newman and Greenway (1997) suggested that these findings were associated with the new perspectives and vocabulary gained by clients. These results imply the positive effects of receiving feedback from a psychological assessment and the therapeutic utility of sharing assessment information with clients. This study however used a quantitative approach, and did not seek the view of therapists. Furthermore, these results may have been constrained by the use of outcome measures to determine effects.

In a similar study, the use of interactive feedback was associated with clients’ perceptions of increased impact and depth of therapeutic sessions (Hanson, Claiborn, & Kerr, 1997). Clients were shown to perceive their therapists as more expert and trustworthy when they engaged in interactive feedback of test results. It was suggested that clients may experience interpretations as more understandable and personally relevant when delivered through interactive feedback (Hanson et al., 1997). Again, this study used outcome measures of effects, meaning they may have neglected additional effects of clients not captured by the measures. The current study aims to remain open to the possible impact clients may experience in response to their attachment feedback by using semi-structured interviews to gather data.

More recently, Poston and Hanson (2010) used a meta-analysis to calculate and analyse the effect of psychological assessment as a therapeutic intervention. Their findings suggest that psychological assessment procedures, when combined with personalised, collaborative, and highly involving testing feedback, have positive, clinically meaningful effects on treatment. However, Poston and Hanson (2010) did not address how and why such feedback has positive effects on treatment. Furthermore, sample sizes of the studies used by Poston and Hanson (2010) were relatively small, and may not be comprehensive or representative. This study has been critiqued by Lilienfeld, Garb, and Wood (2011). They noted that although data suggests the positive effects of psychological assessments as a
therapeutic intervention (P ATI), they believed that Poston and Hanson (2010) had overstated these effects. They specifically noted the possible influence of treatment components of studies used in the meta-analysis, and the exclusion of non-significant results. Hanson and Poston (2011) replied to these comments, and using alternative statistical analysis re-stated their claim that PATI yields enhanced treatment outcomes. They also state the need for much future research on PATI, including qualitative designs, such as phenomenology and grounded theory. The current study aims to contribute to this research gap with the use of qualitative methods to explore the lived experience of being provided with attachment feedback.

In another recent quantitative study (De Saeger et al., 2014), clients completing a TA reported: a stronger alliance with their therapist; and higher satisfaction with their subsequent intervention. Again, this study did not use assessments of attachment. Instead they used the MMPI-2, and performance based-assessments such as the Rorschach (Exner et al., 2008). Nevertheless, these findings again suggest the therapeutic utility of sharing assessment results with clients collaboratively. They however do not indicate the factors behind the observed effect.

Ward (2008) appears the first researcher to have used a qualitative method in an attempt to explore the possible processes underlying client effects following assessment feedback. Using a qualitative method removed the constraints of using quantitative outcome measures. Ward (2008) used semi-structured interviews to explore client and therapist experiences of significant events in psychological assessment feedback. Through this, they aimed to discover the moments that stood out to clients and therapists when receiving feedback, and how useful they found the information. The methodology of Ward’s (2008) study represents the closest resemblance found to the current study; however they are dissimilar in their aims, types of assessments used, and method of data analysis. Ward (2008) had a specific interest in determining therapist experiences of providing feedback and client experiences of receiving feedback; whereas the current study is interested in exploring therapist and client experiences of determining client attachment styles and the impacts of this.

Ward’s (2008) results indicated that clients identified a number of memorable moments when receiving feedback. These included: feeling uniquely understood; experiencing emotional difficulty when processing the result; and a move from self-blame with a corresponding sense of increased capacity to effect meaningful change. In relation to therapists, significant moments when delivering assessment feedback were noted as: a
concern for how engaged the client was in the process; challenges in providing the feedback; indicators of success; and the experience of ‘mutative factors’. Challenges noted by therapists in giving feedback were: their fear that the assessment result may be painful for clients; a difficulty providing emotional as opposed to cognitive feedback; and when findings were incompatible with client expectations. The ‘mutative factors’ noted by therapists were: clients’ experiences of clarity from information, of which they had an implicit understanding but had not considered directly; and moving from having a global understanding of the self to a more nuanced appreciation. It will be interesting to observe whether similar experiences are reported by clients and therapists in the current study in response to the provision of attachment-based feedback.

Ward (2008) suggested the use of two conceptual factors for considering how assessments may function in the lives of clients. Firstly, that assessments may allow clients to confirm or disconfirm vaguely held hypotheses about the self, or to make implicit concerns explicit. This reflects the findings by Finn and Tonsager (1992, 1997) that assessment feedback may serve as ‘self-verification’ by confirming aspects of clients’ experiences that were previously unacknowledged by others. Secondly, that assessments may provide a framework for attributing client difficulties to specific cognitive or emotional areas of functioning, thereby protecting against a tendency towards a ‘globally deficient self-evaluation.’ Furthermore placing clients’ previously vague difficulties into clearer and more manageable units was noted as contributing to clients’ sense of autonomy in their recovery. This again reflects findings by Finn and Tonsager (1997) who noted assessment feedback as a ‘naming’ experience leading to ‘self-discovery.’ It also reflects the finding of Newman and Greenway (1997) that assessment feedback may change clients’ views of their difficulties.

The research by Ward (2008) provided valuable information on how psychological assessments may function in the lives of clients and therapists. However, Ward (2008) primarily used cognitive and neuropsychological assessments in their research, in conjunction with some personality assessments. Therefore, a single assessment was not used consistently across clients, and participants varied in the types of assessment they were reporting on. It is possible that these findings would not compare to client experiences of purely attachment-focused assessments. Furthermore, therapists varied considerably in their level of qualification; and a relatively small number of participants (6 clients and 6 therapists) were interviewed, which limits the inferences that can be made from the results. Nevertheless,
Ward’s (2008) findings provide insight into how assessments may act as meaningful and transformative for clients.

A more recent qualitative study on client experiences of receiving feedback in therapy was conducted by De Saeger et al. (2016). They noted their study as the only other known in-depth qualitative study on client experiences of receiving assessment feedback in addition to the work by Ward (2008). Furthermore they stated that “remarkably little is known of clients’ experiences of assessment feedback,” (De Saeger et al., 2016, p.473) This again suggests the value and need for the current study.

De Saeger et al. (2016) aimed to better understand the experiences clients remember and take away from a therapeutic assessment (TA) experience. Unlike the current study, or that by Ward (2008), De Saeger et al. (2016) used a specific TA model of feedback delivery, and were interested in clients’ experience of the process of receiving feedback. Alternatively the current study is focused on client’s experience of learning about their attachment styles, which is achieved through the delivery of feedback. For, De Saeger et al. (2016) relevance was not given to the type of assessment associated with the feedback. Clients did not complete the same assessments, and some clients completed a number of different assessments.

De Saeger et al. (2016) found four main emergent themes relating to memorable aspects of receiving TA. Firstly, clients noted features of their relationship with their TA assessor as noteworthy. Specifically they identified a belief that they were being heard by the assessor and being treated as an equal in the therapeutic relationship. This finding is similar to Ward’s (2008) finding that clients felt personally and empathically understood, and that they appreciated a sense of collaboration through receiving feedback. De Saeger et al. (2016) noted that this importance assigned to the therapeutic relationship reflects literature on psychotherapy (e.g., Horvath, 2000; Lambert, Hansen, & Finch, 2001). Their second theme noted clients’ new insights into personal dynamics. Specifically, clients reported to gain new, deeper, or more focused insight, about personal dynamics. The third theme related to clients’ sense of empowerment experienced through the TA experience; this was also found by Ward (2008) and related to Finn and Tosanger’s (1997) finding of clients’ experience of self-enhancement and self-efficacy in response to feedback. The final theme related to the importance clients placed on the validation of feedback. This was related to the use of a therapeutic letter to deliver feedback to clients; and again reflects findings by Ward (2008)
that the specificity and personalisation of feedback appears significant. The current study will similarly present client attachment style feedback in a personalised written document.

The findings by De Saeger et al. (2016) again suggest the impact and therapeutic utility of assessment feedback for clients. Their research must however be considered in the context of some methodological limitations. Client interviews were conducted retrospectively, with the considerable time lapse of over one year between the delivery of feedback and clients’ participation in research interviews. This raises queries about the possible accuracy of these retrospective accounts; however De Saeger et al. (2016) suggest that clients’ vivid memories of their feedback experiences in interviews denotes the high impact of the feedback. Their research nonetheless contributes importantly to the lack of literature on this topic. The current study aims to further add to the understanding of the impact of assessment information on both clients and therapists. The current study will however have a unique focus on the experience of finding out attachment-specific information relating to a client.

2.7 Research Aim and Question
Following their systematic review of client attachment orientations and the therapeutic alliance, Smith, Msetfi, and Golding (2010, p.336) stated that “no research to date has been conducted into whether knowing clients’ attachment patterns may aid or benefit therapists’ work or their therapeutic process, or improve client outcomes.” This dearth in literature appears to have endured, with little evidence of research exploring client or therapist experiences of assessing and discussing client attachment in therapy.

This study will address this gap in knowledge by interviewing both clients and therapists about their experiences of learning and discussing client attachment styles in therapy; to explore the lived experience of finding out this information. This literature review shows that research exists to suggest the value of determining client attachment styles in therapy (e.g., Korver-Nieberg et al., 2015; Quijada et al., 2015), as well as the therapeutic value of sharing assessment results with clients (e.g., De Saeger et al., 2016; Ward, 2008). The current research aims to complement this existing literature. A broad research question was developed to explore this topic, namely:

- What is the experience of learning client attachment styles in therapy, for both clients and therapists?
In this research question ‘learning’ refers to the discovery or determining of clients’ attachment styles with the use of an attachment assessment. This study concurrently aims to explore:

- What are the experiences of clients when finding out their attachment style?
- What meaning do clients make from the information about their attachment? (Including: what are their thoughts and feelings relating to their attachment style? what changes does having this information make to them? and how does it fit with their sense of identity?)
- What are the experiences of therapists when learning about the nature of their clients’ attachments? (Including: what are their thoughts and feelings relating to the clients’ attachment styles? How does having this information influence their work with the client?)
- How useful do clients and therapists find the practice of assessing a client’s attachment style?
3 CHAPTER 3: METHOD

3.1 CHAPTER INTRODUCTION
This chapter begins with the rationale for the use of a qualitative methodology in this study, followed by an overview of Interpretive Phenomenological Analysis. After that, information on participants, instruments used, the procedure, and ethical considerations are discussed. Next, the process used for data analysis is outlined, and validity is discussed. Finally reflections on the research process are provided.

3.2 RATIONALE FOR METHODOLOGY
A qualitative approach was deemed most appropriate for the current study due to the principal aim of exploring the experiences of clients and psychologists when learning the attachment styles of clients. This focus on human experience and interpretation lends itself to the use of qualitative methods (Smith, 2015). In addition, there appears little or no previous research on the experience of learning about client attachment styles, from a client or therapist perspective. In such cases Howitt (2010) would suggest a qualitative approach as most appropriate.

Variance can be seen in the aims of qualitative and quantitative methodology. Quantitative methodologies aim to determine the occurrence, volume, size or associations between entities (Smith, 2015). Alternatively, qualitative methodologies have: a concern with richness of description; an emphasis on the perspective of the individual; the rejection of positivism; an adherence to the postmodern sensibility; and an acknowledgement of the everyday social world and the influence of this on participants (Denzin & Lincoln, 2000). Much research on adult attachment has used quantitative methodologies (e.g., Bernecker et al., 2016; Bernecker et al., 2014; Diener & Monroe, 2011; Korver-Nieberg et al., 2015; Quijada et al., 2015). Whilst these quantitative studies provide valuable information, they provide little insight into the lived experiences of clients or psychologists. This study aims to contribute rich descriptive accounts of client and therapist experiences of discovering a client’s attachment style through the use of semi-structured interviews.
3.3 **INTERPRETIVE PHENOMENOLOGICAL ANALYSIS**

Interpretive phenomenological analysis (IPA) is a qualitative research approach aimed at examining how people make sense of their lived experiences, and their reflections on the significance of their experiences (Smith & Osborn, 2009). Specifically, IPA is concerned with the meaning that particular experiences, events, or states hold for a person (Smith, 2015). This method of analysis is based on philosophical theories of knowledge, namely: phenomenology, hermeneutics and idiography (Smith & Osborn, 2009).

3.3.1 **PHENOMENOLOGY**

Phenomenology refers to the study of experience, how an individual comes to understand their experiences, and the examination and comprehension of lived experience (Smith & Osborn, 2009). The way in which individuals perceive and discuss experiences is a primary focus, and describing phenomena in accordance with previous knowledge or a predetermined categorical system is dissuaded (Pietkiewicz & Smith, 2014). Achieving this requires the researcher to ‘bracket’ their preconceptions and to suspend judgement in order to allow a phenomena to speak for itself (Pietkiewicz & Smith, 2014).

3.3.2 **HERMENEUTICS**

Hermeneutics refers to the theory of interpretation, and includes: the facilitation of participant’s expressions of their interpretation of an experience; and the idea that the researchers’ analysis may offer novel meaningful insights that add to participant dialogue (Smith & Osborn, 2009). These hermeneutic concepts comprise a dual interpretation process, often referred to as a ‘double hermeneutic,’ in which a participant: (i) firstly makes meaning from their experience, and (ii) secondly the researcher attempts to decipher or make sense of the participants’ meaning making (Smith & Osborn, 2009). Concurrently, the researcher formulates critical questions relating to the data such as: ‘Is there anything meaningful being said here, which was not intended?’ and ‘do I have a sense of something going on here that the person himself of herself is perhaps less aware of?’ Thus, IPA contains interpretations from both participants and the researchers to achieve a richer and more comprehensive analysis (Pietkiewicz & Smith, 2014).
3.3.3 *Idiography*

Idiography refers to a concern with: the particular rather than the universal; detail; depth of analysis; the examination of single cases; and the combining of single cases for further analysis (Smith & Osborn, 2009). Individual perspectives of participants in their unique contexts are of primary importance, along with the exploration of each single case before developing general statements (Pietkiewicz & Smith, 2014).

Data collected in this study were analysed using IPA as this method, and the philosophical theories underpinning this approach, were deemed as consistent with the epistemological position of the study’s research question. Specifically, this study aims to explore: the personal meaning and sense-making of people who share a particular experience (i.e., finding out a client’s attachment style from an assessment); the researcher’s interpretation of the participant’s sense-making of their experiences; and the unique and differing experiences of participants. Given these aims, Smith and Osborn (2009) would suggest IPA as most appropriate. Alternative approaches were considered, and deemed less suitable to answer the proposed research question of this study. In relation to grounded theory, this study did not aim to discover theoretical links in the data, or build a theory of how clients of psychologists make meaning from client attachment styles (Giles, 2013). Discourse analysis could have provided a deeper understanding of the use of language that clients and psychologists use to describe their experiences of learning their attachment styles. An analysis of discourse could however have discarded important non-verbal information; and would not have allowed exploration of individual client and therapist experiences.

3.4 Participants

Reid, Flowers, and Larkin (2005) have noted that when using IPA it is optimal to use fewer participants and to examine these at a greater depth. This is in contrast to providing a descriptive and shallow analysis of many participants. Furthermore, Smith and Osborn (2009) specify the use of four to ten data points for professional doctorates as optimal. Hence a total of 14 participants were recruited for this study namely 5 therapists and 9 clients. Clients were attending an adult mental health service in the Health Service Executive (HSE) for difficulties which included: depression, anxiety, and the experience of past trauma. Clients had been attending their therapist for between two months and three years previous to participating in this study. Most clients had been working with their therapist on a weekly or fortnightly basis since the beginning of their attendance, and throughout their participation in
the study. Four clients were retired and the remaining five clients were in part-time or full-time work. All participants were of an Irish or a British nationality, and ranged in age from 21 to 73 years. Therapist age, and therapist years since qualification were also collected but are not displayed to ensure confidentiality. Therapists all used eclectic methods in their practice with clients (including: cognitive behaviour therapy, schema therapy, narrative therapy, behavioural methods, biopsychosocial models, attachment models, and psychodynamic therapy) and had received extensive training in multiple methods of therapeutic intervention. No participating therapist reported to predominantly use an attachment approach, and no participating therapist had used the ECR-R previously. Client and therapist pseudonyms, along with client attachment styles are displayed in tables 3.1 and 3.2 below. Demographic information collection forms can be seen in Appendix A and B.

**Table 3.1 Demographic Information for Clients**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Attachment Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Louise</td>
<td>Fearful-avoidant</td>
</tr>
<tr>
<td>Jane</td>
<td>Fearful-avoidant</td>
</tr>
<tr>
<td>Margaret</td>
<td>Dismissing</td>
</tr>
<tr>
<td>Sarah</td>
<td>Fearful-avoidant</td>
</tr>
<tr>
<td>Patricia</td>
<td>Secure</td>
</tr>
<tr>
<td>Helen</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Richard</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Robbie</td>
<td>Fearful-avoidant</td>
</tr>
</tbody>
</table>
Table 3.2 Demographic Information for Therapists

<table>
<thead>
<tr>
<th>Pseudonym</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul</td>
</tr>
<tr>
<td>Maria</td>
</tr>
<tr>
<td>Matthew</td>
</tr>
<tr>
<td>Rachel</td>
</tr>
<tr>
<td>David</td>
</tr>
</tbody>
</table>

3.4.1 **INCLUSION CRITERIA**
Inclusion criteria for psychologists were: that they were a qualified Clinical Psychologist with accreditation from the Psychological Sociality of Ireland (PSI); and that they worked therapeutically with adults or older adults within a mental health service. Inclusion criteria for clients were that: they were a client of a Clinical Psychologist participating in the study; they were receiving support from the clinical psychologist in relation to mental health difficulties; they were not currently acutely unwell; they had not been diagnosed with a dementia; their psychologist deemed it appropriate for them to complete an attachment assessment in therapy when considering their current needs and therapeutic goals.

3.5 **INSTRUMENTS**
This study used a qualitative research design, employing semi-structured interviews to collect data. However, the use of a standardised assessment tool was also required to assess client attachment styles previous to the completion of interviews. Although a questionnaire was used in the procedure of this study, it does not meet the definition of mixed-method research in which “the researcher collects, analyzes, and mixes (integrates or connects) both quantitative and qualitative data,” (Creswell & Clark, 2011, p.119). This study did not analyse the quantitate data at any stage. Instead, a questionnaire was solely used to accurately estimate client attachment styles. Furthermore, studies with similar research designs have been categorised as qualitative (e.g., Ward, 2008).

3.5.1 **MEASURE OF ATTACHMENT STYLES**
The Experiences in Close Relationships—Revised Questionnaire (ECR-R: Fraley et al. 2000) was used to assess client attachment styles (see Appendix C for sample). ECR-R is a 36 item
Likert-type questionnaire; with 18 items assessing attachment-related anxiety and 18 items assessing attachment-related avoidance. Items are rated on a scale ranging from 0 (strongly disagree) to 6 (strongly agree). This was employed to ensure the uniformity of attachment style assessment across all participants. The ECR-R has been widely used to measure adult attachment styles in research (Ravitz et al., 2010). It has good reliability (Sibley and Liu 2004, Ravitz et al. 2010) with alpha coefficients reported as near or above .90. Test–retest coefficients are reported as between .50 and .75, with little correlation between the two scales of anxiety and avoidance (Mikulincer and Shaver 2007). The ECR-R also has excellent convergent, discriminant, and predictive validity (Ravitz et al. 2010).

The authors of the ECR-R state that this measure may be used to assess both romantic and non-romantic adult relationships (Fraley et al., 2000), and good psychometric properties have been shown for the ECR-R when used for assessing non-romantic relationships (Lo et al., 2009). Internal reliabilities for the anxiety and avoidance subscales have been shown as high, with Cronbach’s alpha being 0.91 and 0.88 respectively. These reliabilities were maintained at re-testing. Furthermore, the higher-order factor structure identified in the ECR-R when used for non-romantic relationships has been shown as consistent with the original 323 item ECR questionnaire from which the ECR-R was constructed (Lo et al., 2009). Construct validity was sought through confirmatory factor analysis which verified a two-factor structure (i.e., anxiety and avoidance: Lo et al., 2009). Given these sound psychometric properties the application of the widely used ECR-R for non-romantic attachment relationships with adults was deemed as a suitable assessment tool for this study. It was considered that solely assessing client relationships with a romantic partner would require all clients to be in a romantic relationship at their time of participation which could restrict recruitment.

3.5.2 Interview Schedule
Two semi-structured interview schedules were devised by the researcher for gathering qualitative data. Interviews have been deemed a standard method of collecting data in phenomenological research (Moustakas, 1994), and have further been noted as the preferred tool (Lincoln & Denzin, 1994). Semi-structured interviews follow the basic concerns of IPA as they allow: the establishment of a rapport with participants; flexibility in the ordering of questions; freedom to probe areas of interest that arise; and the ability to follow participant’s interests or concerns (Smith & Osborn, 2007). Furthermore, they produce richer data (Smith
For these reasons, semi-structured interviews were selected for use within this study. One interview schedule was developed for clients (see Appendix D) and one for psychologists (see Appendix E). Interview questions were also informed by guidelines for constructing a schedule for semi-structured interviews using an IPA approach (Smith & Osborn, 2009). Interview probes were gleaned from Smith et al. (2009). The development of the interview schedules was guided by the broad research question of this study and attachment and meaning-making research. Specifically, research on client narratives and the impact of therapy on the sense of self was used in the development of interview questions. Research by Adler (2012) and Adler, Harmeling, and Walder-Biesanz (2013) outlined probes used for facilitating client reflections on the meaning they make from information in therapy. The probes used by Adler (2012) and Adler et al. (2013) include ‘describe your thoughts and feelings about therapy,’ ‘we are interested in how you are thinking about therapy, its impact on you,’ and ‘how do you see therapy fitting into your overall life or sense of self?’ Relevant questions from Adler (2012) and Adler et al. (2013) were adapted and incorporated into some of the questions in the interview schedules. Questions informed by these probes were used with the aim of accessing the meaning clients made from the new information about their attachment style. The language used for these questions were altered to ensure the use of everyday language in interview questions, and irrelevant probes were removed.

Interview schedules commenced with the researcher reading aloud the feedback on the client’s attachment style that had previously been delivered to clients by their therapist. Interview questions then led with a request for initial reflections on this feedback. This was followed by descriptive, narrative, evaluative, and comparative questions. The aims of these questions included: to generally reflect on the experience of learning about clients’ attachment styles; to broadly determine the influence of learning this information; to discover the meaning (through experienced thoughts and feelings) made from the information; to find out how this new information impacted on a client’s identity or sense of self; to discover how this information may influence the course and nature of therapy; and to determine whether participants considered this new information as valuable.

3.6 Procedure
The procedure of this study involved multiple elements, which are outlined below.
3.6.1 **PILOT STUDY**
A pilot study was conducted with one Psychologist in Clinical Training (PCT) and one client who expressed an interest in taking part in the research. This involved: the psychologist administering the ECR-R questionnaire; the researcher scoring this questionnaire; the researcher developing written feedback on the results of the assessment; the PCT delivering these results within a therapeutic assessment; and conducting individual semi-structured interview with the client and PCT. Following reflection on this pilot changes were made to the wording of some interview questions due to: similarity between questions; and the perceived ambiguity of some questions. The researcher also noted the need to provide surplus probing questions in subsequent interviews, as it was felt that supplementary probes could have led to the provision of richer, more detailed data in client interviews.

3.6.2 **RESEARCH STUDY**

3.6.2.1 **Recruitment of Psychologists**
Clinical Psychologists were made aware of the study through an email which was sent centrally through the HSE email system by the local Principal Clinical Psychologist. This email contained an information sheet for perspective participants (see Appendix F), and an invitation to contact the researcher by email or telephone if they were interested in participating. Four clinical psychologists expressed their interest in participating following this email. After a period of one month the email was sent once more, and an additional clinical psychologist was recruited. One psychologist withdrew their participation in the study due to work commitments.

3.6.2.2 **Recruitment of Clients**
Participating psychologists provided an information sheet on the study (see Appendix G) to clients who met the inclusion criteria. Psychologists then enquired whether these clients would like to participate, specifying that they were under no obligation to take part. Each clinical psychologist aimed to recruit two clients. A visual representation of a client’s journey through the stages of their participation in this study is illustrated in Figure 2.
3.6.2.3 Completion of the ECR-R
Following the receipt of informed consent from psychologists and clients, the ECR-R assessment was completed by clients in a therapy session with their clinical psychologist. Completed assessments were collected and scored by the researcher. An Excel workbook was designed to score questionnaires efficiently, with functions created to calculate attachment-related anxiety and attachment-related security scores in accordance with the ECR-R guidelines. From these scores an overarching attachment style was produced for each client using methods outlined by (Fraley, 2012), see Appendix H for details.

3.6.2.4 Provision of ECR-R Attachment Style Results
Personalised written results of the ECR-R assessment were devised for each client by the researcher based on the ECR-R and adult attachment literature (Fraley, 2012; Fraley et al., 2000). This was a timely exercise which added considerably to the researcher’s workload. These written results (see Appendix I for sample) were then given to the psychologist by the researcher; and psychologists communicated these results to their client within a therapy session. It was deemed most appropriate for the psychologist, with whom the client had a therapeutic relationship, to deliver them the results. This arrangement however added time and complexity to data collection.
3.6.2.5 Conducting of Interviews
Following the therapeutic feedback session clients and psychologists took part in one semi-structured interview. Client interviews were of between 22 and 63 minutes duration (mean duration 35 minutes), and therapist interviews were of between 20 and 41 minutes (mean duration 29 minutes). Duration of therapist interviews varied in accordance to whether they were discussing their experience in relation to one or two clients.

3.7 Ethical Considerations
The Psychological Society of Ireland (2011) Code of Professional Ethics was referenced thought the research planning and completion. Ethical approval for the present study was received from the local HSE Ethics Committee. The process of applying for ethical approval gave the researcher an opportunity to reflect on and identify ethical issues pertinent to this study. The need to ensure that informed consent was provided by all participants prior to taking part in the study was identified. This was achieved through the completion of a consent form (see Appendix J and K) following the participant’s review of an information sheet. Consideration was also given to ensuring that clients did not feel obliged to participate in the study, and that they were aware that they would not experience any negative consequences on deciding they did not wish to participate. This information was included in the information sheet. Maintaining participant anonymity constituted another ethical consideration, in which the researcher aimed to ensure that information disclosed which may reveal the identity of participants would not be discovered by others. Furthermore, participant confidentiality was maintained through ensuring that: identifying information provided by participants was omitted from quotes provided in the written thesis; identifying information was not discussed with others; interview recordings were held and reviewed by the lead researcher only and were not accessed by other researchers involved in the study; and only full anonymised transcripts were reviewed by the lead researcher. However, to achieve inter-rater reliability, anonymised transcripts were reviewed by another researcher with participant’s permission. In addition, interview recordings and transcripts were stored on the lead researcher’s computer which was password protected. Pseudonyms were used following transcription, and the removal of all identifying information was conducted to ensure that participants could not be identified from the written thesis.

Other ethical considerations included an awareness of the possibility of clients experiencing distress on learning their attachment styles. All participating clients were
actively engaging in therapy with participating clinical psychologists from whom they could receive support in the case of experiencing distress. Further to this, clients were provided with helpline and website contact details which they could reference to receive additional support. The possibility that participating psychologists may experience stress through their participating in this study was also regarded. In response to this, psychologists were also provided with helpline and website contact details which they could reference to receive support. Consideration of the appropriateness of completing an assessment during therapy was also considered. In relation to this, participating psychologists were asked to approach clients with whom they deemed it appropriate to engage in an attachment assessment given their current stage in therapy.

3.8 DATA ANALYSIS
The analysis of data was guided by methods outlined by Smith and Osborn (2009). It was acknowledged that a number of IPA methods exist for working with data, however analysis using IPA can be characterised by: (i) the common processes of moving from the particular to the collective, and from descriptive to interpretive; and (ii) the common principles of a commitment to an understanding of the participant’s perspective, and a psychological focus on meaning-making in contexts (Smith & Osborn, 2009).

Data analysis was a complex task which used Smith and Osborn’s (2009) model in a flexible manner. The researcher aimed to achieve a reflective engagement with each transcript, resulting in a joint analysis by the participant and the researcher, in the form of the researcher’s account of their thoughts on the participant’s described experience. This process of double hermeneutics is advocated by Smith and Osborn (2009). Firstly, all interviews were transcribed on a computer by the researcher. This facilitated a detailed listening to audio recordings prior to analysis. Analysis then commenced with a focus on a single case. The following steps devised by Smith and Osborn (2009) were followed by the researcher for this case, and all subsequent interviews.

3.8.1 STEP 1: READING AND RE-READING
This step involved an immersion in the transcripts and listening to the audio recordings. To allow the researcher’s focus to remain on the data, recollections from the interview experience, initial observations and possible emerging connections were recorded in a
Active engagement with the data commenced, with sections of the interviews containing richer more detailed descriptions identified, as well as any contradictions or paradoxes in the data.

3.8.2 **STEP 2: INITIAL NOTING**
This step constituted the most time consuming, with the aim of developing a detailed and comprehensive set of notes on the data. A word document containing three columns was designed to facilitate this stage of analysis (see Appendix L for sample). Whilst attempting to maintain an open mind, the semantic content and language used in the interviews were considered. Exploratory notes were made on the ways in which clients spoke, thought about, or understood the experience of learning about client’s attachment style and related issues. The three types of comments made when appropriate and are displayed in Table 3.3.

### Table 3.3 Types of Analysis Comments (Smith and Osborn 2009)

<table>
<thead>
<tr>
<th>Comment Type</th>
<th>Comment Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive</td>
<td>Comments relating to what the clients said and their explicit meaning. These hold a phenomenological focus and include issues such as relationships, values, processes and events.</td>
</tr>
<tr>
<td>Linguistic</td>
<td>Comments focused on the specific language clients used. These include reference to the use of metaphor, pronouns, repetition, fluency, laughter, and pauses.</td>
</tr>
<tr>
<td>Conceptual</td>
<td>Interpretive comments which are interrogative and conceptual. These represent a shift from noting participant’s explicit claims, to their understanding of the issues they are discussing. These conceptual comments drew on the researcher’s previous knowledge as well as the new knowledge gleaned from familiarisation with the participant’s transcripts.</td>
</tr>
</tbody>
</table>

3.8.3 **STEP 3: DEVELOPING EMERGENT THEMES**
This stage of analysis worked primarily with the initial notes developed in the previous steps, rather than with the original transcripts. This phase aims to reduce the volume of data whilst maintaining a high level of detail. Themes were developed through reviewing these notes and
developing phrases that capture important points. These phrases aimed to encapsulate what Smith and Osborn (2009) refer to as the ‘psychological essence’ of the data whilst remaining true to participant’s discussions. This reference to the ‘psychological essence’ of an experience may be traced to the work of Husserl (1931) which underpins IPA. Specifically, it may indicate Husserl’s aim to establish what is at the core of a subjective experience or what is the ‘essence’ of an experience. He suggested that this may be achieved by using techniques to access the set of invariant properties underlying the subjective perception of individual manifestations of an experience (Husserl, 1931).

This step constitutes one part of the hermeneutic circle, in which the whole is divided into smaller parts, previous to being combined again. See Appendix M for a sample of emergent themes for one client.

3.8.4 STAGE 4: DEVELOPING SUBORDINATE THEMES
This stage involved searching for connections across emergent themes. This was achieved through typing, printing and cutting out emergent themes. Then they were spread across a large surface and eyeballed to cluster related themes. Themes that did not correspond with the research question of this study were discarded (See Appendix N for photograph of this process). The methods used to cluster themes are outlined in table 3.4.

Table 3.4: Methods of Developing Superordinate Themes (Smith and Osborn 2009)

<table>
<thead>
<tr>
<th>Method Type</th>
<th>Method Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstraction</td>
<td>Collating similar pieces of data and assigning a label to these.</td>
</tr>
<tr>
<td>Subsumtion</td>
<td>When an emergent theme becomes an overarching superordinate theme.</td>
</tr>
<tr>
<td>Polarization</td>
<td>Combining of data with oppositional relationships.</td>
</tr>
<tr>
<td>Contextualisation</td>
<td>Looking for connections between contextual data.</td>
</tr>
<tr>
<td>Numeration</td>
<td>Noting the frequency with which a theme is referenced.</td>
</tr>
</tbody>
</table>

3.8.5 STAGE 5: MOVING TO THE NEXT CASE
Having completed the above steps for the first case, they were repeated for subsequent client cases. When commencing the analysis of a new case the researcher was mindful of
attempting to ‘bracket’ their learning from the previous case to allow new themes and ideas to emerge.

3.8.6 **STAGE 6: DEVELOPING SUPERORDINATE THEMES**
Once the above steps had been completed for all client cases, the researcher sought patterns across the subordinate themes. This was achieved through typing out and cutting up the subordinate themes, again spreading them across a large surface, and looking for connections between themes. Themes were combined using the methods from stage four, and unrelated themes were removed. This stage attempted to incorporate theoretical ideas when connecting themes, and to identify higher order concepts. Following the development of superordinate themes for the client group, the researcher repeated steps one to six for the therapist groups.

3.9 **VALIDITY**
Dissatisfaction has been reported with the lack of methods used to ensure reliability and validity in qualitative research (Smith & Osborn, 2009). Concerns have also been expressed about using quantitative assurances for qualitative research, and how this may simplify and prescribe qualitative procedures (Smith & Osborn, 2009). Despite these concerns there remains a need to ensure the validity of qualitative research. Yardley (2000); and Yardley (2008) developed useful guidelines for ensuring the validity of qualitative research which are broad ranging, flexible, and applicable to a range of qualitative theoretical orientations. The use of these guidelines has been advocated in qualitative research (Smith & Osborn, 2009), and were followed by the present study. They comprise the four guidelines outlined in Table 3.5 below.
Table 3.5: Guidelines followed for ensuring validity in this study (Yardley 2000)

<table>
<thead>
<tr>
<th>Guideline</th>
<th>How the guideline was adhered to in this study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity to context</td>
<td>This involved ensuring a sensitivity to the data, social context, and the participant-researcher relationships from which the data was formed</td>
</tr>
<tr>
<td>Commitment and rigour</td>
<td>This was achieved through considerable personal dedication by the researcher to engaging in the data collection and analysis of this study; a commitment to ensuring participants were comfortable through the process; and through researching and planning appropriate methods by referencing the procedures outlined by Smith and Osborn (2009)</td>
</tr>
<tr>
<td>Transparency and coherence</td>
<td>This was ensured through the detailed description of the research methods used in this study; through reviewing drafts of the thesis vigilantly to ensure a rational argument was presented; and seeking to ensure the research was consistent with the underlying theoretical assumptions of the study</td>
</tr>
<tr>
<td>Impact and importance</td>
<td>This was ensured by aiming to fill a gap in current research with the results of this study, as well as intending to produce research that was relevant to clinical practice.</td>
</tr>
</tbody>
</table>

3.10 Reflections on the Research Process
Completing this research was an exciting, interesting, and challenging experience. My interest in adult attachment and client experiences of therapy was sustained throughout the experience; and I found the emergent data absorbing and exciting.

I had not fully anticipated the complexity and challenge of recruiting participants for this study. The recruitment phase included a number of disappointments such as: the disengagement of clients from their therapists, ending their participation in the study; and the lengthy period required for psychologists to recruit appropriate clients. The research process also proved more complex than I had expected. Extended periods ensued between completing the questionnaires, psychologists’ delivery of feedback, and the completion of interviews. These factors resulted in data collection taking far longer than desired. This was frustrating at times, as I was eager to attain and explore the unknown data.

I was happy with the rapport between participants and myself within interviews. I feel this relationship allowed for the discussion of rich and personal information within a
relatively short space of time. I was humbled by clients’ openness to share personal information with me, and I was inspired by participant’s enthusiasms during interviews.

I was conscious of retaining a researcher-participant relationship in interviews; as it would have been instinctive to assume a therapist role when clients discussed personal and emotional topics. This researcher-participant relationship was achieved by maintaining a focus on the interview schedule; and expressing my empathy without moving to further analysis or interpretation of participants’ comments in the interview. I was also conscious of presenting clients’ attachment styles in a sensitive and therapeutic manner. I feel that this was achieved by using the existing therapeutic relationship that clients has with their therapists to deliver their attachment result; by using client-friendly sensitive language in client feedbacks; and by reflecting on how I would like to experience this process if I had been a participant.
4 RESULTS CHAPTER

4.1 CHAPTER INTRODUCTION
This chapter outlines the five overarching superordinate themes that emerged from the fourteen interviews conducted. They were developed through the process of reading, coding, and looking for patterns across transcripts. Firstly, the three superordinate themes that emerged from the client data are discussed. This is followed by a consideration of the two superordinate themes that were revealed in the therapist data. Subordinate themes pertinent to each overarching superordinate theme are outlined. Descriptions and interpretations are provided along with supporting excerpts from transcripts. The researcher’s personal reflections on the data are provided in boxes throughout the results chapter, these were sourced from the researcher’s reflective log book.

Within quotes, three full stops denote the removal of words. This was conducted to increase the clarity of quotes. Repeated words and utterances such as “um” and “em” were also removed where appropriate. Furthermore, words underlined signify participants’ use of added emphasis. In the case that a participant named a therapist or client in an excerpt, new pseudonyms have been provided. This was performed to ensure that participants could not identify themselves in the quotes of others.

4.2 CLIENT SUPERORDINATE THEMES
The three superordinate themes that emerged from clients’ data in this study are outlined in Table 4.1.

Table 4.1: Summary of Superordinate Themes for Clients

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Subordinate Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptualising the Self</td>
<td>Seeing the Self in the Feedback</td>
</tr>
<tr>
<td></td>
<td>“I like names on things” (The impact of attachment terminology)</td>
</tr>
<tr>
<td>Towards Recovery</td>
<td>Motivation for change</td>
</tr>
<tr>
<td></td>
<td>An Altered Self</td>
</tr>
<tr>
<td>The Process of Attachment Style Learning</td>
<td>Power in Print</td>
</tr>
<tr>
<td></td>
<td>Fear</td>
</tr>
</tbody>
</table>

46
The recurrence of themes is presented in Table 4.2. The recurrence of themes across participants was sought to enhance the validity of findings. For a subordinate theme to be classified as recurrent it was decided, based on Smith et al. (2009), that it must be present in at least half of all cases. The sections below provide a detailed synopsises of each client superordinate and subordinate theme.

Table 4.2: Recurrence of Themes in Client Data:

| Conceptualising the Self: Seeing the self in the feedback | Towards Recovery: “I like names on things” Motivation for change An altered self Power in print Fear |
|----------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Robbie | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Louise | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jane | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Margaret | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mary | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sarah | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Patricia | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Helen | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Richard | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

4.2.1 **SUPERORDINATE THEME: CONCEPTUALISING THE SELF**

Learning about their attachment style was seen as impacting on clients’ self-concepts. This theme encompasses clients’ experiences of recognising the self in their attachment style; and the power of receiving information about the self using attachment terminology.

4.2.1.1 **Subordinate Theme: Seeing the Self in the Feedback**

Perceiving a reflection of the self, or an embodiment of the self, in their attachment style emerged as an impact of clients learning about their attachment. Clients recognised
themselves in their attachment style, and the majority experienced a deep sense of coherence with their assessment result. Coherence, or consistency, was experienced in terms of a fit between clients’ attachment styles and their internal working models (IWM) of both the self and others. Experiencing this coherence corresponded with clients’ sense of familiarity with their attachment style; as the attachment information was equivalent to their previous view of themselves. This sense of coherence and familiarity is shown in Jane’s response to her attachment style:

“I suppose it kind of, pretty much, is me [giggle]. Like I don’t get close to people. Not because I don’t want to, I just don’t. But I was always like that so I suppose I kind of knew the results before I heard them, but at the same time I didn’t.” -Jane, p.4.

Jane’s quote reflects her embodiment of the feedback, her familiarity with the information, and a knowledge of how this attachment style fits with her behaviour. Jane shows that although this information is new to her, she has a sense of familiarity towards it. Familiarity and seeing a reflection of the self in one’s attachment style is also seen in the words of the following clients:

“That’s kind of who I am like.” -Sarah p.3.

“It was so clear, it was so obvious.” –Louise, p.1.


“It’s kind of telling me what I know already. I know that I am, I know I’m afraid to join in in case I’d be rejected. Yeah. And this is confirming that.” - Mary p. 5.

“[It] fitted in with the way I thought about myself.” -Margaret p.18.

“We were laughing how accurate it was, so it was the opposite to surprise. It was spot on. [laugh]” -Robbie, p.8.
For Robbie the experience of seeing himself in his attachment style was met with humour as he and his therapist shared a sense of coherence between his attachment style and who he is.

Coherence between clients’ IWMs of the self and their attachment style was seen. This is demonstrated through the words of Helen, Mary and Patricia below. They describe a fit between how they see themselves and their interpretation of their attachment styles:

“It’s exactly what I am! I do worry, and I am maybe too intense, and I do worry that people won’t be there for me.” -Helen, p.4.

“Well I kind of agree with them, you know, that that’s the way I am, with attachment, and that is me, yeah. That I feel not wanted, do you know? And even in groups I feel on the outside.” –Mary p.1-2

“I do feel very comfortable speaking to others like, I am very vocal about how I feel, I feel it’s the best way to be, and I’m no good at bottling things up. If I have something that’s bothering me I have to talk about it.” –Patricia, p.1.

This felt coherence suggests the experience of being met by the attachment information. This was associated with client acceptance and ease with their attachment styles. Robbie’s sense of ease with his attachment information was associated with a perceived fit between his identity and his feedback, as well as interpreting his findings as more positive than he had predicted.

“The fact that I was on the lower end of the scale I was more at ease. I suppose it was less on my mind... The fact that it just reassured it and reiterated and reassured the same points.” - Robbie, p.5.

Viewing of the self in their attachment was also greeted with energy and vitality. Louise’s excerpt reflects the excitement she experienced through her coherence with the information:

“Particularly the ‘deer in the headlights.’ I even actually made that face [wide eyed expression] and that was just striking to Anthony (psychologist). He goes, “look, look!” And I could feel myself with the eyes widening up.” -Louise, p.1.
Louise notes the experience of learning her attachment style as striking for both herself and her therapist. Her animation in recounting this experience shows the vigour associated with this experience for her.

For some, seeing the self in one’s attachment style feedback involved the need to acknowledge the imperfect self. This is illustrated by Mary and Richard below. Mary’s attachment style is seen as confirming her difficulties, leading to a challenging acknowledgement of her subjectively flawed self; whilst Richard notes the process of confronting the self through one’s attachment style as challenging.

“I know I’m afraid to join in in case I’d be rejected. Yeah. And this is confirming that, yeah.” –Mary, p. 5.

“It’s a matter of taking it seriously... it might not appeal to you, reading about yourself, and what you’re like. You have to confront the thing... Just confronting yourself in paper.” –Richard, p.10 & p.15.

Although it may emphasise the imperfect self, as noted by Mary and Richard, the attachment information was viewed positively overall and accepted by clients. Again, this may be due to the experienced fit between the information and self. Acknowledging the imperfect self is also seen in the words of Louise, who is faced with confronting the difficulties she has experienced in relationships through reading her attachment style feedback. The following account shows:

“I’ll be honest with you Aoife, at first it was like “oh here we go again” you know? Here we go again, it’s “will I ever, be completely... comfortable in my own skin?” concerning relationships.” –Louise, p.2.

This quote suggests Louise’s dissatisfaction with herself as well as her sense of hopelessness in her ability to form secure relationships. It also implies that the struggle in being comfortable in her own skin is familiar to Louise. Acknowledging the imperfect self is also
demonstrated by Helen, Robbie and Jane who were faced with encountering their attachment difficulties through their attachment styles. Here Helen feels reassurance in the face of acknowledging her difficulties. Robbie’s feedback highlights his variance with regard to trusting people; and for Jane, these difficulties were viewed as atypical or “weird”:

“I can see, ok, I’m all of them things, but its ok!” –Helen, p. 9.

“I suppose what hit me was I have a hard time trusting people. I think that could be just ’cause of my conflicting personality... some people I trust with everything, and other people I wouldn’t trust no matter what.” –Robbie, p.3.

“I knew that I couldn’t find attachment with people. I always kind of knew, as that’s kinda how I was brought up. There was no attachment. But I suppose I didn’t think it was weird or anything, until I got to about this age.” -Jane, p.2.

Here Jane is identifying her own attachment behaviour as flawed and the self as unable to attach previously. This also shows Jane’s previous awareness of difficulties relating to others, which mirrors the familiarity clients felt in response to their attachment styles.

4.2.1.2 Subordinate Theme: “I like names on things” (The Impact of Attachment Terminology)

“I like names on things” reflects the felt impact and value of attributing attachment terminology to an understanding of the self through exploring one’s attachment style. This theme includes: the experience of a sense of belonging and the social cohesion provided by belonging to an attachment style group; the permanency attributed to attachment styles; and the normalising of difficulties through the attachment style. Also addressed within this theme are: the shifts in self-blame attributed to formulating one’s difficulties from an attachment perspective; and the impact of receiving information from a third party outside of the therapeutic relationship.

Overall, receiving an understanding of their relationship difficulties through an attachment perspective; and having these difficulties categorised within an attachment style was received positively by clients. This is shown by Jane, Patricia and Robbie:
“Well, for myself, I like names on things, so, I’d say, in that sense [it was] very useful.” - Jane, p. 7.

“I guess [I feel] glad in one way. You know. Put a name to it.” – Louise, p. 4.

“It was positive... looking at on a graph seeing that it was like an improvement you know.” - Robbie, p. 1.

The attachment-based terminology used in client’s attachment style feedback was seen to resonate with participants, and to hold particular meaning for some. For Louise, the words ‘attachment-related anxiety’ resonated with her sense of self and stimulated reflection on her behaviour. For Sarah, learning about the existence of attachment was perceived to lead to meaning making with regard to her previous relationships with others:

“Since... that word came up and I was just like, “well yeah!” ‘Cause even my body language I could be kind of going like that... When I heard anxiety like first line, I was just like “ugh” you know?” – Louise, p. 7 & 8.

“I knew I always had to be attached to someone. Like I always had to have someone. It’s all since I was younger. I’ve always had someone to like rely on. But I didn’t know there were different kind of styles of attachment. They make sense.” – Sarah p. 4-5.

Patricia also demonstrated an affiliation with the attachment terminology and how the term ‘secure’ evoked self-confidence. The following excerpt reflects her focus on the words ‘secure’ and ‘insecure’ and the meaning she makes from them.

“[It] made me feel more confident... That I actually I would have thought that I would have been a more insecure person you know. I always felt that to be honest. I always felt that I was a little bit insecure. Maybe I think insecure in the fact that being in a relationship where you are made feel insecure about how you look. I suppose I’ve always felt insecure in that way but, secure in my mind.” – Patricia, p. 19.
For Patricia, the attachment terminology held great meaning. She assimilated these words into her vocabulary and conceptualisation of herself, having been unfamiliar with these words previous to the study. This suggests the use of such terminology for facilitating understanding and meaning-making.

Having an attachment style was further seen to impact clients in two main ways: by providing a sense of belonging; and by authenticating experiences. The existence of an assessment for attachment-based difficulties, and being assigned to an attachment style group was associated with a sense of belonging and social cohesion for some clients. Some clients appeared to gain comfort from knowing that others shared their difficulties, and that these could be understood in terms of attachment styles. This comfort and reassurance in response to the attachment information is shown by Jane, Sarah, Louise, Helen, and Robbie below:

“And to know that obviously there are other people out there that are exactly the same.” -Jane, p.1.

“I kind of knew that anyway, but it was still a relief to see it, it kind of confirmed it.” -Sarah p. 2.

“It calmed me down to know that I wasn’t alone in it, because I thought I was!... Other people must have had the same for it to even be written down.” –Helen, p.5 & 7.

“I see that, I know that I’m not the only one that has that.” -Louise, p.11.

“What it did was reassure the point... Reassure the point that I am being avoidant and that I would be fearful of some, particularly social, activities.” -Robbie, p.3.

Louise and Helen here acknowledged a comfort in belonging to an attachment style group with others, and a reduced loneliness through sharing their difficulties with others. It also shows clients’ previous perceptions that they were alone in experiencing attachment difficulties. Robbie’s extract is a demonstration of the authentication experienced by many clients in response to their attachment information.
Learning one’s attachment style was also seen to come with a sense of permanency. Applying an attachment style to experienced difficulties appeared to authenticate them. Furthermore, once realised, attachment styles were viewed by some as a phenomenon that could not be unseen. For Margaret, having an attachment style to describe her relationship difficulties served to give a sense of permanency to her implicit sense of self. For Mary, her attachment information was perceived as confirming the thoughts she had held about herself previous to participating in the study:

“*Well I suppose it reinforces… [that] that’s me here. The way I am. In a more definite way.*” -Margaret, p.18.

“I really think I knew kind of what type of a person I was and all that. Its only bringing it home to me kind of, that’s, that was me, what I know… I felt as if I had knew always that I was right. It confirmed what I know… what I know about myself.” -Mary p.7.

Mary’s comments show the perceived confirming nature of the attachment information. It also demonstrates her sense that she knew much of this information about herself already, and that it was not new.

For Helen, this permanency was viewed positively, as an assurance that there was hope for her achievement of recovery.

“*It added validation again. It made it even more set in stone that there is hope.*” -Helen, p.9.

Whilst some clients experienced an acknowledgement of their imperfect self through the attachment feedback, others experienced their attachment style as a positive appraisal of the self as seen by Robbie below:

“*Looking at it on a graph seeing that like that, it was like an improvement you know? Even though there’s still a bit of a way to go.*” -Robbie, p.1.
Robbie’s comments reflect both his coherence with the result and his interpretation of the feedback as a positive appraisal of himself and as a representation of his continuing recovery.

4.2.2 **SUPERORDINATE THEME: TOWARDS RECOVERY**

This theme reflects the motivation for change and the experienced change by clients through the receipt of their attachment information. Firstly, motivation for change was evidenced through clients' perceptions of increased confidence in the self, an identified need to change, and guidance for future change from their attachment style information. Secondly, the development of ‘An Altered Self’ was discovered in the data; as clients were seen to experience change to the self after learning their attachment styles.

4.2.2.1 **Subordinate Theme: Motivation for Change**

Attachment style information was used by clients as a source of motivation to consider future change and recovery. This motivation was associated with: increased insight following the acknowledgement of the self through one’s attachment style; viewing the attachment styles as an indication for a need to change; and perceiving targets for change within the attachment styles. For some clients, their attachment style acted as an indication for a need to change through the forced acknowledgement of the subjectively imperfect self. Facing the self in this way also provided clients with a warning against maladaptive ways of relating to others. This is demonstrated by Richard, Helen, and Robbie below.

“You do feel like somebody sticks a little pin in you somewhere, sort of wakes you up.” –Richard, p.15

“If you’re taking it seriously, you would take a good look at yourself afterwards.” – Richard, p. 8.

“I need to give myself a good old shake and say cop on.” –Helen, p.8.

“It sort of opens your eyes ... it’s another way of opening your eyes to ... avoiding things or that... It gives you like an extra... I suppose kick in the arse, because you’re seeing it. It’s like another “you’re avoiding, you’re avoiding!”” –Robbie p. 2 & 5.
These quotes demonstrate how the attachment information was seen as having the impact of inspiring greater awareness of the self, and the possible need for change. Robbie’s excerpt shows his increased awareness of his difficulties in relating to others, and his new drive to become less avoidant. It also suggests that information on his attachment style may be interpreted as providing goals for his recovery journey. Similarly, Louise’s attachment style served as a warning about a need for change. She was seen to engage in self-talk to encourage her reduction of anxiety and avoidance, and to allow others to become closer to her:

“Knowing my anxieties... it’s pinpointed, “Ok Louise” you know, “be aware! Allow people in...” It’s allowed me to see that maybe I need to kind of pay attention a little bit more as well... to how I approach people, or how they approach me. That it’s not always an anxiety situation.” -Louise, p.4.

Through this excerpt Louise shows a new insight into her interpretation of many situations as threatening or anxiety inducing, and her motivation to look towards changing this. Motivation is also shown in Mary’s discussion of her thoughts on her attachment style. This excerpt demonstrates her reflection on the type of person she is and her want to make changes to this:

“Um, was I a very nice person? ... What do I do to be a different person was my main objective. To be a different person. I know I left it late in my life [laugh].” -Mary p.2.

Mary questions how she may make changes to herself after learning her attachment style. She also shows regret at not addressing her difficulties sooner. The attachment style led to Mary’s self-identification of imperfections, creating a catalyst for change. Motivation for self-change is also demonstrated by Jane who noted her decision to attempt to alter her way of relating to others after hearing her attachment style. This shows her sense of agency in her recovery, and her want to change following insight into her attachment:

“I suppose... after doing that and hearing the results I think I’ve kind of decided that well there’s no point being like that. And I might as well at least try and get attached. Well not attached but open up more to people. And I suppose I might as well start doing that eventually.”-Jane, p.5.
Jane’s words show the power of learning her attachment style, as this led to her belief that being avoidant was futile, and inspired her decision to become more open with others.

In addition to providing motivation for self-change, Sarah interpreted her attachment style as providing guidance for her therapist on areas of focus in their therapy sessions. In this way Sarah viewed the attachment assessment as positively identifying the future therapeutic goals of: increased self-confidence; increased self-esteem; and change to relationships:

“I did the test and I was like, oh there’s some bits there that I’m actually still like fairly low on that I thought I was high on. That was the good the part of it. Because then [my therapist] could see then that there were still bits that needed to be fixed.” - Sarah, p.6.

One client however was seen to experience a lack of motivation for self-change following the learning of her attachment style. Below, Margaret outlines her general sense of negativity and reduced motivation in the context of her depression, and her sense that nothing, including learning about her attachment, would shift her low mood.

“I’m in a very negative place and it’s like as if I’m, it’s almost as if I’ve given up, that’s the way I feel, that it doesn’t, nothing... I can’t feel that anything is going to change you know.” - Margaret p.19.

In sum, many client’s attachment styles were viewed as presenting an opportunity for self-change and growth by clients. Further to this, they were perceived as providing guidance for themselves and their therapists. For one client however, a lack of motivation for change was experienced in response to learning her attachment style in the context of her current significant clinical depression.

4.2.2.2 Subordinate Theme: An Altered Self
In addition to having motivation to create change, the data also suggested that clients made changes to the self in response to learning about their attachment styles. Change to the self was evident in the interviews of clients following the receipt of their attachment style feedback. These changes were varied and included: increased insight; newly seeing the self as normal; shifts in self-blame for relationship difficulties; increased self-confidence; and
changes made to personal circumstances. Changes were also noted to clients in therapy; with differences such as increased trust and openness within the therapeutic relationship experienced. For some however, a lack of conscious change was noted following the learning of their attachment style.

As noted in relation to ‘Motivation for Change’ clients were seen to experience increased insight into their relational difficulties through learning their attachment styles. For some clients, this insight led to changes to their IWM of the self and others. This is demonstrated by Louise who showed an incorporation of her attachment information into her life. With an increased awareness of how she is perceived by others she makes a conscious change to her automatic way of responding in relationships:

“I’ve kind of looked at people a little different at work since... I’m thinking maybe they sense an awful lot of [anxiety] around me, and they kind of don’t want to be around that. So I’ve kind of looked a little bit different to... step back and relook at certain relationships that I’m too paranoid about.” –Louise, p.7.

This demonstrates Louise’s change of perspective after learning about her attachment; and her use of this perspective to address her anxiety in relationships. For Jane, insight into her avoidance led to her agency in enacting change to her openness with others. She decided to begin a new approach of being more forthright by sharing the results of her attachment style assessment with her mother; representing a change to her previous behaviour:

“Well I kind of made a pact with myself that I would share more with her. So I thought that I might as well start with that... It was weird sharing with her cause even though she’s my mother I wouldn’t have shared with her, since I was, I’d say about a child. But, it was nice. To like go to her and be like, here, this is what happened.” - Jane, p.5.

Here, Jane notes her decision to make a change to her openness with others, starting with her mother. This appears to be a significant change for Jane as she notes not having been open with her mother since she was a child. The acknowledgment of new insight and increased awareness of the self in relationships was also demonstrated by Robbie and Mary:
“It’s another way of opening your eyes to that I would be avoiding things or that.” - Robbie p.2.

“Like you see things clearer I suppose.” - Robbie p.4.

“Well it kind of left me to know where I stand with people you know that, what I always know. I always felt I couldn’t keep up conversations or get into conversations, or would be cautious about giving my opinion.” – Mary p.8-9.

Clients were also seen to experience change to their IWM through the normalisation of their difficulties and the self in response to learning their attachment style. This is demonstrated by Helen and Sarah, who both viewed their attachment styles as a positive appraisal of their mental health, signifying their sanity and providing reassurance that they were not “crazy:”

“[It] made me realise that maybe I’m not insane. Just that that’s my character... I’ve just come to realise that, through what is going on here. I haven’t got horns and a big tail.” – Helen, p.7.

“I know now I’m not a bad person and I am worth something.” – Helen, p.12.

“[The feedback] just confirmed that it isn’t as bad as I thought it was... I’m not going crazy or anything. I’m not going crazy [giggle].” - Sarah, p.2-3.

Helen’s attachment style appears to serve to normalise her difficulties. Instead of believing she is “insane” or has “horns and a big tail” she sees her difficulties as aspects of her character. Furthermore, she states a new belief that she is “worth something,” and is not a “bad” person. These represent significant positive changes to her working model of herself. The following excerpt also demonstrates change to Jane’s IWM through normalising. Jane is seen to gain a deeper understanding of her difficulties relating to others through the attachment style label she received. Her attachment feedback is perceived as disconfirming her belief that she is “Autistic” or has a disability. Jane’s responses reflect hope and power:
Jane appears to see her attachment style as an alternative explanation to those held previously of her difficulty relating to others. Formulating through this lens seems to bring Jane comfort. She shifts from seeing the self as “Autistic” to “not that weird.” Attachment difficulties may be perceived as more open to change than a life-long disability such as autism.

Change to the self encompassed a powerful shift in blame for having relationship difficulties for Louise. Having an attachment style was seen to lead to her shift from self-blame for her difficulties to placing the blame with her parents. Explaining her relationship difficulties from an attachment perspective forced her to acknowledge the impact of her childhood parental relationships on her current attachments with others. It also raised her powerlessness in the formation of her attachment difficulties. Although comforting in one sense, this produced anger towards her parents. These themes are shown in her description of how she felt after reading her attachment feedback:

“You know. Um. A little angry. Just because of I wasn’t given a choice... I was kind of a bit angry like. My two parents popped up into my head like “oh thank you very much!” you know?... I know I do have issues with attachment. So there was a bit of anger.” –Louise, p.4.

In addition to increased insight and normalisation, clients noted an increase in self-confidence. This is demonstrated well in the words of Patricia below. Patricia shows her perception of the impact of this more confident self on her ability to decide to leave a long-term destructive relationship; and to follow through with that decision. Patricia experienced exhilaration and inspiration to change in response to her new confidence. She attributed this confidence to learning she had a secure attachment style. Receiving information on her attachment style appeared a somewhat pivotal moment for Patricia:

“I would highly recommend you doing this for another couple of people... Just alone how it’s made me feel in general like... it’s boosted my self-esteem. It’s made me feel
very confident about myself. It’s made me feel really secure in myself.” – Patricia, p.22.

“By getting your feedback Aoife like it gave me extra confidence, you know? To know, when somebody gives you feedback like that, to actually tell you “yeah you are a secure person” I actually felt, yeah, that was a good boost, I can actually do it like... I did do it [leave my ex-partner], yeah! I actually followed through, I actually did do it... If you hadn’t done that...questionnaire, I wouldn’t have got that feedback from you. Everything happens for a reason and you know I followed through and hopefully like I’ve gotten myself and my kids away from the danger that could possibly happen. Thank you.” - Patricia p.21-22.

Patricia’s words show her connection between the discovery of her secure attachment style and the decision to leave her partner. She perceived the attachment style feedback as having a significant impact on her life, and identified completing the assessment as a valuable opportunity. Similarly, Sarah perceived the learning of her insecure attachment style as coinciding with her decision to leave her partner, a decision she felt was inconsistent with her ‘previous’ self:

“I wouldn’t have done this earlier on, last year I wouldn’t have done this at all. All of this was like a kick to do it. ‘Cause it was very unlike me to do anything, to leave that kind of relationship or to leave that attachment to that person like. But I did so easily as well.” – Sarah, p.8.

Sarah and Patricia demonstrate the significant impact learning their attachment style had on their self-concepts and decisions to make considerable change to their lives.

Changes to the self in therapy and the therapeutic relationship were also interpreted from client interviews. For Jane, information on her attachment style facilitated increased openness with her psychologist, signifying Jane’s growth in therapy:
“I felt it’s easier to open up to him, ‘cause I wouldn’t have opened up fully. But now I’m like “Ok, I might as well try now”.” -Jane, p.7.

Jane also demonstrated her new sense of ease in exploring her feelings with her therapist since learning about her attachment style and gaining increased insight:

“Now that I know my attachment style I suppose, I now understand the relationships that I’ve had with people. So it’s easier to kind of, I suppose, when we’re talking about something, it’s easier for me to describe how I felt.” - Jane, p. 6.

A strengthening of the therapeutic relationship after clients’ learning about their attachment styles was also demonstrated by Patricia. Knowing she had a secure attachment style facilitated her ease in having more open conversations with her therapist; due to her increased sense of confidence and safety in this relationship:

“I feel more confident to come here now and sit with Chris and even talk even more openly... and continue my sessions with Chris you know and build...a relationship. That I’m even more trusting now with Chris. I don’t feel insecure, I don’t feel I have to watch my Ps and Qs [laugh] ... I do feel that it has made the relationship stronger.” –Patricia, p. 20.

Patricia and Jane demonstrate the positive impact perceived from learning their attachment style on their therapeutic relationships.

One client referenced this thought on the timing of the attachment assessment in his recovery. Robbie felt that learning about his attachment could have led to more change if he had found out about it earlier in his therapy journey:

“It just made things clearer and like the areas that I need to work on, and, I say it’d be more useful as an eye opener if I would have been a stage where I thought I would have been happy enough but I would have been avoiding events and thinking I would be happier but avoidant and in fact I probably wasn’t... So say like if I was still in that frame of mind it definitely would have been a massive eye opening, of how I’d be
avoiding others and I suppose not trusting of others or dependent on others... it wasn’t as an eye opener because we had hashed on about it before. But if it had been earlier it would have been very useful.” - Robbie, p. 7-8.

Here Robbie notes his belief that the attachment information may have been of more use at a time when he did not have insight into his relational difficulties. Although he found the information brought clarity for him, he notes that he had gained awareness of his attachment behaviour thought his therapy previous to completing the assessment.

Although change to the self was interpreted through the data of most clients, a lack of perceived change was illustrated in the data of Mary and Margaret. For Margaret, this lack of change was very much in the context of her significant depression, and her belief that her mood would not be influenced by the learning of her attachment style. Margaret notes her lack of motivation to make changes to herself due to her depression, and questions the impact she could experience if she “tried” to change. The following dialogue shows the distance she perceived between her way of relating to others and her current depression:

“What difference it makes to me? I don’t know... I don’t think it will cure my depression. I’m not sure if it would help it a bit? No I don’t think so.” – Margaret, p.17.

“I can’t see that it changes anything. Maybe, I don’t know, if I tried? Um, yes maybe if I tried we’ll say, to be more attached to people. If I tried maybe that might help alright, but I’m in a very negative place and it’s like as if I’m, it’s almost as if I’ve given up. That’s the way I feel... It’s so bad like I can’t feel that anything is going to change.” – Margaret, p.19

For Mary, a lack of change is also perceived when asked about the usefulness of learning her attachment style:

“At the time I didn’t make any big decision kind of like when I read it.” – Mary, p.8.
However Mary also spoke about value of “knowing where I stand,” (p.8) with people following the attachment assessment. This incongruence was also seen in the data of Sarah, who demonstrated an altered self in her data, but noted a conscious sense that learning her attachment style “didn’t change much” (p.5). This may show a lack of awareness of change, and that the altered self may exist at a subconscious level.

4.2.3 SUPERORDINATE THEME: THE PROCESS OF ATTACHMENT STYLE LEARNING

The final client theme considers the impact of the process of learning about one’s attachment style as a client. This theme encompasses the experience of receiving written feedback on their attachment style, and the fear experienced during the process.

4.2.3.1 Subordinate Theme: Power in print

This subordinate theme encompasses client’s felt impact of receiving feedback on their attachment style in a written format. Administering client attachment styles in written format was unique to the processes of this particular study, and was not anticipated as a likely impact associated with learning one’s attachment style. However, the power of the printed word was found as an important theme in the client data. Receiving information on the self in a typed document was associated with: client’s active reflection on their attachment information through re-reading; increased insight and; increased acceptance of relationship difficulties.

Possessing their attachment style feedback in written format facilitated clients’ reflection on this information about the self. Indeed, the attachment information was seen by clients and therapists as complex and requiring reflection to allow absorption of the information. Clients reported to engage in the act of re-reading their attachment information and reported to enjoy this activity. The excerpts below further illustrate Richard, Sarah, Helen and Patricia’s use of the attachment style feedback as a reference. For some it constitutes written proof that they are well.

“I went through [the feedback] at home, and I have actually gone through it carefully.” –Richard, p.13

“It’s nice to read back and go, “no you’re actually grand!” –Sarah, p.2.

“[I’m] seeing there, it’s ok. It’s saying I’m not a bad person.” –Helen, p.11.
“Pull out that piece of paper and read it and say “no, he’s wrong he’s the person with the problem. It says here on paper I am mentally stable, I am a secure person you know?” So don’t let anybody tear you down… when you’re already above them.”
- Patricia, p. 23.

Patricia’s feedback document is seen to promote her resilience in difficult life situations; whereas Sarah views her attachment styles as visible evidence of her recovery. The act of re-reading the attachment information and how this may facilitate making sense of this information in the context of the self is also demonstrated by Robbie. He acknowledged the conflicting parts of himself through the reading of his attachment style feedback; identifying his want to be close to others and his opposing fear of closeness:

“I’d be conflicting, and even when reading out the thing. Reading it out loud. You can nearly hear conflicting parts in it.” - Robbie, p.7.

Having her attachment style information in writing also allowed Patricia to reflect on the information in fragments:

“I like to… I wouldn’t read the whole page, I would read maybe a couple of sentences and think about those couple of sentences, maybe re-read them, and consume it. And understand it. And let it sink in, and you know, it give you that more confidence and it give you strength, you know. Mentally it will make you stronger.” – Patricia, p.28.

“Like I’ve put that away safe… for when I get a quiet moment to read it through myself.” - Patricia p. 22-23.

Here Patricia perceives to gain increased strength and confidence through the reading of her attachment style information. Her attachment information is also viewed as something to be cherished and valued.

Seeing one’s attachment style in writing was also noted to enhance the impact of receiving this information. Seeing their attachment style in print was perceived as: peculiar; augmenting insight; and increasing acceptance of one’s relationship difficulties:
“I suppose I kind of knew it, but it was weird to see it on paper.” –Jane, p. 4.

“Having it down in writing like that, it opens your eyes to it, so see how I can improve on it.” –Robbie, p.2.

“You feel better that it’s written down.” –Helen p.10

“I wouldn’t have thought of it myself, but when it’s written down like that I would agree with a lot of that. You know, about wanting to be independent, being vulnerable, not letting people know exactly how I feel, that kind of thing. All of that would resonate.” –Margaret, p.1.

“But to see it in black and white, you go, ‘what?’” –Richard, p.15.

“When you have it down in writing it feels very extremist you know?” –Robbie, p.3.

Receiving information on their attachment style in writing also served to give the information a sense of authenticity for clients, which was perceived positively. This is seen in the words of Sarah, Patricia, and Richard below:

“It was nice to actually see it written down on paper.” –Sarah, p.1.

“To get feedback and be told you actually are a secure person it comes as, it comes as a shock. And to have that written on paper.” –Patricia, p.23.

“Well when you read it in black and white in front of you, you know, you either accept it or deny it. And what’s the point in denying it?” –Richard, p. 14.

For Richard, having his attachment style in writing augmented the need to confront his imperfect self, which he chooses to do.
4.2.3.2 Subordinate Theme: Fear
The process of learning one’s attachment style generated fear and related relief for clients. The fear of confronting the self in the feedback coincided with the anticipation of seeing the self conceptualised by a third party. The anticipation of receiving an unwanted result from the attachment assessment was also expressed through fear. Despite this anxiety, knowing one’s attachment style was seen as desirable, and for some, as necessary:

“[I felt] kind of relieved that it was normal… that I suppose it wasn’t as bad as I thought it would be, like I thought I would be this person that had like the worst score ever”. -Jane, p. 2.

“A part of me probably was scared of me doing the questionnaire. So that part of me would probably prefer not to know. But the bigger part of me needs to know, more so than wants.” -Jane, p7-8.

“I would be thinking the worst results like. I wouldn’t even be thinking, I’d just be expecting sort of.” -Robbie, p.9.

“I kind of felt I was relieved ‘cause I didn’t know what to expect to hear back.” – Patricia, p.5.

“I kind of knew that anyway, but it was still a relief to see it anyway. It kind of confirmed it.” –Sarah, p.2.

Assessments themselves were anticipated as identifying faults for some. This is seen in the excerpt from Robbie:

“The over thinking person in me would be like eh, I’d be tentative going into doing all these questionnaires as it’s like they’re only looking for holes, or they’re looking for problems or whatever. But no, I seemed to answer it as honest as I could and it came back pretty spot on.” –Robbie, p.9.
This again shows the client fear experienced before completing such an assessment, and the possible barrier anxiety is for completing questionnaires in therapy. It also suggests that this fear may be relayed on perceiving the result as accurately reflecting the self, regardless of whether it is secure or insecure.

4.3 THERAPIST SUPERORDINATE THEMES
The two superordinate themes that emerged from the data collected in relation to the therapists are outlined in Table 4.3. The recurrence of themes in the therapist data is displayed in Table 4.4. The sections below provide a detailed synopsis of each therapist superordinate and subordinate theme.

Table 4.3: Summary of Superordinate Themes for Therapists

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Subordinate Themes</th>
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</thead>
<tbody>
<tr>
<td>“Both going forward together”</td>
<td>Therapist New Directions</td>
</tr>
<tr>
<td>(Change)</td>
<td>Client Gains</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Questioning the self</td>
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Table 4.4: Recurrence of Themes in Therapist Data:

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<thead>
<tr>
<th>Therapist</th>
<th>“Both moving forward together”:</th>
<th>Appraisal:</th>
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<tbody>
<tr>
<td></td>
<td>Therapist New Directions</td>
<td>New meaning in old information</td>
</tr>
<tr>
<td>Matthew</td>
<td>✓</td>
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<tr>
<td>David</td>
<td>✓</td>
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<td>Maria</td>
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<td>Paul</td>
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<tr>
<td>Rachel</td>
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</table>
4.3.1 **SUPERORDINATE THEME: “BOTH GOING FORWARD TOGETHER” (CHANGE)**
Learning the attachment styles of clients was associated with change and movement for psychologists. This theme firstly includes the changes to practice and new directions taken by therapists associated with discovering and sharing client’s attachment styles within ‘Therapist New Directions’. Secondly, the client changes perceived by therapists in response to learning their attachment styles are detailed within ‘Client Gains’.

4.3.1.1 **Subordinate Theme: Therapist New directions**
Therapists all spoke of changes to their practice associated with learning and discussing clients’ attachment styles within the client-therapist dyad. Completing the assessment and communicating this with clients coincided with a new vitality and energy within the therapeutic work for many therapists. Completing this process was viewed as providing a new focus on attachment-related issues and new avenues from which to explore client’s presenting difficulties. Communicating the attachment styles to clients was seen to lead to new conversations and the naming of previously unsaid information. Furthermore, presenting attachment information to clients in a written format, and using attachment labels or terminology represented new ways of working for many therapists. These new directions were perceived as valuable and beneficial.

Learning and discussing clients’ attachment styles provided a new vitality and energy for therapists. Bringing this new information into sessions for discussion with clients was associated with momentum and progression:

“Well it keeps it **alive** it keeps it **fresh** it keeps it **moving**... you know you don’t want to be repeating yourself again.”-David, p. 8-9.

“It’s another contribution to the work that has accelerated [it]... Yeah there’s a sense of a little bit of an oomph, that we’ve taken a little bit of an oomph now. A little bit of an acceleration now. It’s given us something else to drive forward with. I think it’s enriched it. And it’s something that’s there now, it’s become something... There’s something there around both driving forward there... it’s really nurtured the collaboration. There was that collaboration, but that energy [clicks her fingers]... the drive forwards, but not racing forwards. Not like we’ve been propelled, but both going forward together. It doesn’t feel rushed or hurried. Just you’ve just been moved forwards in a comfortable pace.” –Maria, p.6-8.
Maria noted how discussing client’s attachment styles provided energy and advancement in her therapy sessions with her clients. There is a sense of progression for both client and therapist in her words.

Therapists also noted a new focus on attachment after receiving this client information. For some, this was used to newly formulate clients’ difficulties through an attachment perspective:

“It gave a bit of direction, its non-specific, but it did give you a bit of direction. How would I frame it from an attachment point of view with Emily?” - Paul, p.4-5.

“It does give you a more specific part to kind of look at, you know? The avoidance.” - Paul, p.14.

“It demystified their attachment styles a bit because sometimes when you’re working with somebody it can become quiet vague, and you’re carrying all these hypotheses. But it actually stripped it down a bit and it allowed me to maybe, unknown to myself, reformulate or simplify my formulation and maybe em just kind of bring it back to basics which was useful.” – Maria, p.1.

Here Maria notes her perception that receiving information on her clients’ attachment styles simplified the information she previously held about them, and as facilitated her reformulation of their difficulties. She also noted this process as occurring subconsciously.

Matthew also discussed the possibility of reformulating client difficulties with their attachment information:

“I suppose this makes me think more about childhood and also how they related to their parents, that it could guide me that way... It may give me more of an emphasis on people in their lives, who they relate to, who they have, what supports they have, and who’s close to them and how they find people who they can rely on. It may have given me I suppose it gives me more of a focus on those areas in my mind.” - Matthew, p. 5-6.
Matthew’s words show his increased focus on relationships, and the possible change of focus provided by considering a client’s attachment style. Collectively therapists felt that learning clients’ attachment styles provided clarity and a new lens through which to explore client difficulties. Having a new focus with clients was viewed positively.

This experience of a new energy, and having an alternative focus in therapy occurred despite therapists’ sense of familiarity with clients’ attachment information. Therapists noted a sense of having already hypothesised and known much of the attachment information gleaned from the assessment:

“It’s not terribly new information to us... it would be something that we are regularly coming back to.” –Rachel, p.3.

“Well I suppose it puts in words what I sensed with them anyway.” -Matthew, p.3.

The familiarity felt by therapists resembled that felt by clients in response to the attachment style information. Therapists however considered receiving a confirmation that their predictions in relation to attachment styles were accurate as beneficial; this is discussed within the theme ‘Questioning the Self.’ Some therapists spoke of previously holding hypothesis around client attachment styles in their mind, but noted that they had not shared these with the client previous to participating in this study.

Disappointment with the lack of guidance provided by the attachment style information was however also expressed by two psychologists. This disappointment was associated with a want to further help clients. This is demonstrated by Paul:

“I wish it would give me more direction; where to focus on in relationships with Jean; ... give me a, “now work on this, you should be working on her being hyper vigilant or being negative,” or” you should work on her being more appreciative of the relationships she has,” or maybe “she’s more angry than she is anxious...” now that would be a really useful questionnaire!”-Paul, p.3.

Although Paul also noted that the attachment information provided him with the possibility of focusing on his client’s avoidance (p.14), this excerpt identified his want for greater guidance from the attachment information. It appears that Paul’s hopes for specific guidance with his
client were not met by the information provided in this study. However, Paul and the other therapists did note the value of openly discussing client’s attachment styles with clients. This was seen to provide topics for discussions with clients, and to open further valuable avenues of exploration in therapy:

“It’s nice…to hear it classified, because I think it helps to be able to, steer a conversation more.” – David, p.1

“It’s been named now, you know? It’s not like I’ve said to either of them before “I think you have this attachment style.” Yet I’ve been working with them on that grounds. I was referring to different pieces of their attachment style as part of that collaborative formulation, but never actually said, “this is what that came under.” And for them, it has a name I guess and for me too. It’s been named!” – Maria, p.7.

Here Maria remarks with surprise that she had not named her client’s attachment styles with them previously, despite working collaboratively on a formulation. She also notes the value of being explicit about her clients’ attachment styles for both herself and her clients.

“It’s all been useful you know… ‘cause it makes you have that conversation. It isn’t unsaid. Sitting down with Emily [saying] “this is what attachment is about, this is an important thing,” that’s useful. And to get her to think about it, and get her to think about her attachment style as something separate to herself as opposed to “it’s just the way I am.”” – Paul, p.6.

Paul’s words show the value he perceives from openly discussing his client’s attachment style. These new conversations constitute a new opportunity for client growth and personal development. It may be easier to name client difficulties, such as an insecure attachment style, when this information is presented by a third party, outside of the therapeutic relationship as was the case in this study.
Using attachment terminology, as opposed to speaking in everyday terms about attachment processes was also noted as valuable. Here, Rachel noted the attachment terminology as of value:

“I think it was helpful, yeah, the terminology, the ‘fearful deer’ really fits with her I think and she quite liked that term as well I think she didn’t see it in a negative way and just having the print out… I think is quite helpful in terms of “this describes me and actually this makes sense for me.”” -Rachel, p.3.

In addition to the usefulness of attachment terminology, in this excerpt Rachel notes the value of the personalisation and written format of the information. Rachel’s words also show her client’s positivity in light of receiving an insecure attachment style result. Acceptance of an insecure result came in the context of perceiving this as an accurate representation of the self.

Presenting written information on client’s attachment styles was perceived as valuable by both therapists and clients (see theme ‘Power in Print’). This is demonstrated by Rachel and Maria:

“I think she liked having the description written out for her, because I wouldn’t have done that, I would have spoken it, and I think that sometimes it’s different seeing something written down.” -Rachel, p.5.

“I think it was confirming as well. It was real. It wasn’t just a hypothesis or something we had been talking about. It was something tangible [claps her hands together]. They could go back over it, and they’re going back over the same words, they’re not going back over something in a different way. It’s the same thing again and again. I think they physically had something to take away, and look at and take out, to take home with them …I think that meant there was a value being attached to that for them.” –Maria, p. 3.

Maria notes the added value attributed to the attachment feedback when presented to clients in a personalised written document. She also highlights the unalterable nature of the written
feedback, which allows clients to repeatedly reflect on the information without the possibility of it becoming distorted.

4.3.1.2 Subordinate Theme: Client Gains
The theme ‘Client Gains’ includes therapists’ perceptions of change to their clients following the learning of their attachment styles. This theme mirrors that of ‘An Altered Self’ seen in the client results. Perceived change to clients mainly involved gaining increased insight about the self. Other gains included: perspective taking; removing blame for relationship difficulties from the self; and gaining a new sense of belonging. The perceived changes to clients were noted as positive, valuable, and adaptive.

Therapists spoke of their clients gaining insight from learning about their attachment styles. Clients were perceived as achieving a new and deeper understanding of the self through the meaning they made from their attachment style. This is demonstrated by David, Maria and Rachel:

“I think that it has been something else for them to help them understand their own narrative and maybe will kind of demystify things for them a bit.” - Maria, p.8.

“She was interested in knowing how she relates. She was interested in the findings and what it said about her and people. It seemed to make sense for her.” - Matthew, p. 6-7.

“She was able from an attachment perspective to see what was going on. And as a result of that she was able to step outside of it… and engage with it at a different level. And that was huge for her. That she could see how she was personalising other people’s behaviour when in fact it had nothing to do with her at all. And that was a huge insight for her.”-David, p.4.

Matthew describes his client’s interest in the attachment results and learning about her relationships with others. David noted the new perspective achieved by his client through insight gleaned from the attachment information. David viewed this client learning as greatly significant and enlightening. This shows the high impact perceived following a discussion of
a client’s attachment. Maria also noted her client’s powerful insight and conclusion about his relationship with his mother following his reflection on his attachment style:

“And the other piece as well that happened for George was, he said “my mother did love me.” And it was after about probably 20 years of therapy this man has gone through at different times in his life, he said that. So I think, hearing those things coming back... you can’t not but appreciate the value and usefulness of whatever happened in that process. He has never said that before, and he is an adult, and he would have attended clinical psychology for years... so there was some catalyst in that that has allowed him to come to somewhere else.” –Maria, p.10

Maria notes how her client made new meaning about his relationships with his mother through learning about his attachment. She further reflects on how he did not come to this conclusion, that his mother really did love him, during previous years of therapy. She suggests the power that this information and its associated processes had in shifting his thoughts on his maternal relationship.

Rachel also noted the insight her client gained about her strengths, difficulties, and growth during her journey towards recovery:

“She could see where she struggles with things but also felt quite positive that she’s nowhere near as, um, bad as she used to be. That she has actually developed and grown and she is learning I suppose to trust people and not to be so fearful of rejection by others. So that was very positive for her.” Rachel, p.2.

Gaining of insight from the attachment information is also shown by Matthew below. Matthew however notes his impression that his client already held these insights to some extent previous to finding out about her attachment:

“Recognising what she has, what she needs to work on and what we need to work on, ...giving her some insight into how she’s been with people. But I think she has that to a degree anyway.” - Matthew p.8.
Therapists also noted that the attachment information took on new meaning and led to new insight when presented using attachment terminology. This is demonstrated by extracts from Rachel and David. This happening was the cause of surprise and interest for David. He noted that previous conversations with his clients on topics relating to attachment had passed without much impact or change; whereas the information provided through the attachment assessment had been internalised and applied:

“...I think she liked having the description written out for her, because I wouldn’t have done that, I would have spoken it, and I think that sometimes it’s different seeing something written, in those terms.” –Rachel, p. 7.

“Even though I would have approached attachment issues because of her background it didn’t have the same impact as the questionnaire did. As that was illuminating as far she was concerned...It would have been something that I would have included in the formulation, but I don’t think they were hearing it the way they needed to... [The feedback] seemed to have the impact of being able to internalise what they had heard before.” -David, p.3 and p.6.

“Even though I would have used the information, they would have heard it before, it was in a drawer somewhere, but they weren’t fully engaging with it and that was the information there that they engaged with, so it made a difference.” -David, p.11-12.

Here David firstly notes his perception of completing this assessment as “illuminating” for his client, suggesting its association with great impact. Secondly, David discussed how his clients had discarded conversations about avoidance and anxiety in relationships conducted previous to this study. He notes that they had heard these previous conversations, but that they had not been absorbed or integrated. David remarks that conversely, his clients had engaged with and absorbed the attachment assessment feedback information at a deeper level.

Therapists also noted clients’ integration of information after learning about their attachment. Maria described how she interpreted the attachment information as facilitating her clients’ integration of material from previous therapeutic sessions. She also noted that such sessions as quite rare:
“To see them nearly bring all that information together, and bring all different bits, from all different sessions within that. You know, they were integrating right in front of me, quite a lot of information... You may only get one or two of those as you go along in session. There was a lot of consolidation nearly, that happened.” – Maria, p.13.

The attachment information was also seen by Rachel to produce the gain of solidifying previous therapeutic work. Furthermore, the attachment results were not considered by Rachel as new. Instead they were perceived as solidifying their previous therapeutic work:

“It would be something that we are regularly coming back to, because I keep trying to bring back the formulation of maybe why she struggles with life currently and relating to her early experiences. So I don’t think it has really changed our work, em more solidified what we had already been doing.” – Rachel p.3.

Therapists also noted that clients acquired insight into the origins of their relationship difficulties through learning about their attachment. This insight was perceived as allowing clients to remove blame from the self. This finding is mirrored by clients in the theme “I like names on things.” Extracts from Matthew and David demonstrate this shift in blame:

“Maybe it helps her realise that a lot of her problems are outside herself really and to do with the people around her, her partner, environment, and social situation.” - Matthew, p.7.

“It effected their own formulation, because they were able to see that the difficulty wasn’t with them... That the problem is not with them. Because they see themselves as being bad or shameful you know. Something wrong with them. And that shift... was visible in both.” - David, p.5.

The insight, that clients were not alone in having attachment difficulties was also perceived by therapists. The acknowledgement that others experience similar difficulties could have been gleaned from the existence of an assessment tool to explore such difficulties, or the presence of distinct attachment styles within which to categorise individuals. The value and
considerable impact of no longer feeling alone with relationship difficulties is demonstrated by David.

“Finding out that she wasn’t alone. And finding out that there were questions relevant to her experience. That was huge for her. That was like the biggest light bulb turning on that I’ve been trying to turn on for a while.” -David, p.3.

David perceived this sense of connection as powerful and insightful for his client. Furthermore, he noted that previous attempts to create this insight had not been as successful. David’s words show the significant impact and generation of client gains experienced following his client’s learning of their attachment style.

New learning about the self through discovering their attachment style was further seen by therapists to lead to motivation and changes in client behaviour. This is demonstrated below by Maria and David.

“There was some catalyst in that that has allowed him to come to somewhere else. Make sense of it! Do you know? Whatever that was, I don’t know. But for him there was: “I have loved and lost, but I have been loved. And actually, my mother loved me.” Which was huge for him, you know. Yeah. It’s quite emotional really.” - Maria, p.6.

Here Maria notes her perception that her client experienced change to his core beliefs in relation to his mother in response to the attachment information. She further notes that she is unsure what precisely contributed to this change.

The excerpt below also shows David’s perception of change in his client’s approach to the management of her relationship with family members on Christmas day following insight about her way of relating to others. Learning ways to manage her difficult relationship with her mother had been a long-term goal in therapy for David’s client:

“This year she’s doing a lot of things different to what she’s done before, and I think it has helped her to manage her mother a different way because she’s able to see that her mother plays by her own rules, and she’s able to leave her in her own home this year without feeling the need to go and do things that she would have done. So this
year for the first time she’s going to be able to bring her dinner over to her, to say “are you ok? Is there anything else you need?” and continue it on and then leave... and she’s able to see that that’s ok. Whereas before that wouldn’t have been ok.” - David, p. 10.

Here it can be seen that David perceived the attachment information as aiding his client in managing her relationship with family members in a more adaptive way. It also shows his attribution of change to long-held maladaptive ways of relating to others, to learning about her attachment style.

The precise reasons for client change in response to the attachment information was not clear from the data, however this was not an aim of the current study. This lack of known causation was noted by Maria. She was seen to question why learning about their attachment had an impact for her clients, and concludes that the processes through which a change was experienced may be difficult to determine:

“Was it because they were in a process of learning about themselves and understanding themselves, and their experiences? Was it because they were in that holding space that they could take it and integrate it? But I suppose you don’t know.” - Maria p.3.

This extract show’s Maria’s curiosity around the reasons behind client change in response to the attachment information.

4.3.2 SUPERORDINATE THEME: APPRAISAL
This theme encompasses the evaluation of the self and of one’s work by therapists following the learning of their client’s attachment styles.

4.3.2.1 Subordinate Theme: Questioning the self
Learning a client’s attachment style through a standardised measurement tool was experienced as an appraisal of therapists’ previous thoughts on their client’s attachment styles. Having coherence between their earlier thoughts and the assessment result was met with relief, and reassurance. Learning clients’ attachment styles was also seen to provide
increased confidence for therapists in the value or suitability of the work they were doing with their client.

Therapists reported experiencing relief on hearing their clients’ attachment style results. This relief was associated with noting a match between their hypothesised attachment styles and those found by the assessment tool:

“There’s a bit of relief. I’m glad that fits in with what I was thinking.” –Paul, p.6.

“I felt that we were on the right track... It was nearly like an evaluation of our therapeutic work.” –Maria, p.1.

“The initial kind of anticipation gave way to that relief. Because there was maybe some anxiety beforehand... Is this an evaluation? Am I on the right track? There was this excitement. And then when I read it there was that, there was a relief! There was a relief to it. Because it was an “oh yeah this makes sense.”” –Maria, p.4.

Here Maria notes her experience of anxiety previous to receiving the result, as well as her perception of the assessment as an evaluation. Furthermore this is perceived as exciting. For Rachel the feedback is seen to strengthen her previous work following her appraisal that her pervious intervention had been appropriate.

“I think... in terms of solidifying, clarifying my own views you know in reassuring that... what we had been doing and talking about was on the right track.” –Rachel, p.5.

Therapist’s anticipation of their clients’ attachment styles reflects their act of intuitively considering clients’ attachment styles during therapeutic work. Most therapists considered the assessment of their clients as valuable although they had already hypothesised the result. However, one psychologist raised a query around the need for a questionnaire to determine clients’ attachment styles, when this information can be gleaned intuitively within a therapeutic relationship. This is demonstrated by Matthew:
“I just have a sense that they tell you what you know anyway, and that you don’t really need a piece of paper or a test to summarise where people are at. That often you can get an intuitive sense anyway.” – Matthew, p. 9.

“I would have moved away a lot from a lot of testing because I think a lot of what…written tests show or written pieces of paper show hit you in the face anyway when they’re in front of you, whether its formalised or not. So the problem is there in front of you and the solutions are usually there.” – Matthew, p. 9.

Matthew notes his use of intuition to assess his clients’ attachment styles; which leads to his questioning of the need to introduce a questionnaire to glean this information. Indeed, this study did not aim to advocate for the use of assessment tools to measure attachment styles for all clients, and acknowledges the possibility to determining client attachment styles informally. However, some therapists appear to gain value in the use of a standardised assessment due to its evaluation of their hypotheses. Furthermore, the observed relief experienced by psychologists on hearing their predictions were accurate shows the benefit of this exercise for some.

Appraisal of the self as a practitioner, and the work completed with a client was also seen. The attachment feedback prompted reflection on past work which led to a self-appraisal. This is shown by Maria and Paul:

“That I felt that we were on the right track that was maybe a piece around it. It was nearly like an evaluation of our therapeutic work within that process.” – Maria, p.3.

“It just helps clarify what you’re doing and why you’re doing it...It just adds weight to it. That’s the primary impact of the questionnaire… to help you clarify, well what am I doing? Why are we doing this? What are we doing with Jean? As opposed to managing the emotion on a weekly basis, you think “ok what are we actually trying to change?”” – Paul, p.7-8.

Here Maria interprets the assessment as an evaluation of whether she had been “on track” with their previous work. Paul notes that the attachment assessment result gave credence to his previous work with his client. He also demonstrates the self-questioning prompted by
assessing his clients’ attachment styles which shows his refocusing on Jean’s therapeutic
goals.

Questioning of the self was also seen in response to receiving clients’ attachment
styles. The incongruence between one of his client’s attachment style and his previous sense
of her led to self-questioning of his previous hypothesis:

“Is she dismissing and I’m missing that? Maybe she does dismiss people, that’s uh, it
does get you to think about the case!”-Paul, p. 11.

“I’ll probably still go away from this thinking is she dismissing? She could be. She
could be.”-Paul, p.13.

Paul’s comments demonstrate the questioning and reflection prompted in response to an
unexpected attachment result. For Matthew receiving information about his client’s
attachment style led to questioning of his own attachment style; and to a querying of his
evaluation of his perception of his therapeutic relationships with clients:

“I suppose it made me reflect on my own attachment related anxiety or avoidance as
well where I am and how I’m relating to them. But again I know when I’m relating to
them well. At least I feel I do.”-Matthew, p.12.
5 CHAPTER 5: DISCUSSION

5.1 CHAPTER INTRODUCTION
This chapter provides a discussion of the study findings. Firstly, the research question of the study is restated. This is followed by a summary of the research findings, which are then discussed in the context of previous literature. The limitations, strengths, directions for future research, and recommendations for clinical practice are then addressed. Finally, concluding comments and a reflection on the research process are presented.

5.2 REVIEW OF RESEARCH QUESTION
Despite considerable writing on attachment theory and advances in research leading to the application of attachment in adult therapy (White 2014); there appears limited research exploring client or therapist experiences of learning client attachment style in therapy. The present study sought to address this gap in knowledge by exploring one broad research question: What is the experience of learning client attachment styles in therapy, for both clients and psychologists?

5.3 SUMMARY OF FINDING
As outlined in the previous chapter, this study found five main themes depicting the impact perceived by clients and therapists in response to learning and discussing client attachment styles. Three themes portrayed client experiences, and two themes represented therapist experiences. The first theme ‘Conceptualising the Self’ outlined the impact of learning about their attachment styles on clients’ self-concepts. Specifically, clients noted the experience of recognising the self in their attachment style; and the power of receiving information about the self using attachment terminology. The second theme ‘Towards Recovery’ outlined clients’ motivation for change and experience of change through receiving information on their attachment. These changes were varied and included: increased insight; newly seeing the self as normal; shifts in self-blame for relationship difficulties; and changes made to personal circumstances. Changes were also noted to clients in therapy with included increased trust and openness within the therapeutic relationship. The third theme ‘The Process of Attachment Style Learning’ referred to the impact perceived by clients from the processes of discovering their attachment styles. This theme encompassed clients’ perceived
impact of receiving feedback in writing, and the experience of fear and anticipation previous to discovering their attachment style. The fifth theme “‘Both Going Forward Together” illustrated therapists’ experiences of change and movement within therapy in response to learning and discussing clients’ attachment styles. This theme encompassed therapists’ perceptions of changes to the self and their therapeutic practice, as well as changes perceived to their clients. The final theme ‘Appraisal’ reflected therapists’ evaluation of the self and their practice through learning about clients’ attachment styles.

5.4 FINDINGS IN THE CONTEXT OF PREVIOUS LITERATURE
The following section will further discuss some of these key findings in the context of relevant existing literature. Each subordinate theme is discussed under corresponding headings.

5.4.1 CONCEPTUALISING THE SELF
All clients noted a sense of familiarity in response to their attachment feedback and experienced their attachment style as consistent with their internal working model of the self. Clients further spoke of their attachment information as not fully known before seeing it written in their feedback. This would appear to reflect Ward’s (2008) finding that assessment feedback can render clients’ previously implicit concerns explicit. It seems that receiving such feedback brings clarity and gives words to experiences that were not previously fully understood or made explicit. This clarification could constitute a benefit of providing attachment-based feedback to clients. Furthermore, clients reported a sense of ease and comfort in response to their attachment style information. This was irrespective of whether they received a secure or insecure result. Some clients, such as Louise and Richard, briefly noted some discomfort in response to their attachment style; however all clients reported an acceptance of the information. This is distinct from Ward’s (2008) finding that most clients experience emotional difficulty when processing the results of assessments in therapy. It may be the case that attachment-based feedback is easier to accept than more general or personality-based information used by Ward (2008). Further research is required to determine why clients processed their attachment styles in the absence of considerable emotional difficulty.
The need to confront the subjectively imperfect self, found in the current study, was associated with the explicit identification of clients’ difficulties through their attachment style feedback. This is reminiscent of Finn and Tosanger’s (1997) remark that assessments are seen to ‘name’ client difficulties, a process they noted as beneficial. Indeed, clients in the current study expressed a like for having “names on things” and seeing their difficulties on paper. Therapists also spoke of the value of naming the hypotheses they had held about clients through the sharing of feedback. This is akin to Ward’s (2008) finding that assessments can confirm or disconfirm hypotheses vaguely held by clients, however in the current study it was noted by therapists. Clearly and explicitly naming client difficulties through feedback may also contribute to the clients’ accounts of having previous experiences authenticated through this process. This sense of being met by the attachment feedback also reflects De Sagaer et al.’s (2016) finding that clients can experience validation through receiving and discussing assessment feedback in therapy.

Clients’ interpretation of the attachment information as previously known could however be interpreted as suggesting a lack of value. Ward (2008) noted therapeutic assessments as allowing clients to confirm or disconfirm vaguely held hypotheses about the self, or to make implicit concerns explicit. However for some clients in the current study the attachment information may have been explicit previous to completing the assessment. Mary and Robbie noted their attachment result as not particularly new for them, which suggests their previous insight into this information, perhaps gained through their therapy to date. Having previously known this information could have reduced the impact of the results for these clients, and may bring into question the ideal time to introduce an attachment assessment into therapy. It may be of more value to clients who have little insight or understanding of their attachment and way of relating to others.

In the current study clients also experienced comfort from a sense of belonging or social cohesion through learning about the existence of their attachment style categories. This could be seen as relating to previous cognitive research stating that diagnosis provides a group identity for individuals (Howard, 2000). Although attachment styles do not constitute a diagnosis, they do provide a frame of reference and a label for clients with regard to their relationship difficulties, which could be compared to the categorisation of diagnosis. Models of identity have noted that individuals hold an understanding of the self in schemas. These schemas include information on group belonging and individuals’ perceived social hierarchy position of their group (Tajfel, 1978). Such identity information has been suggested to impact
on wellbeing (Gilbert, 2016); and as a way of managing this, individuals are hypothesised to view their own group positively (Gilbert, 2016). Clients in the current study may therefore view their attachment style group positively as a means to promote wellbeing. Alternatively, they may view their attachment group agreeably due their strong consensus and identity with their attachment style description. Further research is needed to explore the association between clients’ sense of belonging to an attachment group and the positive evaluation of their category.

The sense of belonging experienced by clients in the present study also contributes to the argument for the use of categorical measurement information in attachment assessment. Both clients and therapists showed a preference for discussing the categorical data rather than the dimensional data in feedback. Furthermore, the categorical attachment terminology was seen to resonate with some clients, such as Patricia. These findings appear to support Fraley and Roisman’s (2014) suggestion that dimensional information may be less relevant to understanding clients’ true attachment statuses, and may be less helpful to real-world decision makers.

Client reactions to their attachment information was overwhelmingly positive. All clients stated that they felt the information was accurate and viewed the assessment favourably. This could be attributed to client’s interpretation of this experience as positive, as was reported in the interviews. There also however exists the possibility that clients wished to appear socially desirable to the researcher. Social desirability bias is a recognised form of measurement error in research, and occurs when participants provide an answer which is more socially acceptable than their true beliefs (Phillips & Clancy, 1972). The most common source of social desirability bias has been cited as participants’ lack of comfort to reveal their genuine attitudes (e.g., Tourangeau & Yan, 2007). It is believed that participants may hide their true belief in order to avoid embarrassment, unease or distress (Holtgraves, 2004). There exists the possibility that participants of the current study wished to appear socially desirable to the researcher by emphasising their positive experiences of the assessment process.

5.4.2 Towards Recovery

Clients were seen to develop ‘An Altered Self’ and motivation for change through learning about their attachment styles. The attachment information facilitated some clients’ identification of targets for change in their lives. Jane, for example, identified the need to become more open with others after learning about her attachment. This identification of
therapeutic goals reflects Ward’s (1995) suggestion that feedback places clients’ previously vague difficulties into clearer and more manageable units. In turn Ward (1995) noted that having this clearer understanding of the self can contribute to clients’ sense of autonomy in the future management of their difficulties. Furthermore, clients’ have been found to experience empowerment in response to assessment feedback (De Saeger et al., 2016; Finn & Tonsager, 1997). It may be the case that the attachment feedback gave clients in the current study a clearer understanding of maladaptive ways they were relating to others; thus providing them with clear therapeutic goals. Furthermore, clients’ acceptance and coherence with their findings may have led to their increased likelihood of addressing these difficulties; as they had confidence in the validity of the information.

The variety of changes perceived by clients in response to their feedback included the gaining of insight, normalisation, shifts in self-blame, and changes to clients within the therapeutic relationship. These varied changes support previous research stating that clients may experience self-enhancement in response to feedback in therapy (Finn & Tonsager, 1997); and that assessments may act as catalysts in the therapeutic process (Waiswol, 1995).

In relation to the gaining of insight, previous research (De Saeger et al., 2016; Finn & Tonsager, 1997; Waiswol, 1995) has suggested that clients may experience increased insight, self-discovery, and self-awareness through assessments in therapy. This appears to have been supported by the current study in which clients were perceived to gain insight into how they related to others through their attachment feedback. This insight was seen to promote clients’ reflection on how their patterns of relating to others have influenced their lives, and in turn supported their motivation for change. Existing research has shown the positive effects of client insight (Hayes, Feldman, & Goldfried, 2007), and gaining insight would appear a benefit for clients participating in this study.

The normalising of client difficulties through the attachment information constituted another change to the self found in this study. The attachment information was noted to comfort and reassure some clients that they were not “bad,” or “insane,” as they had previously thought. This normalising was experienced despite the vast majority of clients receiving an insecure attachment result, which could have been perceived as atypical. It was beyond the scope of this study to identify the mechanisms through which clients perceived their feedback as normalising. It is however possible that clients anticipated a more severe result than delivered in their final outcome. Many clients expressed fear prior to learning their result and may have catastrophized about the possible finding. Consequently, clients may
have perceived their actual feedback as encouraging, positive, and more ‘normal’ than expected. Gaining a more normal view of the self through the attachment information would appear adaptive for clients, as coping through the use of normalisation has previously been related to higher self-esteem in people with mental health difficulties (Ilic et al., 2012). Having a new way to conceptualise one’s difficulties also reflects the finding of Newman and Greenway (1997) that assessment feedback may change clients’ views of their difficulties. Having a clear explanation of one’s relationship difficulties using attachment theory may provide a novel, and in some cases more acceptable, way of considering one’s relationship difficulties with others.

Normalisation may also have been achieved by having a new attachment perspective through which to formulate relationship difficulties. Previous ways of conceptualising their difficulties may have been more globally deficient or self-blaming. Similarly to Ward (2008), the current study noted clients’ move away from self-blame after receiving their attachment feedback. Ward (2008) suggested that feedback provides a framework for clients to move away from ‘globally deficient self-evaluations’ to the identification of difficulties within specific cognitive or emotional areas of functioning. This may have been the case for clients in the current study. Furthermore, receiving a formulation of their difficulties from an attachment perspective placed some blame for relationship difficulties with clients’ early caregivers rather than the self. This was experienced as a powerful revelation for some clients. Receiving feedback on an attachment-specific or developmental assessment may augment this shift in blame noted by Ward (2008); as these assessments explicitly state the influence of childhood experiences on current difficulties.

In addition to normalisation and shifts in self-blame, some clients were seen to make other considerable changes to themselves and their circumstances following the receipt of attachment-based feedback. This may reflect Ward’s (2008) finding that receiving assessment feedback can lead to clients’ increased capacity to effect meaningful change. In this study Jane made a conscious change to how openly she communicated with her mother after noting her tendency towards avoidance. Also, Patricia experience increased self-confidence, which she associated with her decision to leave a long-term destructive relationship. It is likely that a number of variables contributed to clients’ self-change, and determining these is beyond the scope of the current study. However it can be stated that both clients and therapists perceived the attachment-based feedback as contributing to client change, and as having a recognised impact on some clients’ lives. These changes and “light bulb” moments for clients could be
views similarly to ‘sudden therapy gains’ (Tang & DeRubeis, 1999). Sudden client progress in therapy has been suggested to result from cognitive changes made in therapy sessions, triggering ‘upward spirals’ of change that lead to enhanced treatment outcomes (Tang & DeRubeis, 1999). It could be interesting to further explore the cognitive processes underlying client assimilation of attachment information, and their role in client change. More stringent investigation of post-feedback effects and follow-up measurement of symptom change would be required to deem the changes in the current study as sudden gains, however exploring this concept could be of interest.

For one client, Margaret, a lack of change in response to learning about her attachment was perceived. This lack of change existed in the context of her significant depression, and her belief that her mood would not be influenced by learning about her attachment style. Margaret’s diminished motivation and lack of change may not be surprising given that reduced motivation constitutes a characteristic feature of depression (Smith, 2013). Furthermore, depression has been associated with client perceptions of greater barriers to engaging in psychological therapy (Mohr et al., 2010). This perception of greater blocks to intervention has been explained in terms of the negative bias experienced in the perception of barriers when depressed, and the decreased motivation of depressed clients to use psychological interventions (Mohr et al., 2010). It may be the case that the depression experienced by Margaret was a barrier to her engagement with the attachment assessment information. Future research is required to investigate the influence of significant depression on the impact of attachment information. It is also however possible that a lack of change was experienced by Margaret due to a lack of impact associated with the assessment. It may be the case that receiving personal attachment information is not experienced as impactful or influential for some individuals. The reasons why attachment information is experienced as inspiring and significant to some and not others cannot be determined from this study. It would be important to explore this further in future research, and to perform this exercise with varied individuals to determine the experience from multiple perspectives.

Specific client changes associated with their involvement in the therapeutic relationship were also observed in this study. For example, Jane noted her increased openness in therapy sessions, and Patricia noted a strengthening of her therapeutic relationship. This is an interesting finding considering previous research that has associated insecure attachment styles with the rejection of the importance of the therapeutic relationship (Harris, 2004), and an increased difficulty bonding with therapists (Bernecker et al., 2014). The majority of
clients within this study were found to have insecure attachment styles and may therefore be at risk of experiencing increased difficulty relating to their therapist. Research on the use of assessments in therapy have suggested benefits to the therapeutic relationship through the sharing of feedback with clients. These benefits include: clients’ experiences of being heard and treated as an equal (De Saeger et al., 2016); perceiving therapists as more trustworthy and expert (Hanson et al., 1997); and the reduction of clients’ paranoid suspicions and fears regarding psychological testing (Waiswol, 1995). These experiences, in addition to greater insight into how clients function in relationships, may contribute to a strengthening of the therapeutic alliance. Indeed, it has been suggested that facilitating clients’ understanding of the influence of their past ways of relating to others on their therapeutic relationship is important (e.g., Cobb & Davila, 2009; Heard et al., 2009; Sable, 2007).

Changes to clients perceived in the present study can be considered in the context of attachment theory. Bowlby (1988) would suggest that client exploration is facilitated by the provision of a secure base in therapy. once perceiving their therapist as a safe and supportive partner, it is suggested that client exploration is facilitated. It could be proposed that many of the clients within the present study perceived their therapeutic relationships as a secure base in which they felt safe to explore themselves in the context of their attachment. Some clients reported a sense of openness following the attachment assessment, and noted the ECR-R questionnaire as leading to the undefended discussion of topics not previously explored with their therapist. Indeed, clients with insecure attachments have been noted to experience comfort and security within a supportive therapeutic relationship which can lead to disclosure (McCluskey et al., 1999). This would suggest the importance of having a strong therapeutic relationship with a client when completing an attachment assessment; and provides an argument for the completion of such assessments when a good therapeutic alliance has been established. This suggestion is further corroborated by previous research in which clients have noted their therapeutic relationship as significant in the receipt of assessment feedback (De Saeger et al., 2016).

Client changes to the self perceived within this study brings into question the idea that attachment styles are stable (e.g., Hamilton, 2000). These findings may better approximate the idea that attachment representations are updated and revised by new experiences over a lifetime (Fraley, 2002). The majority of clients in this study showed a motivation and optimism for making changes to their attachment following their receipt of feedback. Some clients, such as Louise and Jane described making adaptive changes to the way they relate to
others. This suggests the potential change to clients’ attachment behaviour that could occur following greater insight into their attachment patterns. This potential for change is however speculative at present. Further specialised research would be required to determine whether learning about attachment can lead to conscious and enduring change to attachment styles.

5.4.3 **The Processes of Attachment Style Learning**

The impact of receiving feedback in print emerged as an important theme from client data. Although not unique to the provision of attachment-based information, it was deemed as important due to its presence in numerous client interviews. Having their attachment feedback in a printed document was seen to: facilitate reflection on the information; provide evidence that clients were well; authenticate client experiences; and increase client acceptance of the assessment results. These findings reflect previous research noting the importance clients place on the validation, specificity and personalisation of assessment feedback (De Saeger et al., 2016; Ward, 2008). Printed feedback could be seen as similar to the therapeutic letters used in psychotherapy to deliver feedback to clients, which have been used for a number of years (e.g., Kramish, 1956; Riordan, 1996). The use of ‘diagnostic therapeutic letters’ in therapy, at the time of their conceptualisation, was perceived as providing greater help to clients than talking therapy alone (Ellis, 1965). Providing client attachment feedback in written format may have enhanced the impact of this information in the current study. Client’s receipt of therapeutic letters has been shown to: solidify and consolidate information; lead to reflection; provide validation; acknowledge client experiences; increase self-esteem and confidence; provide encouragement; and facilitate the remembrance of session content (Pyle, 2006). Furthermore, the permanency of therapeutic letters allow clients to “quietly contemplate the words at a pace, time, and location set by the reader,” (Pyle, 2006, p. 27) Findings of the current study substantiate many of Pyle’s (2006) findings, reinforcing the value of presenting attachment information in written format. Further research is required to investigate the added value provided by using written feedback for attachment assessments.

The experience of fear in anticipation of receiving an unwanted assessment result was expressed by a number of clients in this research. Fear was experienced in relation to what may arise from the assessment and anticipation of an unwanted score. Clients nevertheless noted the completion of the attachment assessment as desirable and in some cases necessary. The experience of anxiety in response to test completion has been well documented, with
such anxiety noted to involve both cognitive and affective components (e.g., Cassady & Johnson, 2002; Liebert & Morris, 1967; Sarason, 1980). Cognitive components have been hypothesised to include concerns about the outcome and consequences of an assessment, and involves distorted negative thoughts (Cassady & Johnson, 2002). Such test anxiety research would appear to correspond to the experiences of some clients in the current study. In Ward’s (2008) research clients noted emotional difficulty when processing assessment results; this is dissimilar to the current study in which clients appeared to experience emotional difficulty in the form of fear prior to receiving the feedback. Some clients initially noted some anger in response to their result, but all clients valued or showed a liking for their assessment feedback. The significant emotional difficulty documented by Ward (2008) was not expressed by clients in response to their attachment styles. Furthermore, Ward (2008) found that therapists expressed fear towards the assessment results, as they were concerned that the feedback may be painful for their clients to hear. This was also not supported by the current study. Additional research is required to explore the experience of fear in response to attachment-based feedback in a larger number of clients and therapists. The finding that clients may experience fear prior to receiving an assessment result again suggests the importance of having a strong therapeutic relationship before completing attachment assessments; and the need to provide a secure base for clients in therapy within which they can safely explore their attachment history.

5.4.4 “Both Going Forward Together”
Therapists within the current study were found to experience change to their practice through the assessment of their clients’ attachments and provision of feedback. These activities coincided with perceived vitality, movement, “oomph,” and “energy” in the therapeutic space. Therapists spoke of: having a new focus on attachment-related issues; having new avenues through which to explore client difficulties; and the practice of reformulating in response to client attachment information. Previous research has noted the value of using an attachment-based framework to understand and approach client difficulties (Burke et al., 2016). This seems to have been supported by therapists in the current study. This research also appears to substantiate previous findings that attachment assessments may provide a means for orienting therapists to concepts of the attachment system (Obegi & Berant, 2010). Therapists in the current study were seen to gain a new focus on the attachment-related concepts such as: clients’ relationships with others; clients’ childhoods; and clients’
attachment-related avoidance. Therapists noted their new focus in response to the attachment information as valuable. The assessment of client attachment styles also led one therapist to question the impact of their own attachment on their therapeutic work. In previous research, therapists’ attachment styles have been associated with clients’ experience of the therapeutic relationship (Petrowski, Pokorny, Nowacki, & Buchheim, 2013), deeming this a worthy topic for further exploration.

Establishing that a client had an insecure attachment style was not seen to facilitate considerable changes to therapists’ interventions and planning, as previously suggested in existing research (e.g., Diener & Monroe, 2011; Quijada et al., 2015). Therapists mainly noted that assessing their clients’ attachment styles did not lead them to plan to implement new treatment strategies. Furthermore, therapists did not appear to consider client attachment styles as serving as ‘red flags’ for potential future difficulties in therapy. Previous research has demonstrated that clients with insecure attachment styles experience increased barriers to therapy. Insecure attachment styles have been strongly associated with difficulties such: as poorer therapy outcomes (Horowitz et al., 1993; Saatsi et al., 2007); a higher frequency of ruptures (Eames & Roth, 2000); and the rejection of the importance of the therapeutic relationship (Harris, 2004). However participating therapists did not make reference to these. Possible explanations for this are that therapists had already established a therapeutic relationship with their assessed clients, and had previously noted potential barriers to their therapeutic success. Had clients completed an attachment assessment with a new, unknown client, it is feasible that the attachment feedback would have had more value in warning therapists about potential future difficulties. It is also possible that therapists had informally considered their clients’ attachment styles previous to their participation in the study, and that any red flags had previously been noted.

Similarly to clients, therapists identified the value of using attachment terminology, “naming” client attachment styles, and using written feedback. These practices represented new therapeutic techniques for a number of therapists. Akin to Ward’s (2008) finding that assessments may clarify clients’ implicit ideas about the self, this study showed that the attachment feedback facilitated the exposure of therapists’ implicitly or vaguely held hypotheses about clients. Furthermore, although attachment information was noted as held implicitly by some therapists through clinical judgement, receiving feedback on clients’ attachments was noted as interesting and valuable. This suggests the relevance and worth of introducing information on clients’ attachment styles within routine therapeutic work.
Therapists also paralleled clients’ perceptions of change following the learning of their attachment styles. Therapists reported to perceive clients’ experience of increased insight, perspective taking, shifts in self-blame, and a new sense of belonging. Therapists noted these client changes as valuable and adaptive. This supports previous research suggesting the usefulness of attachment assessments as a learning experience for clients (e.g., Cobb & Davila, 2009; Heard et al., 2009; Sable, 2007).

5.4.5 APPRAISAL

Learning clients’ attachment styles was perceived by therapists as an appraisal of their previously held hypotheses about clients and of their therapeutic work. This may not be surprising when considering the wide use of a scientist-practitioner model in clinical psychology (Benjamin Jr & Baker, 2000). This model advocates the application of assessments and scientific evidence within clinical work (Fisher, Chew, & Leow, 2015). Within a scientist-practitioner model the attachment assessment feedback could be viewed as an evidence-based source of information to inform practice. Attaining information on clients’ attachment styles may also represent a form of reflection in practice for therapists. Reflection can be defined “a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciation” (Boud, Keogh, & Walker, 1985, p. 3). The Psychological Society of Ireland (PSI) advocate for the use of reflection in practice, and state that psychologists must be “cognisant of the importance of self-awareness and the need to appraise and reflect on their own practice,” (Psychological Society of Ireland, 2009, p. 4). It appears that assessing the attachment styles of clients may serve as an opportunity for therapists to appraise and reflect on their work. The match between client attachment styles resulting from formal assessment and therapists’ prior predictions was associated with the relief and reassurance. The assessment information appeared to provide evidence for the accuracy of therapists’ previous clinical judgement. Reflecting on practice has been noted as valuable to psychologists when developing formulations and working on cases perceived as ‘stuck’ (Fisher et al., 2015). It may be the case that assessing clients’ attachment styles serves as a useful prompt for therapist reflection and evaluation.

The perception of value from receiving information about a client from an external source also provides support for the use of standardised assessment tools rather than clinical judgement to determine client attachment styles. Previous research (Neborsky & Bundy, 2004).
2013), and a participant of this study, have suggested that clinical interview and clinician knowledge of a client’s history can effectively substitute for the use of formal attachment assessments. Indeed, clinicians have been shown to accurately predict the attachment styles of clients (Neborsky & Bundy, 2013); and many therapists in the present study noted having accurately hypothesised their clients attachment styles previous to the use of the formal assessment. However, had clinical judgement alone been used to determine client attachment styles therapists would not have perceived the assessment feedback as a positive appraisal of their work. Also, the use of clinical judgement alone does not allow for the introduction of a third party into the therapeutic relationship, through which client difficulties may be easier to name. Specifying information, such as an insecure attachment style, may be easier when presented through an assessment which is separate to the therapeutic relationship. Furthermore, such information may be met with less resistance by clients when derived from a validated assessment tool such as the ECR-R, rather than clinical judgement.

Client and therapist experiences were seen to converge on some topics such as the experience of change, the importance of presenting the attachment feedback in a written format, the coherence between client presentations and their attachment styles, and the anticipation of the assessment result. However clients and therapists each provided unique findings. For example, unique to clients was their perception: of the attachment information as a warning of the need to change; of the influence of the attachment information on making changes to their personal lives; and that the attachment feedback had strengthened their therapeutic relationship. Furthermore, at times clients and therapists were seen to have differing perceptions of the value of the attachment information. These observations suggest the importance of seeking both client and therapist perspectives in research. The therapy experience is often described by therapists in previous studies, neglecting the view of clients (Henkelman & Paulson, 2006). However, significant differences have been found between client and therapist interpretations of a therapy experience. For example, clients and therapists have been shown to value contrasting elements of therapy, and to perceive the occurrence of differing happenings (Bachelor, 1991; Bedi, Davis, & Williams, 2005; Elliott & James, 1989; Gershetski, Arnkoff, Glass, & Elkin, 1996). Increasing value has however been placed on including client perspectives in therapy research (Clarke, Rees, & Hardy, 2004; Duncan & Miller, 2000; Elliott & James, 1989; Henkelman & Paulson, 2006; Heppner, Rosenberg, & Hedgespeth, 1992) alongside an emphasis on adopting the client-centred approach developed by Rogers (1951; 1956). Client-centred working adopts a
phenomenological stance on the nature of reality, and posits that people function within a subjective frame of reference. Rogers (1951) stated that individuals are the best experts on themselves, and denied the idea that there is an objective reality that we all share. This concept has underpinned this research, as exploring the subjective experiences of clients and therapists was seen as imperative. It would appear important to continue to explore the experiences of both therapists and clients in future research on assessment and attachment in therapy.

5.5 LIMITATIONS OF THE STUDY
It is recognised that all research is subject to limitations and the current study is no exception. Firstly, this research did not specify the use of a particular feedback methodology for therapists to communicating the attachment assessment results to clients. All clients and therapists received a standardised feedback document; however control was not exercised over the format of discussions that took place between clients and therapists when the feedback was first delivered. In one sense, this allowed the natural discussion of the feedback, in a style shaped by therapists; however it also produced the possibility that participating clients had differing feedback experiences. It is likely however that even with the use of a specific feedback method varying conversations between participants would ensue. Furthermore, clients’ experiences of receiving feedback in the current study were not noted to vary greatly. Considering these points, future similar studies could contemplate the use of an existing model of therapeutic feedback for delivering attachment results to clients in order to standardise this process.

Secondly, a reasonably small number of clients and therapists were recruited in this study; and clients were relatively heterogeneous in terms of age, and length of time in therapy previous to participating. Due to the challenge of recruiting sufficient numbers of clients within the given timeframe, homogeneity of this group in terms of these demographics could not be achieved. However, homogeneity of other criteria such as presenting with a mental health difficulty in a HSE mental health service was assured. Furthermore, all clients had been working with their therapist for at least six sessions; therefore all participants would have been familiar with their therapists and the processes of therapy. Also, the emphasis on attaining rich idiographic data, and the use of IPA lends itself to recruiting fewer participants.

Clients within the current study were all Irish or British nationals. Therefore the findings of this research are only illustrative of these cultures and not transferable to all
contexts. Although the attachment system is believed to have a biological basis (Bowlby, 1969), it may be influenced by culture. Child-rearing practices and the interpretation of these by children may lead to the differential distribution of attachment styles across cultures (Agishtein & Brumbaugh, 2013). Furthermore, it has been suggested that insecure attachments in some cultures may not carry the same negative implications of these attachments in a Western culture (Agishtein & Brumbaugh, 2013). Also, Agishtein and Brumbaugh (2013) have noted Main’s (1990) suggestion that all attachment styles can be adaptive to a specific context. Therefore, it is possible that future research will find clients from diverse cultural backgrounds to have varying responses to the same attachment feedback.

Follow-up sessions were not conducted to explore possible long-term influences of finding out about clients’ attachment styles. It is therefore unknown whether the motivation and changes outlined by clients and therapists lasted beyond the weeks following their receipt of the attachment information. Also, it is not known whether client or therapist experiences or attitudes in response to the attachment information changed over time. It is possible that the experience of motivation and change in response to the information were short lived. It would therefore appear important to explore the long-term influence of attachment information for clients and therapists.

The feedback provided to clients and therapists was based on only one theoretical model, that of attachment theory, and assumes the validity of adult attachment theory. There exists much research to support attachment theory to date, and much high quality research has been invested in assuring the reliability and validity of adult attachment measures. As with many psychological theories however, attachment is not a true science. Limitations of attachment theory have been outlined in the literature review, and must be considered in the interpretation of client attachment information.

As outlined above in the discussion chapter, there exists the possibility that social desirability may have impacted the results of this study. A social desirability questionnaire, such as the Marlowe–Crowne Social Desirability Scale (MC-SDS: Crowne & Marlowe, 1960) was not used. Employing such a measure would have acted to strengthen the results of this study and could be used in similar future research.
5.6 STRENGTHS OF THE STUDY
This study aimed to address the apparent lack of research on client and therapist experiences of discovering and discussing client attachment styles in therapy. Thus far, research on adult attachment does not seem to have sought the lived experiences of determining attachment styles of clients. Furthermore, research on the therapeutic use of assessments in therapy does not appear to have explored the impact of attachment assessments. The present study contributes valuable preliminary information to the literature on these topics. It is hoped that this study provides greater insight into the experience and impacts of learning a client’s attachment style and communicating this information; and that it demonstrates the potential value of determining and sharing client’s attachment styles as a meaningful and transformative experience.

Another strength of this study is the concurrent collection of both client and psychologist experiences. Although labour-intensive, this allowed the exploration of both perspectives in one therapeutic relationship. It also revealed that in this sample, client and therapist experiences converged but also exposed unique experiences. Had only one perspective been sought, valuable information provided by one perspective would have been missed. The inclusion of both clients and therapists has ensured that equal value has been placed on the experiences of each party. It also ensures the representation of clients’ perspectives in research, which have been noted as lacking previously (Henkelman & Paulson, 2006).

The present study would appear have a strength in its use of an existing therapeutic relationship for completing the attachment assessment and the delivery of feedback. This provided insight into participants’ therapeutic experiences in a natural and authentic manner. Using an existing therapeutic relationship may also have supported clients’ sense of safety which could possibly have facilitated the wider exploration of attachment feedback. Had the feedback and assessment been completed with a researcher, clients may have been reluctant to explore their attachment styles in such depth. This is particularly relevant given the current finding that clients may experience fear when completing attachment assessments. Future therapists should be mindful of the possibility that anticipation of attachment results may lead to anxiety. This may be appeased through the use of a strong therapeutic relationship and open discussion of clients’ fears.

The use of IPA for data analysis facilitated the gaining of rich and descriptive accounts of therapist and client experiences of discovering client attachment styles. Though IPA is an
arduous method to complete, it provides greater depth and insight into participants’ experiences than other qualitative approaches such as thematic analysis. The use of this method contributes to the small number of qualitative studies exploring client experiences of assessment and provides new learning on client experiences of discovering their attachments. Future qualitative studies on the impact of exploring client attachment styles in therapy should consider the use of IPA and other qualitative methodologies.

5.7 Future Research
This study provides important insight into the experience of learning and discussing client attachment styles in therapy. It is hoped that this research will lead to further exploration of this topic. Suggestions for future research have been stated throughout this chapter. Some of these recommendations are outlined further below, along with supplementary ideas.

Future research should consider investigating the long-term impact of learning about clients’ attachment styles. The current study explored the impact of attachment information close to the time that clients received their feedback. This study did not have the scope to revisit clients or therapists to discuss any impacts that may have developed subsequent to this. It is possible that further impacts could be felt over time, particularly given clients’ descriptions of actively re-reading and reflecting on their attachment feedback outside of therapy. It would be interesting to conduct follow-up studies to explore how attachment information influences clients and therapists in the months following their receipt of attachment results. Of particular interest would be the tracking of client changes perceived in response to the attachment information over time; the influence of the information on the course of clients’ therapy; and the stability of client attachment styles post-feedback.

This study suggests the impact of providing feedback from an attachment assessment for clients and therapists. Future research is however needed to explore the processes underlying the impact of attachment information and the role of these processes in client change. Again, it was beyond the scope of the current study to determine how the attachment information impacted clients and therapists. A clearer understanding of such processes would contribute greatly to the understanding of the therapeutic use of attachment information. It could also enable an investigation into how much impact is perceived from the attachment information as distinct from the feedback process. Methods associated with the therapeutic use of assessments, such as the use of written feedback, were noted as important to the experiences of participants in the present study. Attachment-specific impacts, such as
increased insight into the way clients related to others, were also found. The extent to which the impact of therapeutic assessment and the impact of attachment information are interconnected or mutually dependent is not known.

The current study explored the impact of only one possible conceptualisation of attachment which is defined by the ECR-R assessment. There exist numerous differing measures of attachment that vary in their approach to adult attachment, and yield alternative categories and dimensions to the ECR-R. For example, the AAI (George et al., 1984) focuses on clients’ relationships with their parents, and yields the categories of ‘secure/autonomous’, ‘dismissing’, ‘preoccupied’, and ‘unresolved/disorganised with respect to trauma.’ Alternatively, the Reciprocal Attachment Questionnaire for Adults (RAQA: West, Sheldon, & Reiffer, 1987) focuses on the most important attachment figure in the lives of clients, and measures areas such as client proximity seeking, separating protest, feared loss, and compulsive caregiving. Clients and therapists could depict different experiences if receiving feedback from assessments other than the ECR-R. Given that this is a preliminary study it was deemed as most appropriate to select only one measure of attachment. However, both categorical and dimensional data were presented to participants in an attempt to deliver comprehensive and meaningful information. Further research should be conducted into the experience of receiving attachment-based feedback from measures other than the ECR-R. It may be of particular interest to explore client’s experiences of an attachment assessment which focuses on their childhood relationships or relationships with a romantic partner. Such studies would lead to an exploration of whether the findings of the current study are specific to the ECR-R, or are more globally associated with receiving any information about attachment styles.

5.8 RECOMMENDATIONS FOR CLINICAL PRACTICE
This study supports previous research noting the potential value of assessing client attachment styles (e.g., Burke et al., 2016; Quijada et al., 2015), and the value of using assessments therapeutically (e.g., De Saeger et al., 2016; Ward, 2008). These findings inform clinicians on: the practice of attachment assessment; how it is experienced by clients and therapists; and ways in which it may impact clients and therapists. It also provides a number of potential implications.

Clinically, this study informs the future practice of attachment assessment. The findings show the potential value of assessing client attachment in therapy for increasing
client insight, and providing motivation for change. Clients and therapists described the completion of an attachment assessment as beneficial, with some clients advocating for the future use of these assessments with others. The value of exploring attachment difficulties with clients in a mental health setting appears highly relevant given the prevalence of insecure attachment styles amongst people with a range of mental health difficulties (e.g., Agerup, Lydersen, Wallander, & Sund, 2015; Bosmans, Braet, & Van Vlierberghe, 2010; Illing, Tasca, Balfour, & Bissada, 2010). It is likely that clinicians will frequently work with clients who have insecure attachments; suggesting the relevance of including attachment assessments in clinical psychologists’ battery of tests.

The results of this study encourage the use of standardised assessments for the exploration of client attachment rather than the use of clinical judgement alone; as attachment assessments promote the use of specific attachment terminology and may aid therapists’ reflection on practice. In relation to terminology, it is suggested that therapists consider using attachment vocabulary when discussing attachment behaviour with clients. Attachment terminology appeared to aid client understanding, and attachment labels led to the experience of group belonging in the current study. Some therapists in this research noted that discussions applying specific attachment words were perceived as having more impact, suggesting their value.

In relation to therapist reflection, the findings suggest the benefit of using attachment assessments to stimulate therapists’ thoughts on their practice. Previous research has found formal assessment of client attachment styles as infrequent in practice (Burke et al., 2016). The current study however notes the potential benefits of attachment measures. Completing this assessment was associated with psychologists’ reflection on therapy with their client to date. Specifically, attachment assessments were seen to function as an appraisal of therapists’ formulations, previous interventions, and future plans for intervention. The attachment assessment was also seen to instil energy and movement into therapy, and provide a new focus for therapists. This suggests the value of assessing client attachments as a tool for reflective practice and as an instrument to reference when feeling challenged or ‘stuck’ with a client.

The present study also provides support for the useful application of attachment theory in therapy. Attachment theory has been noted as a useful framework through which to understand and approach a range of client difficulties at differing stages of therapy (Burke et al., 2016), and the present study would endorse this. An attachment framework has been
suggested as an important part of clinical formulation (Obegi & Berant, 2010), and to provide a means for ‘orienting’ therapists to concepts of the attachment system active in clients (Obegi & Berant, 2010). Completing an attachment assessment was viewed by therapists in the current study as providing: a new focus on attachment-related issues; new avenues from which to explore clients’ presenting difficulties; and new conversations with clients. Furthermore, clients were seen to identify with their attachment styles and to make meaning from attachment-based information. These additions to practice brought by the consideration of attachment suggest the value of this theory for both clients and therapists. As noted by Obegi and Berant (2010), attachment can add valuably to a collaborative formulation.

This research also has implications for the future use of written feedback in talking therapy. Attachment feedback presented in a written format was seen to: authenticate client experiences; increase client insight; increase client acceptance of their relationship difficulties; lead to active reflection on the information provided; and give the opportunity for clients to re-read the information in their own time. These findings, along with previous research noting the benefits of written feedback in therapy (Pyle, 2006), suggest the potential benefit of using this form of communication with clients.

In terms of education, firstly, these findings contribute to the development of a helpful language for describing the way attachment assessments might be experienced by clients and therapists. This provides therapists with an understanding of the personal meaning that could be made from attachment assessments. Secondly, these results suggest the value of therapists familiarising themselves with the administration and use of adult attachment measurements in practice. Assessing the attachment of clients would appear a valuable opportunity to stimulate change and reflection. It also suggests the value of incorporating attachment assessment and attachment theory into psychology training programmes to ensure familiarity with these matters which can be usefully applied in practice.

5.9 CONCLUDING THOUGHTS AND REFLECTION ON THE RESEARCH PROCESS
Completing this research has been an invaluable learning experience. It has given me a greater understanding of the research process, but has also provided me with valuable knowledge which I believe will enhance my practice as a psychologist. This study was developed from my interest in the application of adult attachment in therapy, which developed throughout my clinical psychology training. Further to this, it originated from my want to explore a subject that I felt would be meaningful and relevant to my future career. As
I could not find literature on the lived experience of using attachment measures in therapy, I looked towards exploring this topic for myself. I hoped that researching attachment theory in therapy would guide my decision to use attachment assessments with future clients; and that it would give me an understanding of the lived experience of learning about attachment. I also wished to discover how my more practiced colleagues experienced the assessment and discussion of attachment.

During the research process I particularly enjoyed meeting the participating clients, hearing their stories, and sensing their enthusiasm about their attachments. Previous to conducting the interviews I was unsure whether clients would connect with, or even fully understand, the complex and often unfamiliar topic of attachment. However I was glad to learn that they did.

Writing clients’ feedback prompted my reflection on what it would be like to receive feedback on my attachment style. Perhaps surprisingly, I did not assess my own attachment throughout or since this research process. However I have considered the result I may receive. Throughout this study I was highly aware of the sensitive and personal nature of clients’ attachment information, and I tried to write their feedback accordingly. At times I felt apprehensive about providing potentially challenging feedback on insecure attachment styles to people that I had not met. Sometimes I felt concerned that clients may experience their attachment information as inaccurate, disheartening or demeaning. I was particularly cognisant of providing clients with a ‘preoccupied’ result; as I felt that this may be the most challenging attachment style for me to accept. These concerns however were not realised by clients or therapists. I was happy to discover that all clients experienced their information as accurate, and did not report to find their information in any way distasteful or discourteous. This experience has augmented my admiration for clients’ courage in facing their attachment difficulties; and made me wonder whether I would have been so courageous had I received an insecure result.

The recruitment process and multi-stage procedure for data collection were prolonged and frustrating for me. At times I was anxious about gathering the required data within the given timeframe; however on hearing the quality of the interviews produced with participants this anxiety was somewhat appeased.

My ideas about the power and impact of attachment therapy have been changed through the course of this research. I started out hopeful that attachment information would have an impact for therapists and clients; however I did not anticipate the extent to which this
would be true. I was intrigued by clients’ strong identification with the attachment information, and the great impact that some clients perceived in response to their feedback. Of particular surprise were the significant changes noted by some clients subsequent to learning about their attachments. I was especially gratified and humbled by the role I may have played in helping or comforting clients; and the positive impact my research had on therapists. I was also motivated by therapists’ enthusiasm towards the attachment information, and their openness to introducing new practices in their therapy.

My thoughts on the use of assessments have also been altered. I began this research knowing relatively little about the subject of therapeutic assessment; a topic which has become significant to this research and my future practice. I previously considered assessments as principally useful in evaluation or diagnosis. However now, I recognise their therapeutic value in facilitating positive changes in clients. I also have a new appreciation for the value they may provide for me by: inspiring new conversations with clients; supporting the evaluation of my work; and potentially bringing a new energy into the therapeutic space. So much can be learned from talking openly with clients in therapy; and this research has made me more cognisant of sharing hypotheses and formulations in my future work. It has also inspired my use of written feedback and therapeutic letters. Having completed the research process I hope to further explore this interesting and relevant topic; and look forward to sharing the results with others.
6 REFERENCES


Appendix A: Demographic Information Collection Sheet for Clients

Information on Respondent: (Please complete the following 7 questions about yourself.)

1. Gender: male ☐ female ☐

2. Nationality: ________________

3. Date of birth: ________________

4. What brought you to therapy? (please tick or describe as appropriate)
   - Depression ☐
   - Relationship Difficulties ☐
   - Past trauma ☐
   - Addiction ☐
   - Anxiety ☐
   - Bereavement ☐
   - Psychosis ☐
   - Anger ☐
   - Self-esteem ☐
   - Phobia ☐
   - Other: ________________

5. Relationship Status: (please tick)
   - Single ☐
   - Married ☐
   - Widowed ☐
   - Divorced ☐
   - Separated ☐
   - In a Civil Partnership ☐
   - In a relationship ☐

6. Education History: (please tick the highest level of education achieved)
   - No formal education completed ☐
   - Primary school completed ☐
   - Third level education completed ☐
   - Junior Cert/Inter Cert completed ☐
   - Leaving Cert completed ☐

7. Employment Status: (please tick)
   - In full-time employment ☐
   - Currently employed ☐
   - Student ☐
   - In part-time employment ☐
   - Retired ☐


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Appendix B: Demographic Information Collection Sheet for Therapists

Name of Respondent: ______________________________

Date of completion: __________

Information on Respondent:

Please complete the following 4 questions about yourself.

1. Gender:  male □  female □

2. Date of birth: __________

3. Nationality: ______________

4. Number of years qualified: __________
Appendix C: Sample of Questions From the Experiences in Close Relationships- Revised (ECR-R) questionnaire

Information:
The Experiences in Close Relationships-Revise Questionnaire (ECR-R) is designed to look at how people experience relationships with others. Specifically, the results of this questionnaire provide information on the experience of attachment-related anxiety (i.e., the extent to which a person may feel insecure vs. secure about the availability and responsiveness of others) and attachment-related avoidance (i.e., the extent to which a person may feel uncomfortable being close to others vs. secure depending on others).

Instructions: The statements below concern how you feel in relationships with others. We are interested in how you generally experience relationships, not just how you feel in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Disagree a little</th>
<th>Neither agree nor disagree</th>
<th>Agree a little</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I worry that other people won’t care about me as much as I care about them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>When I show my feelings for other people, I’m afraid they will not feel the same about me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>I find that others don’t want to get as close as I would like.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>My desire to be very close sometimes scares people away.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>I’m afraid that once someone gets to know me, he or she won’t like who I really am.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>I feel comfortable sharing my private thoughts and feelings with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>I find it difficult to allow myself to depend on others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>I get uncomfortable when someone wants to be very close.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>I usually discuss my problems and concerns with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>It helps to turn to other people in times of need.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>It's easy for me to be affectionate with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
Appendix D: Client Interview Schedule

Interviewer reads the client attachment style feedback aloud.

1. What is it like for you hearing this result?
   
   Prompts:
   
   i. What are your thoughts on your attachment style?
   
   ii. What feelings do you have about your attachment style?

2. How does this attachment style fit with how you see yourself (identity)?
   
   a. Was this different to before the result?

3. How do you think this attachment style fits with how other people see you?

4. What changes, if any, did learning your attachment style make to you? (impact on you?)

5. How did learning your attachment style impact on your therapy sessions with (psychologist’s name)?

6. How did the assessment impact on your relationships with (psychologist’s name)?

7. How useful was finding out your attachment style to you?
   
   a. Describe how have you used the information in your life?

8. What did you know about attachment and attachment styles before completing the questionnaire?
Appendix E: Therapist Interview Schedule

Interviewer reads the client attachment style feedback to the psychologist.

1. What was it like for you hearing those results?
   a. What are your thoughts on these results? Perhaps discuss your thoughts in relation to (client’s name) first.
   b. What feelings do you have about the results?
2. What was it like communicating this information to your clients?
3. How did knowing (clients’ names) attachment styles influence your work with them?
   a. Did it influence your formulation? If so, how?
   b. Did it influence your plan for intervention? If so, how?
4. What are your feelings towards your client following the result of the assessment?
   a. How do you feel about completing therapy with this client following the assessment result?
   b. Was this different to before knowing the assessment result?
   c. What do you believe is influencing these feelings?
5. How useful was this assessment to you?
6. How useful do you feel the assessment was for your client?
   a. In what ways have you seen your clients apply this information?
7. To what extent do you generally consider attachment in your work?
The Impact of Adult Attachment Assessment in Therapy: client and therapist Experiences

Lead Researcher: Aoife Kilroe, Psychologist in Clinical Training, HSE & University of Limerick
Supervisors: Dr. Patrick Ryan, Course Director of the Doctorate in Clinical Psychology at the University of Limerick, and Simon Wale, Senior Clinical Psychologist.

Dear Clinical Psychologist,

In order to better understand the experience of learning about the nature of a client’s attachment in adulthood, this research aims to explore:

- What are the experiences of clients when finding out their attachment style?
- What meaning do clients make from the information about their attachment? (Including: what are their thoughts and feelings relating to their attachment style? what changes does having this information make to them? and how does it fit with their sense of identity?) And,
- What are the experiences of psychologists when learning about the nature of their clients’ attachments? (Including: what are their thoughts and feelings relating to the clients’ attachment styles? How does having this information influence their work with the client?)
- How useful do clients and psychologists find the practice of assessing a client’s attachment style?

Assessing individual differences in relation to the adult attachment of clients has been suggested as beneficial to the work of psychologists. Also, gathering information about the self, such as attachment-related information, has been suggested as valuable. However, the experience of learning about the attachment of clients, from either a psychologist or client perspective does not appear to have been explored to date.

I am interested in exploring what it is like for you to assess and discuss the attachment style of clients. For this reason, we would like to ask you to:

1. Invite two consenting clients to complete a 36-item reputable self-report measure of attachment style (the Experiences in Close Relationships-Revised).
2. Written feedback of the results of this assessment will be provided to you by the researcher, which you will then be asked to feed back to your clients within a therapeutic session.

3. Then, you are invited to take part in an interview to talk about your experience of learning your clients’ attachment styles (approximately 50 minute’s duration).

4. Clients will take part in one separate interview with the researcher on their experiences of learning their attachment style (approximately 30 minute’s duration).

The Experiences in Close Relationships—Revised Questionnaire:
The Experiences in Close Relationships—Revised Questionnaire (ECR-R: Fraley et al. 2000) is a self-report measurement of adult attachment consisting of 36 items. The ECR-R assesses individual differences with respect to attachment-related anxiety (i.e., the extent to which people are insecure vs. secure about the availability and responsiveness of romantic partners) and attachment-related avoidance (i.e., the extent to which people are uncomfortable being close to others vs. secure depending on others). The ECR-R has good reliability and validity, is uncomplicated to administer, and takes approximately 20 minutes to complete. The assessment will be scored by the researcher and you will be given the results of this to minimise the time constraints of your participation. If you would like additional information on the assessment it can be provided.

The task of assessing client attachment is not seen as central to this research. Instead, therapist experiences of determining and discussing client attachments, and client experiences of finding out their attachment styles is the primary focus.

Confidentiality:
The interviews will be used in a thesis as part of a Ph. D programme in Clinical Psychology. This research will be reported in a published journal article in the future. However, all personal information and all information which may identify you or clients will be removed or edited so that you cannot be recognised from it. All information gathered will be treated with the strictest of confidence.

Interviews will be audio recorded. You may check the content of the audio taping after recording if you wish. All audio recordings will be destroyed after they have been transcribed.

Voluntary Participation:
You do not have to participate in the research study. If you consent to participate in the research and at a later date wish to withdraw from the study, you are free to do so without any repercussions.

Further Information:
If you have any questions about this research please feel free to contact me, Aoife Kilroe, at 065-6863592 or 14042495@studentmail.ul.ie.
Appendix G: Client Information Sheet

THE IMPACT OF ADULT ATTACHMENT ASSESSMENT IN THERAPY: CLIENT AND THERAPIST EXPERIENCES

Lead Researcher: Aoife Kilroe, Psychologist in Clinical Training, HSE & University of Limerick.
Supervisors: Dr. Patrick Ryan, Course Director of the Doctorate in Clinical Psychology at the University of Limerick, and Simon Wale, Senior Clinical Psychologist.

Dear Prospective Participant,

In order to better understand client’s experiences of therapy, this research is interested in finding out what it is like for you to learn about the way relate to other people in your life. The way you tend to relate to others can be called your ‘attachment style.’ Knowing the type of attachment style you have can be useful information that can form a part of the work you complete with your therapist.

What does participation involve?
To find out what it is like for you to learn about your attachment style we would like to ask you to:

1. Take part in completing a short questionnaire to find out about your attachment style.
   - This questionnaire will provide information on the extent to which you feel secure or insecure about the availability and responsiveness of others (this is called attachment-related anxiety), the extent to which you feel comfortable being close to others, and how secure you feel when depending on others (this is called attachment-related avoidance).

2. Take part in an interview to talk about your experience of learning about the way you relate to others. This will take around 30 minutes to complete.

Your psychologist will also take part in a separate interview to talk about what it is like for a psychologist to learn the attachment style of clients.

Confidentiality
The interviews will be used in a thesis as part of a Ph. D programme in Clinical Psychology. This research will be reported in a published journal article in the future. However, all personal information and all information which may identify you will be removed or edited so that you cannot be recognised from it. All information gathered will be treated with the strictest of confidence. Interviews will be audio recorded. You may check the content of the audio taping after taping if you wish. All audio recordings will be destroyed after they have been transcribed.
**Voluntary Participation**
You do not have to participate in the research study. You can still be fully involved with your psychologist without participating in the research. If you consent to participate in the research and at a later date wish to withdraw from the study, you are free to do so, whilst still continuing to attend your psychologist.

**Further Information**
If you have any questions about this research please feel free to contact me, Aoife Kilroe, at 14042495@studentmail.ul.ie or 065-6863592.
Appendix H: Method for Transforming Dimensional attachment Data to Categorical Data

Methods noted by Fraley (2012) were used to assign clients to one of four attachment styles. Firstly, a median score (MAVOID) for avoidance and a median score (MAXN) for anxiety was calculated for each person. Then the following rules were used to assign clients to a category:

(a) if the person's anxiety score is < MANX and the person's avoidance score is < MAVOID, then assign him or her to the secure group.

(b) if the person's anxiety score is < MANX and the person's avoidance score is >= MAVOID, then assign him or her to the dismissing group.

(c) if the person's anxiety score is >= MANX and the person's avoidance score is >= MAVOID, then assign him or her to the fearful group.

(d) if the person's anxiety score is >= MANX and the person's avoidance score is < MAVOID, then assign him or her to the preoccupied group.
Appendix I: Sample Client Feedback Form

Name: _______________

Date: 10\textsuperscript{th} February 2017

Completed as part of the research study: The Impact of Adult Attachment Assessment in Therapy: client and therapist Experiences

People can be very different in how secure or insecure they feel in their relationships with others. For example, some people might feel quite secure in their relationships, whereas other people might be more worried about whether others truly care about them. Psychologists refer to these differences in how people feel in relationships as ‘attachment styles’, and the questionnaire you recently completed was designed to find out your individual attachment style in your close relationships.

According to attachment theory and research, there are two main ways in which people differ from one another in how they experience relationships. These are that: (i) some people experience more of what is known as ‘attachment-related anxiety’ than others, and (ii) some people experience more ‘attachment-related avoidance’ than others. Your scores of attachment-related anxiety and attachment-related avoidance from the questionnaire you completed were combined to find out your attachment style.

Feedback on Your Attachment Experiences in Relationships

The results from the information you provided in the questionnaire completed on the 7\textsuperscript{th} of February 2017 showed that you experience a high amount of attachment-related anxiety. This suggests that you may worry about whether other people are available, responsive, or attentive to you, and may doubt that others want to spend time with you. Your responses generated an attachment-related anxiety score of 6.6 on a scale ranging from 1 (low anxiety) to 7 (high anxiety).

Also, according to your questionnaire responses, you experience an average amount of attachment-related avoidance. This suggests that you are relatively comfortable opening up to others and relying on other people. You may also feel reasonably comfortable being very close with others. Your attachment-related avoidance score was also 3.4, on a scale ranging from 1 (low avoidance) to 7 (high avoidance).

Your attachment-related anxiety and attachment-related avoidance results were combined and show that you experience a preoccupied attachment style.

People who have a preoccupied attachment style tend to experience worry that other people may abandon them, and worry that other people will not be there for them when they need them. This worry can lessen when other people are closer to them, and increase when they are distant. People
with a *preoccupied* attachment style may focus on finding strong bonds with others, and at times this could lead to becoming overly dependent on others. People who have this attachment style may also experience self-doubt and may be impulsive in relationships at times.

Thank you very much for completing this part of the research study. In the last piece of your participation in this research you will be taking part in an interview with me, Aoife Kilroe, (Psychologist in Clinical Training). In this interview I would like to hear about your experience of receiving feedback on your attachment style and how useful or interesting this has been for you. If you have any queries in the meantime please feel free to contact me at 14042495@studentmail.ul.ie.

I look forward to meeting you then.

___________________________

Aoife Kilroe
Psychologist in Clinical Training
HSE and the University of Limerick
CONSENT FORM FOR CLIENTS

The Impact of Adult Attachment Assessment in Therapy: client and therapist Experiences

I consent to participate in this research study and understand that the information that I give will be treated in the strictest confidence.

_________________________  ___________  ____________________
Name of client                  Date                     Signature
(Block capitals)

_________________________  ___________  ____________________
Name of witness                 Date                     Signature
(Block capitals)
Appendix K: Therapist Consent Form

CONSENT FORM FOR THERAPISTS

The Impact of Adult Attachment Assessment in Therapy: client and therapist Experiences

I consent to participate in this research study and understand that the information that I give will be treated in the strictest confidence.

____________________________________   ___________
Name of therapist                             Date

(Block capitals)

________________________________________
Signature
The following is a sample of the data analysis sheet for client Louise.

<table>
<thead>
<tr>
<th>Emergent Themes</th>
<th>Original Transcript</th>
<th>Exploratory Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment information as a tool</td>
<td>P: to me it’s another tool, it’s another thing to put into the bag. You know? There’s a name to it, do you know, my my feelings are genuine. I think that’s the big one, its genuine. I’m not crazy. I can’t, you know I hate saying the word victim because I’ve gone away from that but the bottom line in that that word has just popped into my head, but I am a victim of unguided, no support, no st’, no proper stability, which has resulted in attachment issues. You know as a child. There is a name for all that, not the child up in the room, freezing and cold and, not wondering, you know, what’s going to happen, and no one there. You know? All those years now I can see it wasn’t me, you know what I mean, it was not me. And you know I might have problems, you know, relating to certain people or, relation to, but there’s a name for it. That’s important. Important yea absolutely important.</td>
<td>Attachment information as a ‘tool’ in recovery</td>
</tr>
<tr>
<td>Power label</td>
<td>Importance of having a label, label as making difficulties more real/accepted?, label as signifying her feelings are genuine/can be taken seriously, repetition of ‘genuine,’ significance of this word for her. Feedback as meaning her difficulties are real Feedback as meaning I am not crazy, normalising</td>
<td></td>
</tr>
<tr>
<td>Label as denoting experience as authentic normalising</td>
<td>Victim “st”- halting self from saying something, holding back? attachment style as showing she is a victim of past experiences, feedback as removing blame from her and moving to her parents, good understanding of development of attachment insecurity</td>
<td></td>
</tr>
<tr>
<td>Shifting self-blame</td>
<td>importance of having a label label as helping to accept negative child experiences evoking past neglect</td>
<td></td>
</tr>
<tr>
<td>Attachment information as absorbed</td>
<td>feedback as shifting blame, no longer view her difficulties in relationships as her fault the blame lies with her parents instead ‘not me’ conviction in her words</td>
<td></td>
</tr>
<tr>
<td>Power of label</td>
<td>having a name for the difficulties helps with accepting them, relief with label despite the continued presence of these difficulties</td>
<td></td>
</tr>
<tr>
<td>Reflection on neglect</td>
<td>completing assessment as important</td>
<td></td>
</tr>
<tr>
<td>Acceptance of past neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shifting self-blame</td>
<td></td>
<td></td>
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<tr>
<td>Label as facilitating acceptance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief</td>
<td></td>
<td></td>
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<tr>
<td>Assessment as important</td>
<td></td>
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<tr>
<td>Applicability</td>
<td></td>
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</tbody>
</table>

I: Ok, and how have you used this information about your attachment?

P just last week I did. Christmas brings up an awful

Self as central to support of her family
| Need for self-change | lot of... you know, I’m the trunk of the tree and I don’t have a very big family. It’s just me and my brother, my my brother is another situation. He’s in and out of dealing with substance abuse at the moment and... I can’t take that on. Because for many years I was his mother... so I’ve used it with my own mother in the last maybe couple of days where she’s not coming out to my house this year. First time ever. So that to look at that, now she had her hip injury last year, so she wants to stay, I’ve a dog, a big dog and she’s afraid, and that’s an excuse, but that’s ok, I see it for what it is. But I guess... that just came in slightly in to my head kind of going, attachment, attachment you want to fix it now and you want to fix it you want to please her you want to, you know, you know, and I was just going, leave it, leave it, it is what it is, you’ve your own daughter now. And my goal is to stop that pattern of enabling and all that crap. So I’ve kind of, it it brings, I guess what it does is, I, the big thing for me is to try and stay in the moment, so I just see that and I go ok, ok, am I going to be the deer now or am I going to be... so things like that. When you’re dealing with someone that they’re very negative. I’ve only, I’ve only done it as I said so, but |
| Application of information | Insight-can no longer be the mother to her brother and mother |
| Activation of self-change | Application of information in difficult family relationships |
| Understanding of role in relationship | Feedback as leading to change to long-standing patterns of behaviour |
| ‘ever’ - this is really new for Louise | Acceptance of mother’s excuses |
| Attachment information as active | Attachment information as coming to mind in real life situations, attachment information as being applied, |
| Attachment information as a warning | Self-talk in response to feedback information as like an alarm/warning |
| Identified want to fix and please with mother | Identified need to stop pattern of relating for recovery |
| Change in behaviour in response to feedback, independent change to behaviour | Fragmented narration |
| Attachment information as associated with mindfulness | Attachment style as motivation to change |
| Attachment information as presenting a choice to remain as before or change patterns | Attachment information as passing in and out of awareness |
| Sense that she is just at the beginning of applying the information, awareness as important, awareness as a beginning point | 'I’m aware’ twice-emphasising how aware she is |
| Attachment information as fleeting | I’m aware. You know, I’m aware.  
| | I: and have you thought about it often, your attachment style since?  
| | P: eh, in and out, in and out, but not you know... in and out. |
Appendix M: Sample of Emergent Themes for Client Louise

The following presents a sample of the emergent themes that arose from Patricia’s data.

<table>
<thead>
<tr>
<th>Acceptance of unexpected result</th>
<th>Feedback as impacting therapy</th>
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</thead>
<tbody>
<tr>
<td>Act of re-reading</td>
<td>Feedback as increasing strength</td>
</tr>
<tr>
<td>Advocating for use of assessment</td>
<td>Feedback as motivation through confidence</td>
</tr>
<tr>
<td>Agreement with feedback (despite surprise)</td>
<td>Feedback as pivotal moment</td>
</tr>
<tr>
<td>Anticipation of result</td>
<td>Feedback as powerful</td>
</tr>
<tr>
<td>Assessment as an opportunity</td>
<td>Feedback as uplifting</td>
</tr>
<tr>
<td>Assessment as important</td>
<td>Feedback as valuable</td>
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<tr>
<td>Assessment as positive</td>
<td>Feedback perceived as accurate through</td>
</tr>
<tr>
<td>Assessment as valuable to others</td>
<td>reflection on past</td>
</tr>
<tr>
<td>Attachment as a complex construct</td>
<td>Feedback requiring reflection for</td>
</tr>
<tr>
<td>Attachment as familiar</td>
<td>assimilation</td>
</tr>
<tr>
<td>Attachment as self-confidence</td>
<td>High impact of feedback</td>
</tr>
<tr>
<td>Coherence with how seen by others</td>
<td>Identified need to trust others</td>
</tr>
<tr>
<td>Coherence with narrative</td>
<td>Increased openness due to increased</td>
</tr>
<tr>
<td>Confirmation of self-concept</td>
<td>confidence</td>
</tr>
<tr>
<td>Contemplation before result</td>
<td>Increased safety sensed in therapy</td>
</tr>
<tr>
<td>Embodiment of result</td>
<td>Increased self-confidence</td>
</tr>
<tr>
<td>Endorsement of assessment</td>
<td>Increased self-esteem</td>
</tr>
<tr>
<td>Evoking of confidence</td>
<td>Increased sense of strength</td>
</tr>
<tr>
<td>Facilitation of changes to personal life</td>
<td>Increased trust</td>
</tr>
<tr>
<td>Facilitation of more open conversations with therapist</td>
<td>Information reflected on in fragments</td>
</tr>
<tr>
<td>Facilitation of openness in therapy</td>
<td>Insecure result predicted as providing</td>
</tr>
<tr>
<td>Facilitation of openness with therapist</td>
<td>motivation for change</td>
</tr>
<tr>
<td>Facilitation of sense of security in therapy</td>
<td>Lack of abandonment as meaningful</td>
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<tr>
<td>Fear (of potential feedback result)</td>
<td>Low avoidance as adaptive</td>
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<tr>
<td>Feedback as accurate</td>
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<tr>
<td>Feedback as cherished</td>
<td>Meaning making of sense of insecurity through reflection on past</td>
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<tr>
<td>Feedback as enacting change in personal life</td>
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<tr>
<td>Feedback as having strong impact</td>
<td>Meaning making through reflection on history</td>
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<tr>
<td>Feedback as helpful</td>
<td>Misinterpretation of anxiety</td>
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<tr>
<td>Privilege in completing assessment</td>
<td>Motivation to build therapeutic relationship</td>
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<tr>
<td>Process as enjoyable</td>
<td>Power in learning she is secure</td>
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<tr>
<td>Production of happiness</td>
<td>Power of written words</td>
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<tr>
<td>Provision of insight</td>
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<tr>
<td>Reflection on felt sense of security</td>
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<td>Reflection of therapeutic relationship</td>
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<td>Reflection on adverse experiences</td>
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<tr>
<td>Reflection on embodiment of attachment style</td>
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<tr>
<td>Reflection on past relationships</td>
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<tr>
<td>Reflection on past relationships (abusive/romantic)</td>
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<tr>
<td>Reflection on self in relationships (friends)</td>
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<tr>
<td>Reflection on therapy journey</td>
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<tr>
<td>Relief</td>
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<td>Relief from feedback</td>
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<tr>
<td>Secure result as resilience</td>
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<td>Security as in the mind</td>
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<tr>
<td>Security as meaning mentally ‘stable’</td>
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<tr>
<td>Security as self-confidence</td>
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<tr>
<td>Seeing self in Feedback</td>
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<tr>
<td>Seeing self in feedback- relationships</td>
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<tr>
<td>Seeing self in the result</td>
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<tr>
<td>Self-pride</td>
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<tr>
<td>Self-reflection (need to trust)</td>
<td></td>
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<tr>
<td>Self-reflection (openness)</td>
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<tr>
<td>Self-reflection (trust difficulties)</td>
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<tr>
<td>Shock</td>
<td>Strengthening of therapeutic relationship</td>
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<td>Surprise at result</td>
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<td>Written feedback as a reference</td>
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<td></td>
<td>Written feedback as changing negative</td>
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<td></td>
<td>beliefs/thoughts</td>
</tr>
</tbody>
</table>
Appendix N: Process of Manually Developing Themes

The following photo shows the manual clustering of related themes to form emergent themes. The same process was used to identify superordinate themes.