Welsh Psychotherapy Institute

Please complete front sheet

Course- Advanced Diploma in Psychotherapy

Name of Trainee: John Dray

Essay Title: Extended Essay Discuss: - "Developmental Theories and Attachment Theories are central to my psychotherapy practice"? How far do you agree with this statement? Make reference to the work of at least 2 Development theorists in your essay (e.g., Klein, Winnicott. Stern) and/or Attachment theorists. (Bowlby, Ainsworth, Main, Siegal). Refer also to your own Relational process. TIP! When discussing theories – please be clear about which ones you consider to be Attachment theories and which ones Developmental theories. Word count 3000 +/- 10%

Word Count: 3,294

Date of Submission: 23 January 2024

Overall Score 72% Grade Merit

Date Received

ESSAY MARKING SCHEME Year 2-4 onwards

Trainees Name: John Dray Year: 2

1st Marker: Rosy Wood Bevan Date Marked: 5/2/24

Essay Title: Developmental Theories and Attachment Theories

Assessment criteria & 1st Marker Comments	**Marks**
A thoughtful and well written essay which focusses on attachment theory and your relationship with it, whilst also drawing in a number of other theoretical perspectives. You show honestly how you are applying theory to your own process and considering how your Attachment style may impact on your future therapeutic work. There are a few theoretical inaccuracies and you could expand on some of your AOP thinking. However, overall, an insightful engagement with the material demonstrating how you are integrating your learning from theory, practice and personal therapy.	
1.Organisation and Planning There needs to be a structured plan for the work with an introduction, development and conclusion. The work should address the essay title. Very clearly structured and methodical throughout.	8/10
2. Argument and Application to Practice Own ideas will be developed and others included and referenced to show application of theory to practice and self-awareness. Where relevant, indicate further ways in which the themes could be developed. You take charge of the essay and write in your own voice (sometimes this could do with being a little more academic!) offering some well thought through examples from client practice on the training and your own childhood experiences. Sometimes the links you are making to the theory could do with being a little more explicit.	22/30
3. Theory and Analysis Theory must be used to support the essay title. It must be critically evaluated and clearly linked to specific areas of application including self-awareness and own process. You major in looking at attachment theory but also draw in the work of other developmental theorists, making some good links between different bodies of theory and showing that you are thinking independently and creatively. There are a few inaccuracies and some unsubstantiated statements but on the whole you do a good job of thinking critically from a number of perspectives.	20/30
4. Ethical and Anti-oppressive Practice Discussion of Ethical and Anti-oppressive practice and an understanding of the impact of intersectionality must be integral to the written work, reflecting the significance of such practice within psychotherapy. Reference can be made to ethical dilemmas, boundary negotiations, legal matters, personal transferential phenomena and any other issues related to power dynamics. You mention critiques of attachment theory in terms of potential cultural limitation, but do not elaborate on these or indeed consider the significant amounts of cross-cultural research on attachment styles which have been undertaken. You give good attention to how your own Disorganised Attachment could be activated with clients and consider how to support yourself with this. You have clearly made very good use of therapy to reflect on this issue and could also think about the importance of supervision. You also consider safeguarding issues when	9/15

working with clients whose current relationships might engender disorganised attachment.	
5. Research and Referencing All work will be referenced and include a full bibliography. Harvard referencing system to be used throughout. Reference can be made to books, articles, journals and web links. Mostly well referenced; some references missing	8/10
6. Style and Presentation Assignments are to be typed and double spaced with pages numbered and named. Front sheets must be included. Marking will take into account spelling, grammar and adherence to word limit (+/- 10%) unless special dispensation has been agreed. Correctly presented and well written.	5/ 5
Total **Grade**	**72%** **MERIT**

0 – 39% = fail, 40% - 49% = REFER; 50% - 59% = PASS; 60% - 79% = MERIT; 80 % + = DISTINCTION

2nd Marker Comments: General Comments required if grade agreed.

Grade agreed Between Both Markers? **YES / NO**

If NO, the 2 markers will discuss and may alter the mark to agree.

If the markers do not agree then the second marker will grade the essay and average grade will be given.

Average Grade if required

See Handbook section 3, Policy 15 if you wish to appeal this.

1st Marker Signature :  **Date: 5/2/24**

2nd Marker Signature: **Date:**

Please use this document to write your essay. Start on the next page.

John Dray

Extended Essay Discuss: - “Developmental Theories and Attachment Theories are central to my psychotherapy practice”? How far do you agree with this statement? Make reference to the work of at least 2 Development theorists in your essay (e.g., Klein, Winnicott. Stern) and/or Attachment theorists. (Bowlby, Ainsworth, Main, Siegal). Refer also to your own Relational process. TIP! When discussing theories – please be clear about which ones you consider to be Attachment theories and which ones Developmental theories. Word count 3000 +/- 10%

Introduction

We all have to start somewhere. For children, they start independent life when the umbilical cord is cut, for psychotherapy the start was with Freud and his acolytes. Just as a child is not complete at birth, so psychotherapy was not complete with the works of Freud and psycho-analysis. In this essay, I will introduce Melanie Klein, a prominent follower of psycho-analysis, and a pioneer in the theory of child development. Her work informed Bowlby and let to Attachment Theory. I then apply this to my own childhood experience and psychotherapeutic practice. Good clear intro. Could you reference the theorists you mention here.

Literature Review

In developing this essay, I will refer to Klein’s main work, the Psycho-Analysis of Children (Klein, 1932/1997) briefly as a starting point. This will lead, through the work of Bretherton (1992), to a discussion of how the work of J. Bowlby (1969/1997) created Attachment Theory and conflicted with the work of Maslow (1943). Bowlby’s work was then expanded through the work of Ainsworth, Blehar, Waters, & Wall (1969/2015) and Main & Solomon (1986). There is also a look at some recent developments in the discerning of Attachment

Styles through the work of Fraley, Heffernan, Amanda M. Vicary, & Brumbaugh (2011) and how this has become a mass-market tool (e.g. (*Attachment Style Test*, n.d.)) .Good

Melanie Klein

Melanie Klein was a real pioneer of development theory. Klein had been a psycho-analytic client of Ferenczi, a notable disciple of Freud. Ferenczi noted Klein's keen observation skills with children and appointed her as a clinical assistant (Hinshelwood & Robinson, 2014), (Klein, 1932/1997 loc. 33). This work culminated in her book *The Psycho-Analysis of Children* Klein (1932/1997). As the title suggests, she developed the discipline of psycho-analysis, which worked with adults, to work with children. Her book presented a theory of child development. It was strongly rooted in the world of Freud. It referred strongly to the various stages that Freud had outlined (e.g. oral, anal). Key to Klein's theory was the idea of Object Relations. She proposed that the infant's early interactions with the mother create internalised mental representations or "objects" that interact within the child and develop its psyche. Klein saw the emotional problems of children as stemming from fantasies phantasies. She coined this term to mean unconscious activity, so distinguishing these from fantasies or day-dreams. created from the internal conflict between the aggressive and libidinal drives (Bretherton, 1992, p. 760). Could you expand on this and explain in your own words Klein became Bowlby's supervisor. This internal conflict presented a problem for Bowlby. His experience which was? suggested that these emotional problems were more a product of family experiences. Klein was so set on her path perhaps you could point out that she was wedded to the Freudian idea of Life and Death instincts which she re-interpreted as drives to Love and to Hate. that she forbade Bowlby from speaking with the mother of a 3 year old client to concentrate solely on the child. This was a significant point of departure for Bowlby. He thought that Klein was omitting an important aspect of the emotional development of the child. This him down his own research path - his intention to further develop psycho-analysis for children. Interesting account of the relationships which make up the history of ideas.

Attachment Theory

The writing of Maslow (1943, p. 372) in his *A Theory of Human Motivation* outlines a hierarchy of needs. This suggest that some needs have to be satisfied before needs lower in the hierarchy can be addressed. Maslow suggests that the most pressing of the needs is the physiological, including the need to eat and drink. [I have heard many business presentations where this work is presented as The Truth.] Maslow comes to this conclusion, building on the work of Adler and Freud. Reference In Maslow's hierarchy, the need for love and belongingness is on the third level (of five). However, Bowlby's work challenged this hierarchy. What brought about this change was the research of Bowlby (1951) based on the research of Harlow (1958). Harlow's research was conducted on monkeys. The conclusion drawn from this research was that the rhesus monkey babies needed "contact comfort" far more than they needed milk. This Attachment Theory developed over several papers by Bowlby and was set out formally in Attachment and Loss vol. 1 (J. Bowlby, 1969/1997). The Theory sets out how an infant relates to its mother, how it 'attaches'. Through the research, Bowlby separated the mode of attachment into three broad styles. They have various names, but here I shall use: Secure, Avoidant/Dismissive and Anxious/Preoccupied. These terms specifically derive from the Adult Attachment Interview devised by Main. Bowlby and Ainsworth used other names.Can you say what speaks to you in choosing these terms? These are described by J. Bowlby (1969/1997, c. 16). Much later a fourth style, Disorganised, was added by Main & Solomon (1986). Main and Solomon's work built on the findings of the Strange Situation Experiment (discussed later) and the Adult Attachment Interview - a semi-structured interview that attempts to determine the attachment style of that adult by looking at childhood experiences. Can you give a brief account of the Attachment Styles

A significant difference between Attachment Theory and Development Theory is that the former deals just with the attachments formed in early years, whereas development looks at changes throughout the whole of life. The situation is really a lot more complex than this.

Attachment theory does focus on the early years as a critical period for the development of attachment patterns but considers how these are continued into adult attachments. (See summary of findings of longitudinal Minnesota study by Sroufe and Siegal). Most modern writers eg Holmes are very much informed by neuroscience and recognise that the brain's plasticity allows for new attachment styles to develop in different kinds of relationship (e.g. psychotherapy) in adulthood. (See his concept of 'earned security'.). These would co-exist as 'options' alongside the earlier styles. Conversely, some developmental theory e.g .Erikson, does look at the life span, but the majority of developmental theorists focus on infancy and certainly do not consider much beyond adolescence.

As a result of Harlow's experiments, many of the baby monkeys ended up with emotional, behavioural and socialisation problems and were unable to relate well to other monkeys when integrated into their troop. Clearly, with the problems faced by the baby monkeys, it would be unethical to carry out similar experiments on human babies. Bowlby's colleague, Mary Ainsworth devised the Strange Situation Experiment (SSE) (Ainsworth et al., 1969/2015). Through a range of carefully standardised observations, this experiment allowed the attachment styles of infants to be categorised. This was based on her initial work in Uganda, followed by a longitudinal study in Baltimore. References needed Ainsworth did note some differences in the work from Uganda to Baltimore. Which were? The SSE was based on her work in Baltimore with white, middle-class mothers. This is a very select demographic and could be seen as a major flaw in the research. Are attachment styles universal, or a symptom of select cultures and societies? Similarly, the SSE only looked at the attachment to a single caregiver, a weakness that has become more widely recognised e.g. Fraley et al. (2011, p. 21) although Bowlby proposed a hierarchy of attachments which included other family members.

My Psychotherapy Practice

I have not yet started with paying clients for my psychotherapy practice. Instead I will refer to the psychotherapy practice that has taken place as part of my development at the Welsh

Psychotherapy Institute. In one of these sessions, I was therapist and a colleague took the place of client. By the end of the session, I felt extremely uneasy. When asked for feedback, I said that I had felt extremely uncomfortable from the beginning, but I did not yet know why. As I received feedback from my colleagues, one broke down in tears. They had found the session distressing and this was down to my handling of the session, rather than the subject matter. This feedback provided fertile ground for three sessions with my therapist. I will not cover the subject matter of the practice session, but my internal processes. During the session, I had felt as if I were acting calmly, asking slowly paced questions and holding the space. The feedback was that I was asking questions in rapid fire and that it did not feel at all safe.

I am aware that some of the problem was that I found the subject matter difficult, and that I was not adequately paying attention to the unspoken messages of the client. For the purpose of this essay, I will look at safety. In my grandiose assumptions as a trainee psychotherapist, I had assumed that I was there to hold a safe space for the client. What I had not realised is that everyone in the therapy room has to feel safe, including the therapist. I had not liked the seating positions - I was much lower than the client. I had not liked the seating location - I felt trapped against a wall. Rather than addressing these issues, I had ploughed on. Part of the reason that I was deaf to the unspoken messages of the client was that my own ‘internal alarm bells’ were ringing so loudly that I could not receive any messages from outside. In retrospect, I fear that I should have at the very least paused the session or asked the client what was going on between us, so that we could assess the situation together. In analysis with my therapist, my suspicion is that there was an erotic transference, where I had become a generic male person to the client. As someone who identifies as gay, I had felt pinned and trapped in that situation. The situation challenged my identity. There was some awkwardness after the session. This highlighted a challenge of practising with friends and colleagues, as within the therapy room you are both subject to the transference and counter-transference of the session and that can be at odds with the way

you see each other outside of the therapy session. [It also make it clear why dual relationships are forbidden in the UKCP ethical code.] Very clearly written and honest example. It would be good to tie this in more explicitly to Attachment theory.

In my subsequent therapy, a particular memory arose from when I was about three years old. The game my father would play is that he would stand in a swimming pool, on this occasion at a holiday camp. I was expected to jump into the water and he would catch me. He would gradually stand further from the edge of the pool and I would be expected to repeat this. At this age, I was unable to swim, so this was a real leap of faith. I can remember that on one occasion I wanted to jump in (to please my father), but I also felt too scared (an indication that need to please my father and remain attached to him superseded my need for personal safety). Good awareness I ran around on the slippery side of the pool in terror, slipped over backwards, and hit my head on a concrete bench. My memory fades at that point, but we were at a holiday camp. The staff were not helpful in supporting my family. My head was bleeding and I needed to have stitches. I was left with the understanding that I should have been more careful. Angry, frightened adults tried to negotiate my passage to the hospital. I felt ignored… and it was all my fault. I am not claiming that this is an objective retelling of events, but it was how I felt.

My therapist pointed out - the game at the pool was not a game that I was enjoying - I was terrified. To that point I had been thinking that I had not been brave enough and that it was all my fault. As an small child I had concluded that it was my responsibility to look after my own safety and to please my father. I recognised the terror of that small child running by the side of the pool as being the exact same feeling I had in the therapy practice. The person I was relating to was also the source of my fear. This is very close to the description of the disordered attachment style. Good link and excellent example. Could you spell out the key elements of Disorganised attachment?

In my narrative, this “trying to overcome fear” in order to achieve something mirrors my experience in late teenage years at a university essay presentation and at a music exam. In the essay reading, my tutor asked me some questions about my essay and I froze - unable to speak or even think coherently. In the music exam, I was so nervous that I nearly lost my ability to play the violin and came out with a very poor result. My attempts to overcome my fear by ignoring it in these cases hit a point of crisis when the ignoring fails and the terror takes over. Similarly, in the session with my client, I did not feel safe, but ignored it and carried on. Clearly this strategy does not work! So, how do I get to feel safe in sessions? This attachment style has become a model for the way I relate to people. How do I change my style of attachment? There are some clues in the attachment quiz results (*Attachment Style Test*, n.d.) in that I felt a secure attachment to my mother, but a disorganised attachment to my father. The net result being my overall attachment style is disorganised, but I do know what a more secure attachment style feels like. Good connecting of your felt experience with the results of the attachment test

This is where the situation gets more complicated than allowed for in the SSE. People may have more than one attachment figure in their life. Their attachment styles may exhibit different characteristics from one attachment figure to the next. This is addressed by Fraley et al. (2011, p. 615ff) and is why the quiz does not look at just the attachment style with one significant figure in a person’s life. Fraley also addresses why attachment styles continue to be important in the life of adults, long after they were developed in early life: Yes, good

> “One of the core assumptions of adult attachment theory is that people construct mental representations, or working models, of the self and significant others based on their interpersonal experiences. These representations are believed to play an important role in the way people interpret and understand their social worlds. As such, assessing the security of working models is crucial for understanding personality dynamics, emotions, and interpersonal relationships.” (Fraley et al., 2011, p. 615)

Another pre-verbal memory is what would happen when someone wanted to pick me up and I did not want to be held. I remember relaxing my body and imagining being really heavy. Eventually the person would often give up trying to lift me. This was confirmed in later life when I asked my mother about this. She said that there were times when I did not want to be picked up and I would be impossible to lift. I am wondering if this was a result of the pool incident, or if it was due to my father's habit of tickling me. Certainly when I was older, he would play fight and tickle and poke. I always hated these games. He would prod to hurt and no defence was deemed acceptable. I would have wanted to kick and scream. Such behaviours would have intensified the 'play'. The attack would have become worse. I found that the best way of coping was to relax… the pain minimised… my breathing slowed I felt as if I were making myself invisible. The aggressor would eventually lose interest and I could go away to safety. I had learned to dissociate and go into a 'flop' situation, just like my reptilian ancestors. So not necessarily relaxed as such although it might look like relaxation! Relating this story increases my heart-rate and I can feel the grip of fear in my body. A primary care giver was a source of intense fear for me, but also someone that I needed in my life for food and shelter. [If I were to hear a similar story related now as a continuing, live issue, I would have immediate safeguarding concerns. These I would share with the client, discuss with my supervisor and take the concerns to a Designated Safeguarding Officer within the organisation. The poking and prodding represents a form of physical abuse.] good link to ethics, although you would have to consider whether the client were a functioning adult n an abusive relationship, where not much could be done other than work with them to develop the confidence & self-esteem to challenge or leave; (often through facilitating a positive attachment to the therapist) or a Vulnerable Adult or child, in need of protection.

The traumatic events above and the associated sensations and emotions are very powerful. So, how does this impact my approach to my practice of psychotherapy? There is a recognition that everyone in the room has to feel safe and secure for therapy to take place (Erskine, Moursund, & Trautmann, 1999). This includes the therapist! If I am coming into the

therapy room with a sense of fear, how do I allay the remembered traumatic fears? Also, if my self is overwhelmed with fear, how do I notice their fear and other emotions? As with any work on trauma, a significant step is realising that I survived my childhood and that the traumatic memories are from the past (Rothschild, 2000). Locating myself in the here and now is a good place for therapy. Even now, I find that I have to read books about trauma slowly, to avoid re-traumatising myself. I can only go as fast as my internal kid can safely and comfortably go - no faster. Listening to this speed limit imposed by my inner kid is a good reminder for working with trauma that if you go too fast with a client in trauma you are likely to cause more harm than good. In my narrative I combine both attachment theory and Transactional Analysis. I am reforming my attachment and taking as my care-givers my internal Parent and Adult. Their only job is to look after the safety of the kid. In other words, they provide a secure base for a secure attachment. Good links between Attachment, Trauma theory and TA.

Interestingly, the split between Klein and Bowlby was over her insistence that everything was internal, whereas Bowlby was convinced that there were family influence can you spell out what you mean by ‘everything’ and ‘family influence’ on what? Whislt I know what you ean, it sounds a bit vague and non-academic. The healing for me comes from taking the external influences, and the internal forces that they have become, and internalising care-givers with whom I could have a secure attachment. Good There is also no guarantee that things will go well all the time, a position akin to the depressive position of Klein (1932/1997, loc. 133), where the child finally comes to accept that the world is not ‘good’ and ‘bad’ but a mixture of the two. Good link. This suggests a way of working with clients. Help them discover the way that they related to people, through their attachment style(s). Discover their coping strategies and help them discover and embed new coping strategies (before letting go of the old strategies). And the same could be said for their attachment styes i.e. growth comes through developing new, more secure attachments to their therapist.

Discussions on the impact of Attachment Theory continue to this day, e.g. in the popular Blindboy podcast Blindboy (n.d.). Can you say what this is? This continued significance is examined by Bretherton (1992) as well as its application to different areas of psychology: “Under attachment theory, a major goal in psychotherapy is the reappraisal of inadequate, outdated working models of self in relation to attachment figures, a particularly difficult task if important others, especially parents, have forbidden their review. As psychoanalysts have repeatedly noted, a person with inadequate, rigid working models of attachment relations is likely to inappropriately impose these models on interactions with the therapist (a phenomenon known as transference). The joint task of therapist and client is to understand the origins of the client’s dysfunctional internal working models of self and attachment figures, Toward this end, the therapist can be most helpful by serving as a reliable, secure base from which an individual can begin the arduous task of exploring and reworking his or her internal working models.” (Bretherton, 1992, p. 768)

In other words, attachment styles represent a mode of being with other people developed in early childhood. This sounds a lot like personality adaptations Joines & Stewart (2002) and script Berne, Steiner, Claude M. Steiner, & Kerr (1976) from the realm of Transactional Analysis. How do I need to be with this person in order to ensure my survival? So we could consider what kind of attachment styles might be embedded in a client’s personality adaption or Life script?

In many psychotherapeutic practices a client is asked to fill in a questionnaire, such as a CORE10 [*Clinical Outcomes in Routine Evaluation - Outcome Measure* (n.d.) at the start of their therapy and at various stages as it continues to assess progress. As an experiment, I sat the *Attachment Style Test* (n.d.) twice, a few months apart. I did notice some changes to my attachment style. I asked myself whether I would use the quiz as a therapeutic tool to help gauge my client’s attachment style. I would suggest that I would not. As is common for many people in psychotherapy, it took me a long time to recognise that my relationship with my father was not perfect. Taking the test could have either produced a correct result that I

was not ready to accept, or a false result of secure that might lead me to believe that I did not need to look at my attachment style. Whereas, looking at the quiz now, it sort of told me what I had come to believe in my therapy. Yes, very valid argument.Perhaps I have flipped between a Kleinian ‘good father’ and ‘bad father’. You haven’t said a great deal about the ‘good father’! It is quite possible that I will come to a point of acceptance that is somewhere between the two, what Klein might have referred to as the depressive position.

As to whether development and attachment theories are central to my psychotherapy practice, they are certainly foundational. So much of psychotherapy is about how an individual relates to themselves and to their environment. This is all about attachment and development. However, PT ? goes beyond this to look at issues such as trauma. In the case of trauma, attachment and development theories can help provide a narrative as to why the client is as they are and how they respond to trauma. I am not convinced that they provide clues to a route to healing. Trauma therapy is informed by these theories, but the therapies uses models that go beyond the theories. I am not quite sure what you mean here? Developing a good attachment to a therapist is vital to address trauma just as being able to turn to a secure attachment figure in the face of a traumatic experience, greatly mitigates the effects of that experience.

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