



Why Don't I Feel Good Enough?

Using Attachment Theory
to Find a Solution

Helen Dent



Why Don't I Feel Good Enough?

Why Don't I Feel Good Enough?: Using Attachment Theory to Find a Solution offers a guide to how early emotional bonds affect our adult relationships and how psychological theory can help us to find the origin and solution to a number of life's problems.

Bringing a wealth of therapeutic experience and the latest scientific research, Helen Dent introduces the benefits that understanding attachment theory can bring to all areas of life. You will find this particularly helpful if you struggle with everyday relationships and have difficulties managing your emotions. Using practical guidance, real-life examples and questionnaires to help you locate your own 'attachment style', she provides the tools and guidance to help you move on and develop secure, positive attachments.

Why Don't I Feel Good Enough? will be an important guide and resource for psychotherapists, counsellors, clinical psychologists and their clients. It provides a good introduction to attachment theory for professionals in training.

Helen Dent is Emeritus Professor of Clinical and Forensic Psychology at Staffordshire University.



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To Roger who has become my secure base and to our sons, Ben, Jos and Max, who endure my attempts to be a 'good enough' mother with good humour.



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Foreword

Four people – Eva, Dan, Jas and Zac. Eva has a happy marriage, children and a good career. Dan is not getting the promotion he deserves and struggles with relationships. Jas hasn't settled with anyone, the biological clock is ticking and she's not yet in the right job. Zac is homeless and has a criminal record. Sadly, prison was one of the best periods of his life. Why aren't they all thriving?

Attachment theory explains why and how our brains were programmed in the first years of our lives in order to keep us safe and well. Our attachment style has a major influence on our emotions and relationships throughout life. For people like Eva, it works well. For others like Dan, Jas and Zac, the programme is either not ideal or downright unfit for purpose outside the environment in which it developed. Research shows we can change our attachment style.

This book shows you how. It introduces the basic concepts of attachment theory, how to work out your attachment style, what impact it has on your life and what you can do about it. Throughout the book, Eva, Dan, Jas and Zac's stories help to illustrate the theory, research and practical exercises.

Professor Helen Dent is a clinical and forensic psychologist, registered by the Health and Care Professions Council (HCPC) and Chartered by the British Psychological Society (BPS). She has worked in several NHS and university settings, conducting clinical work, research and delivering training. She developed and ran the innovative Doctorate in Clinical Psychology at Staffordshire and Keele Universities for many years. She currently works in a clinic for children who are on the autism spectrum.

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First, thanks go to my family who have patiently borne the brunt of my preoccupation with this book and to my friends Anna Mortimer and Tricia Gregory for encouragement and patient reading of drafts of the book. They have helped to ensure it is reasonably easy to read and not riddled with impenetrable theory or excessive jargon. Any shortcomings in this respect, however, are due to my struggles to convey complex ideas in an accessible way. Several psychologists have reviewed the content and provided helpful feedback and corrections, notably Kim Golding, Sue Llewelyn, Peter Oakes, John Hegarty, Vicki Lloyd and Joanne Wright. Ginny Mortimer, Beth Williams, Sally Hull and Julia Clark have helped with the development of my four characters. Derrick Mortimer has given sterling service with detailed proof reading. However, I take full responsibility for any errors that have slipped through the net.

The unlikely setting of the triennial John Bunyan conference in Princeton University, which I attended to support my husband following major surgery, was pivotal in ensuring that early drafts of the book were not deleted in disgust each day. Various academics and their partners encouraged me to banish the critical imp who sits on my shoulder as I write and rubbishes what I have written. Among them, Vera Camden provided an expert ear as I formulated my ideas about content and structure.

Tribute is due to countless service users, trainee clinical psychologists and professional colleagues from whom I have learned so much. I have been blessed to have a long and varied career, and so there are too many to name individually

here. I would also like to acknowledge John Bowlby's invaluable contribution to the study of human behaviour, and numerous others whose research into attachment theory has enabled such helpful insight into the origins of human distress and unease. On the basis of my clinical work and personal experience, I have chosen from a vast literature what I think is most likely to be helpful and have done my best to convey the essence of research findings accurately.

Finally, my thanks go to Routledge, in particular to Joanne Forshaw for having faith in my idea, and Charlotte Taylor for guiding me through the publication process.

PART 1

Why don't I feel good?



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How can I help you?

We all struggle at times with negative emotions and difficult relationships. This is distressing, can be puzzling and may have a very negative impact on our quality of life. Sometimes we may feel everyone is against us, at other times totally incompetent because we do not understand how our emotions and behaviours have been shaped. I want to help you understand these difficulties and provide some tools and guidance to help you live a happier life. If your difficulties are more complex or deeply rooted, I will provide information about getting further help.

MOST IMPORTANT – it isn't our fault how we feel or think, but it is our responsibility to choose carefully how we act on our feelings. Acting wisely is much easier if we have a deeper understanding of where our feelings come from. You probably have an intuitive understanding of *what* you'd like to change, but may need help about *how* to change. Many personal development books can guide you through methods of change. I want to help you work out the origins of your difficulties and to use this new understanding to make decisions about what to change in your life. In order to do this, I will introduce you to attachment theory, which is widely used in health and social care.

My particular interest in attachment theory, over and above other important psychological theories, comes from two connected experiences in my life. When I first became a mother, I discovered that I didn't intuitively understand what needs my baby was signalling when he cried. As a consequence, I sometimes found his crying aversive and even

became frightened and overwhelmed at times. Fortunately for him and for me, my husband was able to devote himself to his needs without reservation and without giving any hint that he thought me an inadequate mother. Second, when I worked with children in care, I discovered just how useful attachment theory was for explaining behaviours and emotions that were difficult to understand. Two key individuals guided me on this journey, Dr Dan Hughes, during his training workshops on Dyadic Developmental Psychotherapy (DDP), and my colleague Dr Kim Golding, with whom I shared a journey of personal discovery as we co-facilitated exploration of our attachment histories. This deepened my understanding of the parenting difficulties I had experienced and shed light on many other aspects of my life.

Throughout the book I will illustrate theory and practice with the stories of four fictional characters who are based on my experiences of working with people who have attachment difficulties. Each character has developed one of the four main attachment styles and is trying to resolve their personal, social and emotional issues. In portraying these four people I am unable to do justice to the varied ways in which attachment styles impact on people's unique character and context. I could also not do justice to the full range of diversity within the human race, but I hope your own knowledge and imagination can fill the cultural gaps using the basic theoretical constructs you will find in Part One of the book.

Eva, 42, has a secure attachment style

Eva is a doctor and is married to Mark. They have two children, Jessica and James. Eva had a happy childhood and was brought up by her mother and father, who moved to England from Jamaica in the 1970s. Her mother was a nurse and her father worked for London Underground. She has a younger brother, and though

she found him very irritating while she was growing up, they now get on well.

Eva's mother responded quickly to her children's needs. She soothed them when they were unhappy and she generally managed to work out what was wrong when they were upset. She was good at noticing what they enjoyed and encouraged them to pursue their interests. As a consequence, Eva has developed a very positive sense of her own self-worth, which helps her to deal constructively with acts of personal and institutional racism.

Eva made friends easily and worked hard at school. She knew the importance of getting a good education. She was the first person in her family to go to university and her parents were very proud of her. She now works as a GP.

Eva met her husband Mark, who is a journalist, at a friend's wedding. They have a loving relationship and mutual respect. Together they provide a secure and happy family home for their children. Eva's upbringing has taught her how to provide loving and attuned care to her children.

Eva has a supportive group of friends, some from schooldays and others from university and work. She has long-term relationships, partly because she is good at making judgements about people. She only becomes close to people she can trust, and who care about her. Eva loves being adventurous and would like to travel when the demands of family and work allow it.

Eva's mother died of Parkinson's disease two years ago. Eva had helped to care for her at first but eventually her mother needed full time help and moved into a specialist nursing home. Eva was very distressed at the impact of the disease on her mother, and after she died, felt guilty for not managing to care for her. Eventually, a colleague encouraged her to see a counsellor about her grief. Eva found this helpful.

Eva has always enjoyed reading and after her mother's death joined a book group. She finds this stimulating as it has introduced her to a wider and more intellectually challenging range of books. She has also made new friends who have similar interests to her and she finds the group supportive.

Dan, 29, has an avoidant attachment style

Dan works for an IT company as a web designer. His parents separated when he was four years old, then his mother remarried and had two more children. His father moved to work in the United Arab Emirates when Dan was six and did not maintain regular contact. Dan had a poor relationship with his stepfather who clearly favoured his own children. As a consequence, Dan resented his younger siblings.

When Dan cried as a baby, his mother often walked away without comforting him or attending to his needs. She adhered to a strict routine for feeding and sleeping. When Dan was older, she told him that boys shouldn't cry, and became irritated if he didn't stop. Dan learned that his mother stayed closer to him if he didn't cry or send out other signals of need or distress. From an early age, Dan's mother shouted at him when he made mistakes. When he was four years old he tried to make her a drink, but dropped a carton of milk on the kitchen floor. His mother was very cross, but when he started crying she stormed out of the house, leaving him alone, afraid and uncomforted. As a consequence, Dan learned that he is not valued by other people, and that if he lets people know how he feels, they will desert him. He has learned to be self-reliant and to look down on other people who express their emotions. He still has

difficulties in forming close relationships, partly because he can quickly develop a negative opinion of them and partly because he does not express emotion, positive or negative, because of a sub-conscious fear that he will be abandoned.

Dan did well at school and studied computer sciences at university. He always preferred science subjects and enjoyed everything to do with computers. During his degree, he had a number of work placements and was offered a job when he graduated.

Dan met Erik through supervising his university work placement. They discovered shared interests and are beginning to form a relationship. Dan helps Erik with his studies and in this context feels in control and is able to relax a little. Focusing on Erik's needs enables Dan to feel safe in a closer relationship than he would normally be comfortable with.

Dan rarely initiates social contact and avoids getting close to people but will join in social events when invited. However, he frequently experiences mini-rejections, which tend to confirm his fundamental belief that he is not important to others.

Dan enjoys his work and puts in a lot of time and effort. He dislikes making mistakes or being given feedback about how he could improve. As a result, he will not take risks and has refused to take on responsibilities that he could manage, so his promotion prospects are being limited.

Jas, 35, has an anxious attachment style

Jas is a teaching assistant in a local primary school. Her father died from cancer when she was six years old after three years of gruelling chemotherapy and her mother

subsequently suffered with depression. Jas only had a brief period during which her mother was able to give her the attention she needed. For the rest of her childhood, Jas's mother was distracted by caring for her husband, or was distant because of her own mental health difficulties. As a consequence, Jas constantly worried that her mother would not be there when needed, so she clung to her and cried at the slightest worry or hurt. Because Jas had to work hard to get her mother's attention, she learned that though she was loved, she had to work hard to get noticed and that her needs were not very important in the grand scheme of things. Jas also had to compete with her two older sisters for her mother's attention.

As well as being emotionally unavailable, Jas's mother behaved 'intrusively' towards her children. She would tell them what to do, rather than helping them to learn, because it took less time. When Jas made mistakes, her mother would shout. Even Jas's choice of clothes could be wrong, her mother told her what to wear instead of letting her work out her own taste. Jas found this very annoying and rebelled, as she grew older, wearing clothes she knew her mother hated. This led to many arguments.

Jas left college with A levels in English, History and Art. She considered going to Art College, but the thought of living away from home made her anxious. She set up a website to sell her paintings and started helping out at a local school. She found work with the children enjoyable and was offered a teaching assistant post.

Jas has many friends because she is good company but she can be tiring because she manages her anxiety by talking about her difficulties much of the time. In relationships Jas can be caring, but her fears of not being loveable soon lead to her seeking reassurance too frequently. Some of her partners found this irritating and left, others became controlling, emotionally or

physically. At 35, Jas feels the biological clock ticking, and would love to find someone with whom she could settle down and have children.

At work, Jas is good with the children and has been encouraged to think about training to become a qualified teacher. Although she feels flattered and deep down knows she would love to be a teacher, she dreads the thought of being assessed and fears failure.

Zac, 24, has a disorganised attachment style

Zac is currently unemployed and living in a hostel for homeless people. Until he was four years old, he lived with his mother who had mental health problems and used drugs. He and his younger brother Riley were taken into care and lived with several foster families. Zac was moved to a residential unit when he was 12 years old, while Riley stayed with the foster family. A year later Zac stopped attending school.

During his early experiences, Zac experienced terror without any help to contain this powerful and aversive emotion. Instead of being soothed by his mother and learning appropriate ways to manage fear, Zac learned that his mother, to whom he instinctively looked for comfort, was also the source of fear. Zac was left for long periods feeling abandoned and terrified. When he most needed to be soothed, his mother frightened him so that he experienced trauma. As a result, Zac has not learned how to control his emotions, and moreover he has post-traumatic symptoms that make him stressed and hyper vigilant. His brain was suffused for long periods with hormones such as cortisol and adrenaline, which prepare the body for fight or flight. Such long exposure had an adverse impact on his developing brain.

Zac learned that he was of much lower importance to his mother than her drug habit. This led to the belief that he is of little importance to others. Sometimes his mother was especially kind to him just after she had injected herself with heroin. Zac learned that when people are kind, dangerous consequences follow. When he moved into foster care, his reaction of fear and avoidance each time someone was kind to him prevented him from forming the supportive relationships he needed for healthy development. Instead he tried to provoke the abuse he was used to.

Not surprisingly, Zac is confused about what he wants from relationships. Like all human beings, he needs the warmth of supportive relationships, but he fears the consequences of getting too close. His low self-esteem drives him towards women who are vulnerable and unable to give him the support he needs. Sometimes he becomes abusive, sometimes he just leaves.

Zac has many people he calls friends but the relationships are all built on drug dealing. He does not confide in any of them nor does he enjoy social activities with them. Zac's 'friends' fall into two camps, those he is scared of and who use him, and those whom he threatens and makes use of.

Zac has been in prison for drug dealing and when he was released, became homeless. He was given support by a charity. During this period, he met Sky, with whom he would like to have a relationship.

Will reading this book help me?

I hope so, which is why I have written it! For some people, working through this book may be enough, for others it may kick start the journey to self-discovery, which can be continued with some form of therapy. Of the many psychological theories I have studied and used in clinical practice,

attachment theory has been the most useful in my personal and professional life. This is why I wanted to share it more widely.

How to use this book

The following chapters are designed to follow a logical journey of discovery, self-awareness and action. However, your logical order is likely to be different from mine so please read the book in any order; each chapter is designed to make sense on its own. Choose those most relevant to you. I have tried to keep the chapters short and easy to read because most of us have to squeeze our reading into odd moments, or just before falling asleep at night. I find it easier to take on new ideas when they're delivered in bite-sized chunks.

The chapters in Part One: Why don't I feel good, are designed to help you understand attachment theory, which explains the origins of difficulties with our emotions and relationships. These affect how good or bad we feel about ourselves. One chapter focuses on feeling good, because we all have times when we put up with feeling mediocre or bad, because we have simply forgotten what it is like to feel good.

Part Two: Taking action – mapping my inner life, has a practical focus to guide you through a process of self-discovery. These chapters show you how to increase your self-knowledge, work out your attachment style and make decisions about what changes you can make to increase your quality of life.

Part Three: Becoming aware of the hidden forces in my relationships, explains how different attachment styles affect our relationships with key groups of people in our lives, such as romantic partners, family and friends and colleagues. One chapter looks at the impact of attachment styles on health, spirituality, pets and the environment.

Part Four: Feeling good – learning to take control of my life, is another practical part of the book, looking at how to manage our emotions and behave in ways we want to, rather than being driven by hidden forces that we don't understand. It covers what we can do to help ourselves, the wide range of

free, low cost and more expensive resources that are available, and how to find expert therapeutic intervention:

- Where to look for a therapist
- How to decide what sort of a therapist you need
- How to find out if your therapist is properly trained and qualified
- How to decide if therapy is helping you.

Feeling good

What does good feel like?

You may have had a period in your life when you felt good – a time when you woke in the morning looking forward to the day and nothing happened to change your feeling of optimism and pleasure. Try and remember that time and how it made you feel. You might need some props to help you, such as:

- photographs of your early life and family
- talking to someone else who was there
- music that you liked when you were little
- smells, such as perfume, freshly mown grass or chips frying.

When you remember a happy time, practise bringing it into your mind. The better you can do this, the more likely you are to be able to bring the memory to mind when you are feeling low. This will remind you:

- a) that you have been happy
- b) what it feels like to be happy.

A period of happiness may or may not have coincided with good health, but the odds are it did. Physical ill health tends to have a negative impact on emotional well-being, but it doesn't have to. It is possible to feel good, emotionally, even when you are unwell. It's a myth that you only find happiness or contentment when everything is sorted in your life, when you have no problems and enough money.

So, what is feeling good? There are many aspects to it, including:

- not being worried about what other people think of you
- liking yourself when you look in the mirror
- having realistic expectations of yourself and others
- being in harmony with significant others
- having positive energy
- being optimistic.

After a lot of thought, I've come to the conclusion that it is essentially being optimistic about the future because you are confident that you can handle whatever life has in store for you. There are many other definitions of feeling good, you might like to find one that appeals to you, or write your own, like I did.

So why don't I feel good? 'I'm fine – it's everyone else ...'

Perhaps you're thinking, I'd feel good if it wasn't for everyone around me making me feel bad. That is a very reasonable viewpoint and is often true. Common sense, research and clinical observation show that context has a huge impact on our well-being. What I mean by context is the whole of our surroundings, where we live, our family, neighbours, friends, workplace and so on. (See Figure 2.1.)

The family we are born into will have a significant impact on our well-being, happiness and potential for achievement, success and wealth. The country, and the part of the country in which we live will also influence what we can and can't do in our lives. Our neighbours and friends will make a big difference to us, whether for good or ill. The political party in power has the opportunity to improve our lives. A good example is the creation of the National Health Service in the UK in 1948.

Public health interventions, such as improvements to sanitation, refuse collection and the quality of our drinking water, and laws that ensure all children are educated, have

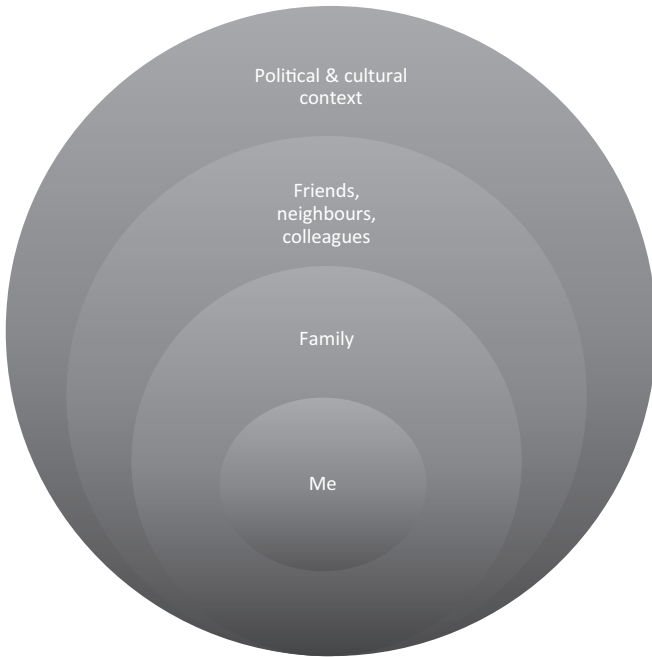


Figure 2.1 Circles of context

probably contributed more than medical treatments to improve overall health in the UK. Nevertheless, health professionals can help us when we are unwell as long as their work is based on good evidence, unlike the following example.

One of the earliest theories about the causes of mental health and well-being was formulated by Plato and Hippocrates and later amplified by Aretaeus of Cappadocia, a Greek physician of the first century CE. It is known as ‘the wandering womb’ theory and proposed that women’s mental and physical illness was caused by their womb, or uterus, moving around inside their bodies like a small animal, even suggesting that the uterus is sensitive to smell and moves away from bad smells and towards fragrant ones! This theory is clearly bizarre and most of us would correctly dismiss it

out of hand, but it has been influential in medicine right up to the seventeenth century and even had a resurgence in the nineteenth century. Thankfully modern theories have a more robust evidence base.

As you start the journey of trying to understand yourself, you will find that other people and the circumstances of your life have, to a very large extent, shaped who you are. In many cases those closest to us have unwittingly caused the difficulties we experience. We all begin with the best of intentions but as few of us have any training in how to be a parent, we tend to fall back on how we were parented. So, unhealthy parenting styles pass on down the generations unless we are lucky enough to come by the experiences that help to break the chain.

Even though many of our difficulties may be caused by other people, it is easier to deal with them when you are feeling confident about yourself. It is hard to feel positive if you are struggling with your emotions or behaviour, so it is worth trying to understand yourself. Benjamin Franklin wrote in 1750, 'There are three Things extremely [sic] hard, Steel, a Diamond and to know one's self'.¹ It is just as true today.

Once you understand how much or little you are responsible for problems in your life, you can decide whether to change or to walk away. One of my lecturers, the eminent psychiatrist Dr Anthony Clare, said that some people are simply 'psychotoxic' to us and there is nothing we can do to improve the relationship, so we should simply avoid them. This is good advice, but before making such decisions, it is useful to find out more about ourselves, otherwise we may end up rejecting people who are not really 'psychotoxic' to us. They may be unintentionally arousing deep-seated fears and insecurities that we would be better off dealing with, rather than letting them govern our lives.

I noticed a recurring pattern in new situations that I formed a quick dislike of women who expressed strong opinions. I would then avoid them. By chance I got to know one and realised how much I liked her. I also realised how similar she was to me! Eventually I worked out that the reason for my dislike wasn't anything to do with the women themselves,

but how they made me feel. It was the feeling I disliked. All those women were in receipt of my dislike just because they had triggered an emotion that belonged to my childhood. I now try to get to know people before deciding whether or not I like them. This way I don't miss out on getting to know interesting people.

Why should I bother – people should accept me as I am

This is another really sensible point. By and large we do accept people for who they are. We steer close to those who make us feel good and away from those who make us feel bad. It is also important that we don't try to be 'someone we're not' in order to fit in. This makes us feel uncomfortable and means we are not mixing with people who might like the 'real me'. It also means we are not doing the things that properly fulfil who we really are.

Accepting myself, warts and all

This is a much bigger task and not as simple as it seems. We all have difficult memories, times when we experienced shame, which are buried too deeply to be accessible or which make us feel so unpleasant that we avoid exploring them. (Shame is a really important emotion and its impact on our relationships is explained in Chapter 3.) As a consequence, we simply don't know enough to be able to fully accept ourselves. We spend a lot of effort trying to push away or avoid facing up to the bits we don't like and often fail to find out that we are not monsters.

In order to increase the accuracy of our self-knowledge, we can make use of other people's perceptions of us. Freud developed an early theory of the unconscious mind, and in 1955, a couple of counsellors called Joseph Luft and Harrington Ingham developed a neat diagram, which provides a clear image of how much we know about our own minds:²

Did you work out why it is called the Johari window? It took me ages to find out and then I was a bit disappointed. Johari

Table 2.1 Johari window

| | |
|--|---|
| 1. Known Self Things we know about ourselves and that others know about us | 2. Hidden Self Things we know about ourselves that others do not know |
| 3. Blind Self Things others know about us that we do not know | 4. Unknown Self Things neither we nor others know about us |

sounds deep and mystic, as if it comes from an ancient book of wisdom. But it was simply a very clever reframing of Joe and Harry. I don't know if it would have become so popular if it had been called Joe and Harry's window, which sounds more like a name for a pop up café.

In the Johari window, the size of the four individual windows alters as we learn more about ourselves. An ideal configuration is to have windows 1 and 2 larger than windows 3 and 4, meaning that we know more about ourselves than others do, also that we have reduced the size of our unknown self or 'unconscious mind'. When windows 3 and 4 are small, we have greater self-knowledge, because we have moved the information contained in them into windows 1 and 2, which are accessible to us. We are more aware of how we appear to people around us and there is less in our 'unconscious mind' to exert an influence over how we feel or behave, without our realisation that this is happening.

In order to change the size of the boxes in our own Johari window, we need to access the information that others hold about us, that we don't know (Window 3 Blind Self). Some ways of doing this are:

- ask friends, relatives and colleagues
- watch/listen to ourselves on a recording
- 360° assessment (a management tool in which a range of colleagues and others who know you in the workplace fill out a long questionnaire about you. An analysis of their responses provides information about how they see you).

Ways of accessing information that is unknown to us and to others (Window 4 Unknown Self) are:

- self-reflection using a diary or reflective log
- self-reflection using a psychological theory such as attachment theory (which is what this book is about)
- self-reflection using other self-help books, e.g. *Mind over Mood*³
- guided self-reflection through therapy, counselling or coaching.

These activities move information from windows 3 and 4 into windows 1 and 2 so that the diagram looks like this:

Table 2.2 Johari window after self-exploration

| | |
|---|---|
| <p>1. Known Self Things I know about myself and others know about me</p> | <p>2. Hidden Self Things I know about myself that others do not know</p> |
| <p>3. Blind Self Things that others know about me that I do not know</p> | <p>4. Unknown Self Things neither I nor others know about me</p> |

As you become more confident you may also reduce the size of window 2, hidden self.

Why is it important to know about ourselves?

There are at least three important reasons for finding out more about ourselves. First, so that we minimise the amount others can manipulate us. If someone knows things about you that you do not, they can use that information. A common place where we may come across this is in card games, when someone displays a ‘tell’ or ‘show’, an unconscious mannerism that occurs when they’re bluffing.

When my son was quite young he said, 'Mummy, when you're cross with me I say "you don't love me anymore" and then you stop being cross'. Out of the mouths of babes! Of course he gave the game away, but he told me something he knew about me that I didn't know myself. It enabled me to become more vigilant and to think before reacting to other people's attempts to 'pull my emotional strings'.

Second, although we have an awareness of the 'known and unknown unknowns' about ourselves, we don't know exactly what they are.⁴ Often, we fear what we do not know but reality can be much less scary than shadowy, unformed thoughts. Think of a film or TV programme that scared you, such as 'Jurassic Park' or 'The Bridge'. If you remove the music and special effects, the fear becomes much less powerful. The same is true of our own emotions and fears. If we look them in the face and name them, they become less scary and we can start to manage them.

Eva was mugged one night near to the hospital where she worked. She was pushed over and hit her head on a wall. Her handbag and briefcase were stolen. She lost consciousness and woke up in a hospital bed. Eva couldn't recall what had happened or describe her attacker to the police. For many weeks afterwards, she struggled to leave the house because she experienced panic attacks. Eva knew about PTSD (post-traumatic stress disorder) and realised that her brain remembered what had happened and was trying to protect her from further harm. She was able to manage her recovery by speaking to the police and learning as much as possible about what happened to her as well as accessing therapy. Doing this helped her face the trauma she had experienced and reduced the emotional impact on her. She researched the statistics on mugging and found out that the risk was much lower than she instinctively believed and balanced that against the constant fear and panic she was suffering on a daily basis. As a result, the panic attacks stopped and she found she could walk to work on her own.

Third, we might learn something that is life enhancing, such as discovering at 25 years old that you have an identical twin sister. Anais Bordier and Samantha Futerman were each adopted as a ‘single birth child’ by a French couple and an American couple respectively. They found each other through Facebook and a YouTube video. Anais said, ‘It’s such a joy to find your family, I guess when you’re adopted, you’re always looking for somebody that looks like you, that will understand you’.⁵

A more common discovery could be finding out that an older relative has the same outlook on life as you. Some years ago, I found a ‘long lost’ cousin whom I had known as a little girl but who then disappeared from my life for decades. It was joyful to find her and to discover that family rumours about her were untrue. It was also really reinforcing to find that she didn’t organise her life around what other people thought of her, she did not think that appearances are important, and she encouraged me to have confidence in myself.

Fourth, when we know about the beliefs deep in our brain that influence our behaviours, we can choose whether or not to let them influence our actions. Have you ever found yourself repeating an action when you didn’t want to – maybe saying something hurtful to a person you care about – or being held back from doing something you want to do?

Jas has always found it hard to go into a café, pub or restaurant on her own. It annoyed her, so she decided to try and work out what made her feel that way. She remembered the embarrassment of walking into the dining hall in school without a group of friends, and trying to find somewhere to sit that hadn’t been saved. She also remembered her grandmother telling her that women on their own in restaurants were probably ‘touting for custom’. Understanding this didn’t immediately solve her discomfort, but the new generation of coffee shops made it much easier for her, and the reward of good coffee kept her persevering!

Once you start engaging in a behaviour it becomes much easier to continue with it, partly because you discover that the feared consequences don't actually happen.

After Eva had split up with a boyfriend, she worried about going to the cinema on her own because she thought she'd stick out like a sore thumb. However, she really wanted to see the film 'Amelie' and sat in one of the few available seats next to a couple who were sharing a box of Maltesers. They were friendly and insisted on sharing their sweets with her.

The same principles operate with more serious 'self-imposed' limitations in our lives, such as being too afraid to follow your passion in life, not applying for your dream job or the unnecessary rifts that occur between family members.

Why are some feelings or emotions difficult to understand?

Feelings or emotions are learned very early in life, before we have language. As a consequence, we cannot remember what behaviours caused different emotions so it is hard for us to work out how our feelings have developed. Some feelings don't puzzle us. For example, most people don't question why they feel happy when someone is kind to them. However, if instead we experience a strong negative response to kindness, perhaps rage or fear, we may think there is something wrong with us. Attachment theory provides an explanation based on research showing how brains develop in different contexts.

When Zac lived with his mother, she was especially kind to him just after she injected herself with heroin, but then her behaviour would become scary and eventually she would just fall asleep for hours.

As a consequence, Zac learned to be wary when people are kind, because he learned that kindness would be followed by strange behaviour, then being abandoned for hours, a terrifying experience for an infant. When such experiences are stored in the brain before language develops, they are difficult to access and recall once language has developed. From this hidden place they can exert an influence without us being aware of it.

Children who are groomed by sex offenders also learn that warmth and kindness can precede painful and unpleasant acts. Even in more ordinary settings, children can learn to be wary of kindness when it is linked to pressure to act in a certain way.

When Dan was in primary school, some older children pretended to be nice to him, but then started asking him for his dinner money. He was too confused and intimidated to say no, and he didn't tell anyone or ask for help.

Attachment theory can help us work out why we have developed particular emotional responses, and once we understand this, we can work out a way of making these emotions less powerful. Understanding the root cause of our feelings can help us to cope with and control them. However, if the root cause remains in window 4, the Unknown Self, it will exert influence over our behaviours without us realising it. Since we don't know that this is happening, we can't stop it, because we aren't aware there is anything to stop. Or we might be aware that there is something we'd like to stop but not know what it is:

When Eva had her first baby, she longed to be able to have a peaceful meal with Mark. Unfortunately, Jessica was 'colicky' and not the right companion for a relaxed night out. Her mother was always happy to look after

Jess and various friends offered to as well, but Eva was too tense to enjoy herself and they always came back quickly. One day she read an article in *The Guardian*, which stated that breast feeding mothers find it hard to leave their babies because of an inbuilt anxiety about being the sole provider of food. This made great sense to Eva and enabled her to enjoy her date nights. Each time she became anxious, she reminded herself that there was a bottle of expressed milk in the fridge.

Not knowing why she felt anxious had stopped Eva from taking steps to deal with it. Gaining a simple insight reassured her that her anxiety had a good cause. She also learned that finding the root cause of the anxiety helped her to overcome it.

In the next chapter, I will start to tell you about attachment theory, which explains the development of our social skills and emotional control during our earliest years.

Notes

- 1 Franklin, B. (1750). *Poor Richard's Almanack*.
- 2 Luft, J. & Ingham, H. (1955). *The Johari Window, A Graphic Model of Interpersonal Awareness*. Proceedings of the Western Training Laboratory in Group Development. Los Angeles: University of California, Los Angeles.
- 3 Greenberger, D. & Padesky, C. A. (1995). *Mind Over Mood. Change How You Feel By Changing the Way You Think*. New York: Guilford Press.
- 4 Donald Rumsfeld, 2002, US Department of Defence News Briefing.
- 5 Anais Bordier, quoted on CNN News, 09.01.15.

Surviving and thriving

Attachment theory

When babies are little, they are completely dependent on us to keep them alive. Keeping children alive and functioning well into adulthood is vital for the survival of our species. Attachment theory provides an explanation of how nature ensures that we keep our children safe and prepare them for adult life. Theory is a term used quite loosely in our language today. The type of theory I am talking about is a group of ideas derived from research evidence, joined together to form an explanatory model, which can be tested to see if it actually works.

Have you ever tried to ignore the crying of a little baby? Maybe you've never heard one? Let me assure you that the pitch and the intensity of the cry compel you to pay attention. You can get very distressed by it and need to find a way to stop it. Our brains are designed to pay attention so that we keep the baby safe. Mammals whose babies also need protection at first and who only give birth to a small number each time appear to have a similar mechanism. Having large numbers of offspring is a different way of ensuring the survival of the species. Think of the numbers of eggs laid by fish or frogs, for example.

The danger that we protect our babies from varies in different contexts, but essentially we are primed to keep them fed, sheltered, healthy and, as they begin to move, close by so they don't stray into danger from predators or environmental hazards. The attachment mechanism is also designed to programme our babies' brains so that they learn to take care of themselves as they grow up.

What is attachment theory?

Attachment theory was developed in the twentieth century by Dr John Bowlby.¹ It is a very influential theory and has been investigated by many researchers. Along with behaviour modification² (rewards and star charts) and social learning theory³ it has become a widely-used tool for health and social care professionals. It is particularly useful because it provides explanations for behaviours and emotions that are not easily explained by other psychological theories.

Essentially, attachment theory suggests that mothers and babies are hard-wired to stay together to ensure the infants' safety and ultimately the survival of the species. The infant is programmed to send signals, such as smiling, to engage and keep close their primary carer (usually mother) for most of the time, and to send very compelling signals, such as crying, when feeling distressed or unsafe. The carer is programmed to respond swiftly and provide safety and relief from distress. For example, a baby may cry because she is hungry and her carer will feed her. A toddler may be scared by the approach of a stranger, and his carer will keep him safe by picking him up and comforting him. Our attachment system is designed to keep us safe, and only needs to be switched on when there is a threat. The other important behavioural system is the exploratory system, which helps us to learn about the world and develop our intellectual thinking.

Bowlby proposed that the attachment system creates an 'Internal Working Model' or template in babies' brains, which enables them to understand emotions and relationships. The template tells babies how to survive in the environment into which they are born. The programming on your phone is similar, it tells the phone how to respond to your basic interactions with it, such as messaging or making a call. The phone takes on new learning and extends its repertoire when you download additional apps.

Here is a summary of the basic ideas in attachment theory:

- Our brains are designed to keep us safe and to learn from the relationship with our primary carer on how to stay safe.

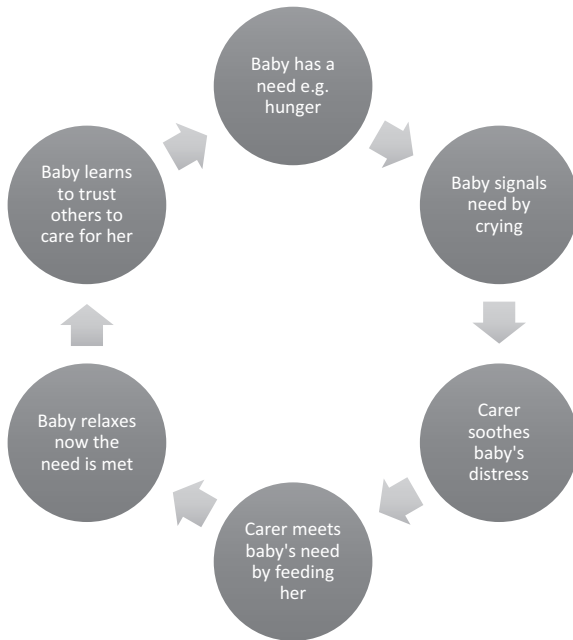


Figure 3.1 The attachment cycle: development of trust and secure attachment

- Babies are programmed to signal their needs through ‘attachment’ behaviours such as crying and smiling.
- Carers are programmed to respond in the best way possible for the baby.
- A relationship develops between baby and carer.
- This relationship becomes a ‘secure base’ from which the infant can start to explore their world.
- What happens in this first relationship affects all our future relationships throughout life.

The quality of this first relationship affects the fundamental beliefs that infants develop about themselves, other people and the world. These beliefs will tell the infant:

- how loveable they are
- how important they are

- how people will respond to them
- whether people can be trusted
- whether the world is a safe or a scary place.

Without the necessity of conscious awareness, these beliefs affect how our brains respond in relationships and social situations throughout life. The good news is that although these beliefs are as difficult to access and change as the fundamental programmes in a phone, it is possible to influence them.

Our relationships

How does our very first relationship in life have such a profound impact on all our later relationships? A great deal of psychological and neurological research has shown that our brains learn how to keep us alive from the moment we are born.⁴ Because we are *social* beings (i.e. we do not thrive in isolation) our brains learn from the first relationship we encounter how to behave with other people. It is an incredibly clever system. It means that our brains develop the skills and capabilities needed for the environment in which we are raised. However, these adaptations also can come at a cost to the infant, as you will discover in Chapter 4.

This system works very well for people whose first carer is loving and responds quickly and appropriately to their needs. If you, like Eva, are one of these fortunate people you will:

- have an optimistic outlook on life
- trust other people, yet be able to detect those you shouldn't trust
- be able to understand and control your emotions
- be empathic towards others
- be self-confident without arrogance

In other words, your brain will have been very well prepared to survive and, indeed, thrive in our social world.

However, for those whose first carer was not able to be sufficiently and reliably responsive, there is a drawback. When

the brain is programmed to survive in the context of such a relationship, research and clinical experience suggests that it will not be very flexible in adapting to different, more positive types of relationships.⁵ Our first relationship may not be typical of all other relationships we will encounter throughout our lives. For example, if we are raised by an abusive carer and learn to keep ourselves safe by not trusting anyone, we will find it harder to enjoy relationships with kinder people who we meet later in life.

This lack of flexibility occurs partly because our first attachment relationship is also responsible for helping us learn about our emotions and how to control them. You are probably aware that people who cannot manage their emotions are not easy to mix with. They are generally not very happy and often do not manage social encounters well.

Our emotions

It is no accident that human brains can experience basic emotions from the moment of birth. This is quite extraordinary when you consider that human babies appear to be so helpless – they can hardly move and they certainly can't talk. Nevertheless, this ability to feel emotions enables them to communicate how they are feeling, in no uncertain terms!

When we are born, the part of the brain that processes emotion, the 'limbic system', is already very advanced to increase our chances of survival. The limbic system is also known as the 'mammalian brain' because it has similar functions to brains found in mammals. The cortex, or 'thinking' part of our brain, surrounds the limbic system. It is not very well developed at birth because our heads need to be small enough to enable us to be born safely. So, there is not enough room in our baby skulls for a fully developed cortex and it needs to grow and develop after we are born.

We are born able to feel emotions, but we have to wait for our cortex to develop before we can understand what we are feeling, and before we can name and control these emotions. For this to happen, neural pathways need to connect between the part of the brain that makes us 'feel' emotions and the part that understands what the emotion is and makes a plan

as to what to do about it. Without the ability to plan we would be stuck in automatic, or pre-programmed responses to emotional stimuli, such as 'fight, flight or freeze'.

Programming our brains to respond in more sophisticated ways to emotional stimuli does not happen automatically, our primary carer plays a very important role in helping us to achieve emotional literacy. The following diagram shows roughly how this takes place:

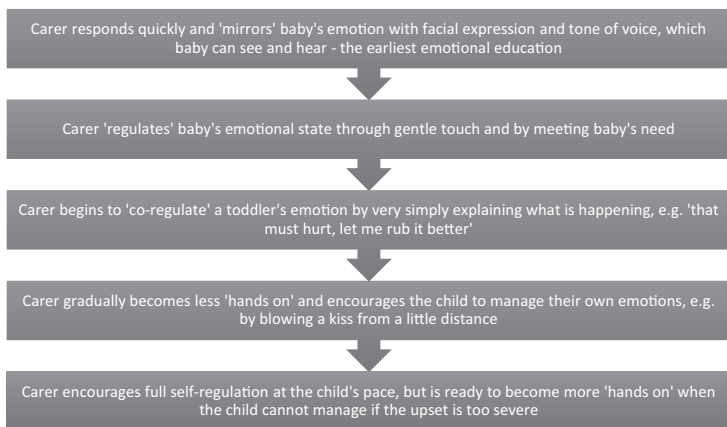


Figure 3.2 Development of emotional understanding and regulation

You can try this out for yourself. When a friend tells you about some good or bad news, your face will automatically reflect the emotion he or she is feeling. It is fleeting, but your friend's brain will notice and will feel reassured and validated by this show of empathy. Equally, if your face shows the wrong emotion, your friend's brain will notice and they will feel uncomfortable.

The same happens for babies. When they express an emotion, an 'attuned' carer will quickly respond, perhaps by picking up the baby, but certainly by engaging in eye contact and reflecting back or mirroring an expression of the emotion the baby is feeling. The carer will then meet the baby's need or calm their emotion.

‘Attuned’ carers are able to prioritise their baby’s needs over their own. They observe the baby’s behaviour and emotional state accurately, without seeing it through the lens of their own need. They are attentive without being intrusive, and respond quickly and accurately to their baby or child’s needs. Accurate reflection of emotion makes the baby feel secure, ‘validated’ as a person of worth and enables the baby to learn what he or she is feeling. Carers with a secure attachment style have been shown to engage in a particularly sophisticated form of reflection called ‘intention mirroring’ in which they subtly exaggerate their communication to distinguish it from what their baby is feeling.⁶ This enables the infant to learn that their carer is a separate being with different thoughts. No parent is perfect and we all get it wrong sometimes. Luckily babies cope very well with ‘good enough’ parents.

When Eva was little, her father was quick to pick her up when she fell over, and his face reflected the shock and fear she felt, before he changed his expression to one of care and comfort. Eva learned that though it is scary to fall over, this fear can be soothed.

If the reflected emotion is not accurate, the baby will be unsettled or fearful, depending on how big the discrepancy is, because their brain will recognise that the carer has got it wrong, has not been fully attentive. The baby will not feel ‘held in mind’. Being ‘held in mind’ is our awareness that someone really cares enough about us to notice how we are feeling and to respond appropriately.

Another important consequence will be that the baby will struggle to understand what emotions they are feeling, because of receiving this conflicting information. If they do not understand what emotions they are feeling, it will be much harder to control them and they will be prone to experiencing inaccurate or socially inappropriate emotions.

When Dan was little, his mother used to laugh at him a lot of the time. In particular, she laughed when Dan fell over and hurt himself. Dan felt shocked and hated his mother laughing at his distress. She told him that it was important not to cry or to let people know that you've been hurt. So, Dan learned to laugh when other people hurt themselves, thinking that this would help them, and in time the behaviour became automatic.

Because Dan's mother reflected back the wrong emotion, in other words not the emotion Dan was actually feeling, Dan did not feel 'held in mind' by her. This increased his sense of anxiety and decreased his sense of self-worth. He also learned to respond in a callous manner when others were hurt, which not surprisingly made him unpopular.

To recap, we learn to regulate our emotions through the relationship with our earliest carers. Initially they do it for us, gradually teaching and helping us to learn what we are feeling, and how to manage these feelings. Some carers are much better at this than others. In attachment theory, there is a name for this – we call it having a secure attachment style. In essence, this means having a good deal of social and emotional self-knowledge and self-control, such that our own emotional baggage does not get in the way of being able to focus on our baby's needs.

Learning to understand and control our emotions is not just important for raising children, but is also a vital part of being able to function effectively in social settings. Everyone has had an experience of someone losing control of their emotions and causing a problem to the people around them:

- at home, in severe forms such as domestic violence or child abuse
- in school, where it can become bullying
- in the workplace, where it can become harassment

- in social environments, where it can lead to aggression and fights and even in governments, where it can lead to disastrous policies.

No area of life, or strata of society is immune from the effects of poor emotional regulation.

Some of us who struggle to control our emotions are nevertheless able to stop ‘acting out’ what we are feeling most of the time. Others find it harder not to ‘act out’. The reason for this lies partly in the quality of care we received as infants and partly on the context or strength of the stimulus that triggers our emotion. For example, if someone threatened your child, you would most probably react to your feelings of fear and anger and do what was necessary to protect your child.

When there is a strong stimulus, our ‘mammalian brain’, the limbic system that is responsible for responding to emotional stimuli, takes over controlling our thoughts and actions. When the limbic system takes over, it dominates the brain’s activity and bypasses the cortex (the ‘thinking’ or cognitive bit of the brain). It does this because the cortex is much slower at processing information and cannot act quickly enough to save lives. The limbic system on the other hand can create an instant reaction to a stimulus, without having to think. This is called the ‘fight / flight’ reaction. During the period when the limbic system is dominating the brain, the cortex cannot function efficiently.

If you are with someone who is experiencing a strong emotion, don’t try to reason with them or explain what is happening. They will not understand because the cortex has to function in order to carry out this type of thinking.

One day Jas’s friends called for her to come out and play, but her mother said she could not go out until she helped with the washing up. Jas was furious and started screaming that it wasn’t fair. Instead of trying to calm Jas, her mother tried to explain and make her see reason.

This strategy did not work because Jas's heightened state of arousal prevented her from thinking clearly. If Jas's mother had been less preoccupied with her own struggles, she would have been more attuned to Jas's state of mind. She might have realised that she needed to show some empathy and help Jas to calm down first. Then Jas would have been more likely to understand the lesson that her mother wanted her to learn.

Strategies for managing situations in which someone is overwhelmed by emotion are dependent on the context. Keeping yourself and everyone else safe must always be paramount. Commonly effective methods for helping someone to regulate their emotions are showing empathy and comfort, just being alongside them, walking away or, if necessary, gentle challenge. Emotion dominating the brain can also be a very pleasant experience, as for example getting 'carried away' when listening or dancing to your favourite music. I don't want to give the impression that the limbic system is all bound up with doom and gloom!

Shame

During our early socialisation, we all experience an emotion known as 'shame'. Shame is important when infants are beginning to move around independently. It is such a powerful, aversive feeling, that it facilitates 'one trial learning'. In other words, you only need one experience of shame in a particular situation in order to learn the lesson from it. Shame feels so unpleasant, that we would do anything not to re-experience it.

It is called shame because the sequence of events that causes shame makes us feel that we are responsible for the problem that created it.

When infants are moving independently they can easily get into dangerous situations if their carer's attention is not fully focused on them. Dangers in our distant past may have been falling into deep water, eating poisonous berries or straying into the territory of a sabre-toothed tiger. Nowadays, typical dangers for an infant are touching a hot stove or running into the road. Shame works like this:

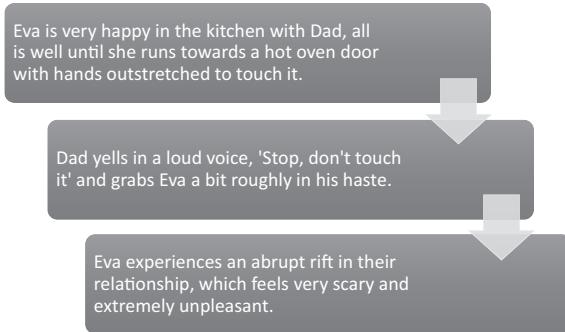


Figure 3.3 Development of shame

Eva has learned in one quick lesson to avoid a source of danger, touching oven doors.

After an incident like this, an ‘attuned’ carer will repair the relationship as quickly as possible. This will start with soothing the child. Then when the yells or tears have subsided, an explanation will be given to help cement the learning process.

Relationship repair is very important for many reasons:

- it rescues the child from the aversive experience of shame, which could otherwise last for a long time and cause low self-esteem

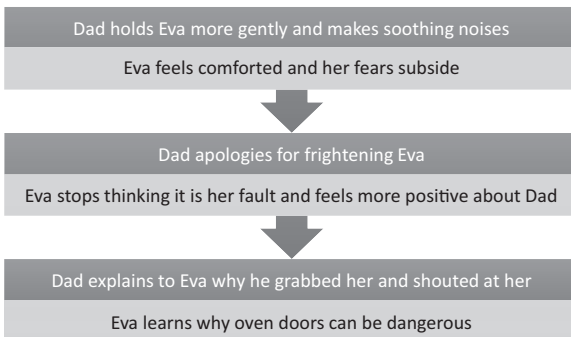


Figure 3.4 Relationship repair

- it informs the child that the incident was not their fault and prevents a deep-seated erroneous belief of being the cause of the problem
- it demonstrates that it is possible and normal to come back into harmony after a rift
- it shows the child how to heal relationships, through a process called 'modelling', in which the adult simultaneously carries out an action and explains what they are doing.

Shame and guilt

Shame is a different emotion from guilt. It is sometimes thought to be the precursor of guilt. It certainly occurs much earlier in our lives than guilt, because the experience of shame can occur without the maturing of the cortex, but guilt requires sufficient maturity of thinking to be able to empathise, or put ourselves in someone else's shoes.

A major difference between the two is our focus of attention. When we experience shame, our attention is firmly on ourselves. We feel awful, we may flush deeply and are flooded with unpleasant emotion. Our main desire is to escape from the situation that has caused us shame, to get to a place of safety. You may have heard people say 'I wanted the ground to swallow me up'.

If in our childhood we experienced relationship repair in a timely manner, we are able to experience guilt because we can regulate our emotions in difficult situations. When we feel guilt, we empathise with the plight or the feelings of the people whom we have hurt, deliberately or inadvertently. Guilt spurs us on to make amends if we can, which helps to alleviate our bad feelings. However, if we can't repair the situation, perhaps because the person has died, then guilt will linger. Unrequited guilt is a common reason why people seek counselling or psychotherapy. Sometimes people talk about feeling 'ashamed' of themselves when they feel guilty. This use of language can lead to an incorrect assumption that guilt and shame are the same.

If as a child you were left in a state of shame, and relationship repair was not carried out in a timely way, you will struggle to control your emotions in situations of conflict. If

you find that your adult response in such situations is disproportionate to the cause, it is likely that shame from your childhood has been triggered. I remember returning to work after a period of maternity leave and having to negotiate a tricky compromise with another organisation. In the meeting a senior person basically proposed a take-over. I was completely shocked and recall actually seeing red in front of my eyes. Even though I was right to disagree, my emotional response was clearly disproportionate to the situation, and moreover impaired my performance.

The attachment system

Attachment theory explains what happens in the development of our brains, particularly with regard to social and emotional competence, when we are raised with different styles of care giving. Like most theories, it takes the pragmatic option of giving as clear an explanation as possible, while trying to take account of the more complex range of options that exist in the real world. Four main ‘styles’ of attachment have been observed in infants:

- Secure
- Insecure–anxious
- Insecure–avoidant
- Disorganised

The secure and insecure styles can be called ‘coherent’ because they comprise a system that the infant has developed of relating to their carer, which almost always works to keep the infant safe. The disorganised style is so named because no coherent strategy can be developed that will reliably keep the infant safe. Most people will have a combination of attachment styles that they use at different times and in different situations.

Attachment and exploration

The attachment system is concerned with keeping the infant safe, or surviving. There is a second system concerned with

exploration of the world, which helps infants to learn about the world and develop their intellectual potential. When the attachment system is 'switched on', the infant's brain is solely focused on keeping safe. The exploratory system can only function when the infant feels safe. You may have witnessed this in a doctor's waiting room. When you walk in, a toddler who is happily playing with toys runs to her mother. After a while of sitting on mum's lap and learning that you are not a threat, she goes back to the toys. Exploration is a powerful call, infants are attracted by novelty, but it is trumped by safety.

In the next chapter, I will explore how the different attachment styles form in the infant brain and what impact each style has upon social and emotional development.

Notes

- 1 Bowlby, J. (1969). *Attachment. Attachment and Loss: Vol. 1. Loss*. New York: Basic Books.
- 2 Skinner, B. F. (1938). *The Behavior of Organisms: An Experimental Analysis*. New York: Appleton-Century.
- 3 Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- 4 For an accessible summary see Gerhardt, S. (2004). *Why Love Matters. How Affection Shapes a Baby's Brain*. London: Routledge.
- 5 Zegers, M. A. *et al.* (2008). Attachment and problem behaviour of adolescents during residential treatment. *Attachment & Human Development*, 10, 91–103.
- 6 Kim, S., Fonagy, P., Allen, J., Martinez, S., Iyengar, U. & Strathearn, L. (2014). Mothers who are securely attached in pregnancy show more attuned infant mirroring 7 months postpartum. *Infant Behaviour and Development*, 37, 491–504.

How attachment styles are formed

I once heard the eminent scientist, Susan Greenfield, say that our brains are so good at learning the skills needed for the environment they're born into, that a Cro-Magnon baby could learn to live in the twenty-first century and a baby born today could readily adapt to a pre-historic context – always supposing you could find a time machine and two mums willing to take part in the experiment. I'm not sure which would be the harder task!

The brain's preference for learning within a relationship means that each of us has grown up with a unique set of survival skills because all human relationships are different. Nevertheless, through extensive observations, John Bowlby and Mary Ainsworth identified three common patterns of 'attachment', which can be divided into one secure and two insecure attachment styles – anxious and avoidant. Later researchers¹ observed a fourth attachment style and named it disorganised, because those infants were not able to 'organise' a strategy to keep themselves safe.

Developing attachment styles in childhood

From a baby's perspective:

- **'Secure'** means 'I can leave it up to mum to keep me safe'. This is considered to be the optimal attachment style because it means the baby develops positive self-esteem and can focus properly on exploratory play, learning from and about their environment, without unnecessary interference.

- **'Insecure-anxious'** means 'I can't trust mum to be there when I need her to keep me safe so I must keep letting her know how much I need her'. This attachment style is not ideal because the mother does not pay enough attention to their child, who then learns that he or she is not valued. On the positive side, the infant has been able to learn a reliable strategy for keeping safe. On the negative side, self-esteem suffers, the infant becomes chronically anxious, because they are continually focused on keeping safe. Time and effort spent on communicating need restricts the time available for developmental learning through exploratory play.
- **'Insecure-avoidant'** means 'I can't let mum know when I'm frightened or upset because she'll go away'. This attachment style is also not ideal, because the infant learns that they are not valued. On the positive side, the infant has learned a reliable strategy for keeping safe. On the negative side, self-esteem suffers and the infant becomes chronically anxious because they never feel safe enough and having to suppress natural emotional expressions results in high levels of stress hormones being produced. Infants who develop an avoidant attachment style do appear more independent and focus their attention on exploratory play, though this focus is restricted by the attention that has to be devoted to ensuring the carer is near enough.
- **'Disorganised'** means 'I can't cope, I need my mum to keep me safe, but it's my mum who scares me'. This is the most damaging attachment style because the infant cannot work out any reliable strategy for keeping safe in the relationship with their carer. Because the brain is pre-programmed to be in a relationship with the mother (or main carer) in order to survive, the infant goes round and round in an impossible and scary spiral of confusion and fear. The only focus in life is keeping safe. This is often achieved through a process called dissociation, which is the only coping strategy available to a small infant. Dissociation is a name for the brain's method of switching off from focusing on the present, when this is too frightening or painful. Very little time or mental energy is available for learning through exploratory play.

It is useful to remember that if you read other books or papers about attachment theory, different terms may be used. In particular, the terms used to describe attachment styles for adults are different from those used to describe children's attachment styles. In this book I will use the original terms for attachment styles as these are generally better known. For quick reference, the respective terms are as follows:

Table 4.1 Labels given to infant and adult attachment styles

| Infant Attachment Styles | Adult Attachment Styles |
|---------------------------------|----------------------------|
| Secure | Autonomous / earned secure |
| Insecure–anxious or ambivalent* | Insecure–preoccupied |
| Insecure–avoidant | Insecure–dismissing |
| Disorganised | Unresolved / Fearful |

* Ambivalent refers to the child's demand for attention, but 'refusal' to be comforted by it.

Attachment styles are not inherited, but they often pass down from parents to their children. Most of us are not formally taught how to be parents; we absorb this from our own experience of being parented. For those with secure attachment styles, this is good news for their children. Research has produced varied estimates of the prevalence of attachment styles from Ainsworth's early data suggesting that about 70 per cent of people have a secure attachment style, to more recent data suggesting that less than 50 per cent have a secure attachment style.^{2,3} Estimates of prevalence of the insecure and disorganised styles vary with the population used in the research. A general rule of thumb that my colleagues and I use is:

- Secure 60%
- Anxious 20%
- Avoidant 20%
- Disorganised 10%

Clinical and research data suggest that it is possible with some form of intervention to develop a more secure attachment style. A common term for this in adulthood is 'earned

secure' attachment style. A proportion of the population of people with insecure or disorganised attachment styles do manage to achieve an earned secure attachment style.

People who develop one of the insecure attachment styles and have not resolved this are likely to pass on an insecure attachment style to their children. Although this is not ideal, many clinicians have observed that less than perfect attachment styles may prepare us for living in an imperfect world. Research has indeed shown that people raised in stressful environments are particularly good at carrying out decision-making tasks under stressful conditions.⁴ Nevertheless, having a secure attachment style is generally more beneficial for our well-being and for those around us.

Those least favoured in the parent lottery, who developed a disorganised attachment style, are highly likely to pass this on to their own children. It is possible that at some point their children will be taken into care, which provides an intervention that may help the child to develop a more secure attachment style.

It is important to note that no one is perfect. Donald Winnicott, who coined the term 'good-enough mother', wrote about the work of the ordinary good mother who provides sufficient care to raise a happy and well-adjusted child.⁵ The concept of the 'good enough parent' has been used popularly to reassure us that we do not need to make superhuman efforts to be perfect, indeed doing so would not be in our children's best interests.

I like to think of attachment styles as being on a continuum from ideal to worst, rather than as discrete boxes, in which everyone is the same. This would mean that some people develop a very secure attachment style while others may have an attachment style that is on the borderline between secure and avoidant, or anxious. Bowlby originally suggested, and current clinical experience also suggests, that we may develop different attachment styles with each of our carers.

An attachment style is the brain's programme for enabling the child to live safely in the environment in which they are born. Attachment goes 'wrong' when the environment in which a child's basic attachment style was developed differs

from mainstream culture or from the context into which they are transferred (such as foster care).

Secure attachment style

Infants who develop a secure attachment style have a primary carer who is reliably responsive and matches their response to the infant's needs, rather than their own concerns. This carer helps to soothe and regulate the infant's emotional arousal and interacts with the infant in a warm and loving manner, responding contingently to the infant's communications. In sum, this carer is able to put the infant's needs first for the majority of the time.

An infant who develops a secure attachment style will develop what Bowlby termed an Internal Working Model or programme, which says:

- the world is a safe and interesting place
- people are fun to be with
- people can be trusted to meet my needs
- I know I am of value because people 'hold me in mind'
- I know I am loved

A secure attachment develops when the carer is 'attuned' to their baby. Attunement comprises being observant and sensitive, responding quickly and appropriately to the infant's needs, before or soon after these needs are signalled. An appropriate response does not just involve dealing with a

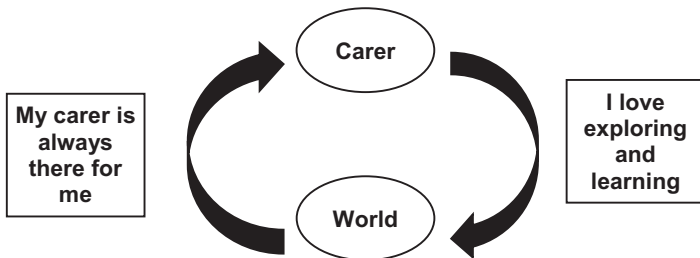


Figure 4.1 Secure attachment style

baby's physical needs, but also their social, emotional and self-development needs. In order to do this, the carer will 'reciprocate' a baby's social communications, perhaps returning a smile, copying an action, or playing a game of 'peekaboo'. Such responses may be called 'contingent' because the content of the response is fully based on the infant's communication and the underlying need that is signalled. Research has shown that babies as young as two months are sensitive to whether or not their mothers' responses are reciprocal.⁶ A carer is able to be 'attuned' to their baby when they do not have intense personal or emotional needs that distract them from being able to focus sufficiently on their baby's needs.

Eva's mother adored her babies and was fascinated and delighted by their development and their achievements. She radiated calmness and love and Eva basked in this warm, nurturing context. Eva did not need to cry very often to communicate her needs, such as being hungry or having a dirty nappy, because her mother reliably attended to her needs. At her first birthday party, a balloon burst near her and she cried bitterly in shock. Her mother immediately scooped her up and held her close, murmuring soothing words until she calmed down a little. Then, as Eva started to listen she said, 'Poor Eva, what a loud bang, you're so scared. But it's alright now, the balloon can't hurt you'.

Eva's mother was skilled at detecting her daughter's emotion and in knowing how to calm and then reassure her. When Eva was older, her mother explained about balloons, so that she would not develop an unnecessary fear of them, but at one year, this lesson was a bit too complex for Eva to learn.

Eva developed a secure attachment style because she could rely on her mother to meet her needs and truly be a secure base from where she could explore the world. She did not have to spend time or emotional energy worrying about

the availability of her secure base. As a result, Eva could confidently spend a lot of time and energy exploring her world, playing and developing her social and cognitive abilities.

A child who develops a secure attachment style will develop an internal working model, or 'programme', which tells them that:

- they are a person of worth, whom other people value
- others can be relied upon to help
- other people will respond to them
- they can influence their world
- they can explore the world, confident that they have the resources to cope.

This child will also learn to identify the emotions they experience and how to control or regulate these emotions. They will develop confidence and resilience in social interactions, and will be interested in, sensitive and empathic towards other people. Secure attachment equips a child to fulfil their own potential without manipulating other people. You may also come across another term used in psychology for fulfilling your potential – 'self-actualisation'.



Figure 4.2 Pyramid of personal fulfilment

Insecure–anxious attachment style

A baby develops an insecure–anxious attachment style when their carer is not able to be fully attuned to their needs. The carer is responsive some of the time, but cannot be relied upon to respond when the infant needs them. The carer may be good at meeting the child's needs when they notice them, but too often the parent is overwhelmed with other preoccupations and does not notice the child's signals of need or distress and so does not respond in a timely way. The carer may also not accurately perceive the child's emotional state and provide an insensitive or intrusive response that does not meet the child's need. All carers are distracted at times. A child will only develop an anxious attachment style when their carer is so unresponsive that the child cannot rely upon the carer to respond.

With such unreliable care, the infant develops a strategy of communicating need more often than they actually experience it in order to ensure that their carer's attention is focused upon them, so that when they really do have a need, the carer will notice and will respond. Even when the parent does respond the child continues to signal need and does not appear to be soothed. This may result in a child who is very clingy and cries a lot for attention. Sometimes the phrase 'attention seeking' is used, but a less pejorative, more accurate term is 'attention needing'. This attachment style is sometimes called 'ambivalent' because the child asks for the carer's attention but does not appear to be comforted by it. They are rarely sufficiently confident of their carer's attention to be able to switch off their attachment system.

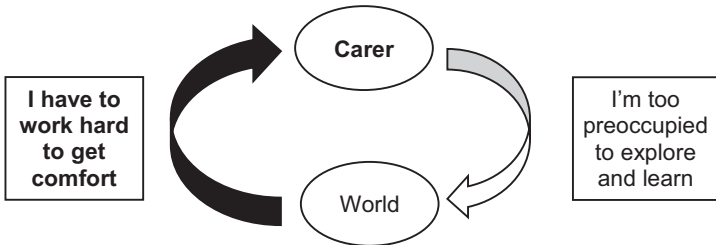


Figure 4.3 Anxious attachment style

When Jas was a baby, her mother was ‘good enough’ at attending to her needs. When Jas cried, her mother would pay attention, unless distracted by her older children, and would find out whether Jas was hungry or tired and would respond appropriately. However, when Jas’s father became ill and was diagnosed with cancer, her mother became very distracted and much less responsive. Jas was used to mum responding eventually to her cries for attention, so she started crying louder and more frequently. Even when her mother did attend to her, she kept on crying for a while and would not be comforted easily.

Children whose carers are distracted and only occasionally able to respond to their needs may discover that looking after their carer is a way of getting their attention. This is far from ideal because the child has to suppress their own needs in order to attend to the carer.

Continuously sending out signals of need means that the ‘attachment system’ in the brain is switched on for long periods of time. This is undesirable for a number of reasons. First, the child will be experiencing anxiety and the release of anxiety related hormones. Second, the child is not engaging in exploratory play, which is important for physical and mental development. Third, the child learns that their needs are not a priority and this will have a negative impact on self-esteem and self-efficacy. Fourth, the child is developing a style of interacting with others that will communicate a high level of need. The consequence of this may be that others find them irritating or that they are seen as vulnerable, with the associated risk of being exploited.

An infant who develops an insecure–anxious attachment style will develop an Internal Working Model, which tells them that:

- the world is an uncertain place
- people cannot be relied upon to meet my needs so I have to make sure this happens

- I do not have high value because people do not reliably 'hold me in mind'
- I have to work hard to get people to like or love me.

Insecure-avoidant attachment style

Infants develop an avoidant attachment style when their carer becomes more distant rather than closer as the infant expresses need, for example by crying. It is as if the parent is scared of or overwhelmed by the child's need and so must retreat from it. When a carer moves away from a child who is expressing emotions, the child learns to suppress external signals of their inner feelings in order to ensure that the carer does not go further away from them when they need them most. Some children learn that attending to their carer's needs enables them to maintain a greater level of closeness to their carer. In both of these situations, the infant does not get their needs fully met and they have to learn to manage their own distress.

The child appears to be content and to have a placid personality. But an important lesson is missed out. At a time when their brain is laying the foundations of their personality, these infants do not learn:

- to recognise emotional need
- to accept emotional need as valid
- how to soothe or manage their emotions

Bowlby originally thought that this presentation was the optimal one, because the child never cried. This is why in

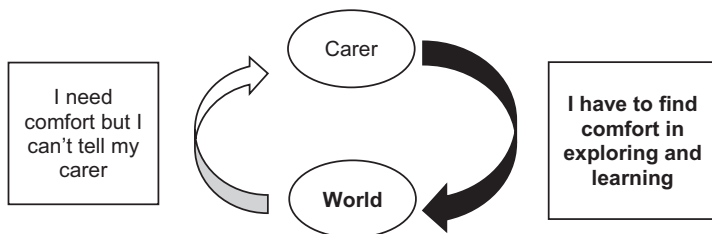


Figure 4.4 Avoidant attachment style

some academic papers on attachment theory avoidant attachment is labelled 'A'. What we now recognise as secure attachment was labelled 'B' or the 'next best one' and the anxious/ambivalent attachment style was labelled 'C' and assumed to be the least desirable state of affairs because these infants cried the most. As a mother of three children, I do have some sympathy with Bowlby's view that the ideal situation with babies involves the least crying!

Table 4.2 Bowlby's original classification of attachment styles

| | | | |
|---|--------------|---|-------------------|
| A | Placid Baby | Doesn't cry, even when mum leaves the room | Insecure-avoidant |
| B | Content Baby | Cries loudly when mum leaves the room but is comforted by her return | Secure |
| C | Upset Baby | Cries a lot of the time including when mum leaves the room and is not comforted by her return | Insecure-anxious |

However, we now know that suppressing the expression of need comes at a high cost. Children who display avoidant attachment styles have been found to secrete at least the same levels of 'stress' hormones as children who show signs of distress but with the added disadvantage of not being soothed. This is not good for physical or emotional development. The child endures this discomfort because it is even more distressing to have their carer at a distance.

When Dan was only a few weeks old he started crying a lot and was very difficult to comfort. The midwife said he was a 'colicky' baby. His mother was worried about handling him and received little support from her husband. Although she didn't realise it at the time, Dan's 'refusal' to be comforted made her feel like a failure as a mother. She didn't know what to do with him and his crying soon became very aversive to her.

She didn't want to risk harming him, so she would leave the room to get away from the noise. Dan learned after a while that his mother would stay in the room if he didn't cry, so eventually he stopped crying, even when he was hungry or frightened.

Although infants and children who have an avoidant attachment style may appear content because they rarely cry or protest, if you look carefully you can see a kind of watchful wariness in their expression. The child is continually monitoring and trying to control their parent's proximity because this cannot be relied upon. This is different from the relaxed posture, expression and spontaneity of a child with a secure attachment style, who is confident that their carer will respond to their need.

Watchfulness hinders the child from engaging fully in the exploratory play that is vital for physical and cognitive development. The child learns that their needs are not a priority and this will have a negative impact on self-esteem. Not surprisingly, the child learns to be self-reliant and fears rejection. Indeed, the projection of independence and self-sufficiency, which may appear 'aloof', puts people off and makes it harder for them to acquire friends. As a consequence of their attachment style, the child either does not, or is slow to develop the social skills needed to maintain healthy relationships, because the cost of rejection is perceived to be too great.

An infant who develops an insecure-avoidant attachment style will develop an Internal Working Model, which tells him that:

- the world is an unsafe place
- if people get close to me they will reject me
- I cannot rely on others to help me or meet my needs
- I do not have high value because people do not reliably 'hold me in mind'
- I am not loveable

Disorganised attachment style

The term disorganised is used to indicate that it is not possible for the infant to develop an 'organised' strategy to keep safe, unlike infants with an insecure attachment style who manage to 'organise' a consistent strategy of constantly signalling or suppressing signs of need to keep their carer as close as possible.

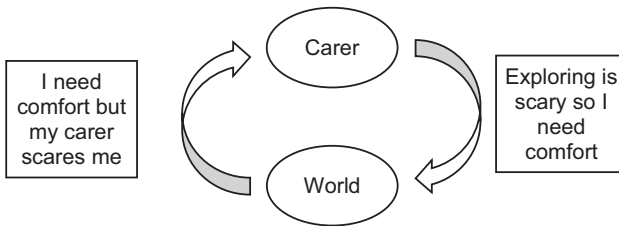


Figure 4.5 Disorganised attachment style

Infants who develop a disorganised attachment style are in a 'double bind' situation because their carer is both the 'hardwired' source of safety and the source of harm or danger. The type of harm may be active, in the form of abuse, or passive through being scarily unavailable due to drug use or serious mental health problems. Either way the infant is caught in an impossible spiral of being harmed by their carer but still instinctively turning to the carer for comfort.

Children who have a disorganised attachment style have their attachment system switched on almost permanently. The fear and vigilance involved is like walking down a dark alleyway, expecting someone to jump out of a doorway at any moment and knife you in the back. Clearly, this attachment style is far from ideal. However, the brain develops it in order to keep the infant safe in the environment in which he or she is being raised.

When Zac was little, he was left alone for hours without attention. Sometimes he cried for his mother, but would

then remember that she had frightened him. This made him very confused and he simply didn't know what to do. Sometimes he just lay passively, sometimes he became very angry and screamed, but he couldn't make his mother care for him. His brain needed to find a way of keeping him safe, so, when he got older, he found ways to make his mother react. Sometimes he would throw things at her, once he found some needles and broke them. In response, his mother became very angry and hit him. He didn't like this, but it felt safer than being ignored. Also, he felt safer because he was in control and was getting a reaction from his mother.

In order to survive, Zac learned to take control and provoke his mother because the alternative of passively accepting the situation felt far worse to him. Having learned a strategy for survival at an early age, Zac used it everywhere, even when it was counterproductive, such as at school or in foster care. The brain creates a basic template for the whole of the child's life, it is not easy to change it. Zac varied the way in which he took control. Sometimes he was confrontational, and he actively bullied children at school. Sometimes he charmed people into doing what he wanted them to. Both strategies had the fundamental aim of keeping him safe by controlling people around him. But, whatever he did, deep down Zac was constantly afraid.

Sadly, a child with a disorganised attachment style will have little time for exploratory play and is likely to struggle at school, because of difficulties in concentration, social and cognitive underdevelopment and low school attendance.

An infant who develops a disorganised attachment style will develop an Internal Working Model, which tells him that:

- the world is dangerous
- people are scary and unpredictable
- people will harm me if I do not take control

- I am of no value to anyone
- I know what fear is but I'm not sure of any other emotions.

Multiple attachment styles

Bowlby suggested, and more recent research has supported, the idea that we develop a different attachment style with each person who forms a significant part of our early life.⁷ Through our first relationships, the brain is learning the 'rules of living', how to keep safe and cope effectively with whatever we will encounter in life. So, developing different attachment styles with adults who behave differently makes great sense, it maximises our learning and chances of survival. It also means that our behavioural repertoire can be broader and more adaptive to different circumstances.

Eva is very fortunate in her family and the secure attachment style she developed. Zac's experience falls towards the negative end of the range of experience for most children in the UK and the USA, but he did benefit from one positive relationship during his early years, which has laid the foundation for the development of an alternative attachment style. Jas and Dan were luckier than Zac and have experienced less severe levels of adversity. They also benefitted from some positive relationships in early life, and developed a secondary more secure attachment style. So, although Dan keeps others at a distance, even people who could be good mates, and Jas has a tendency to express need too often, which alienates some potentially valuable colleagues and friends, both of them have been able to develop greater trust of others than might be expected, given their attachment styles.

Before we move on to look at how different attachment styles develop in adulthood, this is a good point to repeat that even

though there are four distinct attachment styles, the people who fall within each one are not identical to each other. Each person will have had different levels of adversity and varied positive experiences in their lives. Other factors will make a difference, as well, individual differences such as temperament, personality, ability and health will affect how resilient we are, and how easily we can adapt to different circumstances and learn to behave in new ways. Contextual factors such as the social, cultural and political environment and socioeconomic status will affect what resources are available to help us overcome early adversity.

Notes

- 1 Main, M. & Solomon, J. (1986). Discovery of an insecure-disorganised /disorientated attachment pattern. In T. Berry Brazelton & M. W. Yogman (eds). *Affective Development in Infancy*. New York: Ablex Publishing Corporation.
- 2 Ainsworth, M. D. S., Blehar, M. C., Waters, E. & Wall, S. (1978). *Patterns of Attachment: Assessed in the Strange Situation and at Home*. NJ: Erlbaum.
- 3 Konrath, S. H., Chopik, W. J., Hsing, C. K., & O'Brien, E. (2014). Changes in adult attachment styles in American college students over time: a meta-analysis. *Personality and Social Psychology Review*, 18(4), 326–348.
- 4 Mittal, C., Griskevicius, V., Simpson, J., Sung, S. & Young, E. (2015). Cognitive adaptations to stressful environments: When childhood adversity enhances adult executive function. *Journal of Personality and Social Psychology*, 109, 604–621.
- 5 D. W. Winnicott (1973). *The Child, the Family and the Outside World*. London: Penguin.
- 6 Bigelow, A. E. & Rochat, P. (2006). Two-month-old infants' sensitivity to social contingency in mother-infant and stranger-infant interaction. *Infancy*, 9, 313–325.
- 7 See Mikulincer, M. & Shaver, P. R. (2016). *Attachment in Adulthood*. New York: The Guilford Press.

Attachment styles in adulthood

Adult attachment styles

A large amount of research has been carried out by psychologists to explore the impact of attachment style on adults' social communication and emotional regulation. Indeed, two key researchers, Professors Mario Mikulincer and Phillip Shaver have written, 'The rapid acceptance of our ideas methods and research findings has resulted in a large and sprawling research literature that, we suspect, is no longer familiar to any one person'.¹ I agree with them, and will do my best to let you know what I think are the most helpful findings from research.

Mikulincer and Shaver's ideas about adult attachment were influenced by an anthropological theory developed by Sarah Hrdy.² She proposed that humans developed a hard-wired attachment system because they lived in a co-operative system in which mothers had a lot of help in rearing their babies, and so were able to carry babies who grew much larger brains. Her main argument is as follows:

- It's costly in terms of time (several years) and food (a child eats 13 million calories until they can find their own food!) to rear infants with big brains.
- Mothers can't do it alone even with a father, because not enough children would live to enable the species to survive, they need additional helpers.
- Helpers look after the infants when they are weaned, which frees up 'breeding mothers' to have more children and enables more babies to survive.

- Babies must signal attachment needs to the helpers in order to maximise survival chances.
- All adults, not just mothers, would need to be 'hard wired' to respond to babies' signals of need.

These practices still work today. A research study in the US has found that babies of young adolescent mothers are more likely to develop a secure attachment style if a supportive grandmother is helping.³

Mikulincer and Shaver argue that a major implication of Hrdy's theory is that we are able to modify our attachment style throughout life. In other words, we are not necessarily stuck with an unhelpful attachment style but can change it. In order to change something, we need to understand it, to work out what needs changing and how it will make our lives better.

Eva does not need to change her attachment style; it is already optimal and helps her to deal effectively with problems in her life. However, she would still benefit from understanding how it impacts upon her life and how other people are affected by their attachment styles.

Dan would benefit from changing his attachment style but he doesn't recognise that he has a problem; he currently thinks life would be better if more people were like him.

Jas does recognise that her life would be easier if she didn't get so anxious and emotional, but she doesn't know the reason why this happens.

Zac recognises that he has a lot of problems, both internal within himself and external. He knows these are linked to his childhood, but he doesn't fully understand in what way, and assumes it is because he is a bad person.

Understanding adult attachment styles

Attachment style develops in infancy and has a profound impact on our emotions and behaviours throughout life. It provides a template or framework for understanding our social world in order to keep us safe. In adulthood, our increased experience of relationships and social communication improves our ability to assess whether situations are safe or dangerous. We also develop a wider repertoire of responses to perceived threat and are able to find more attachment figures and build support networks to act as 'secure bases'.^{4,5,6,7,8} Table 5.1 provides some examples.

Although our attachment system is designed to keep us safe and is only activated at times of threat, our attachment figures provide more for us than just safety. Interactions with attachment figures generate happiness; enable us to cope with life's stresses and to have the confidence to seek out more attachment relationships. Having a secure attachment relationship with a romantic partner reduces negative beliefs about people who are not part of our social circle, which enhances our ability to engage in exploratory behaviours and widen our social networks.^{9,10} This research focuses on romantic partners, but my experience is that other people with whom we form secure attachment relationships have the same positive impact.

Secure (autonomous or earned secure) attachment style

Adults who developed a secure attachment style in infancy and have retained this into adulthood are often referred to as

Table 5.1 Adult attachment behaviours

| <i>Behaviours</i> | <i>Examples</i> |
|---|--|
| Older children and adults acquire more attachment figures, often teachers, close friends, romantic partners, colleagues, clergy and even pets | <i>My adult children often text asking me to send a recent photo of our dog, Teddy, but they don't want photos of me or their dad!</i> |
| In primary school, children begin to prefer friends to parents for comfort. This preference remains, except at times of significant change or need | <i>I was clearly a late developer in this respect, friends didn't become significant until secondary school!</i> |
| Adolescence and early adulthood is a key time for seeking out new attachment relationships to support us in our increasing activities away from our biological families | <i>Relationships made at this time are often key ones throughout life. Friends from my university days, even though I don't often see them, have a special place in my heart</i> |
| Adults find new attachment figures throughout their lives, and choose the best ones for a particular need | <i>For many years an ex-partner, who knew me well, was my main attachment figure at times of crisis</i> |
| Celebrities or fictional figures are used as attachment figures | <i>I've definitely used Strider/Aragorn from the Lord of the Rings for this purpose!</i> |
| People of different faiths can experience their God as an attachment figure, and often join religious groups which become a 'secure base' | <i>My church provides an important and reliable support network for me</i> |
| Our network of 'attachment' figures changes and grows through our lives. We build social networks which operate as secure bases such as ante natal groups, sports clubs and our workplace | <i>My National Women's Register (NWR) group is another of my support networks</i> |
| Adults do not need their attachment figures to be physically present to be effective | <i>Emails and text messages from friends work well for me</i> |
| Adults are more able to self-soothe without needing an attachment figure except at times of high threat such as serious illness or job loss | <i>Just knowing friends are there if I really need them, calms my anxiety and raises my self-esteem so I have the energy to deal with a threat</i> |
| Adults alter their appraisal of threat and response to it if an attachment figure is not physically available | <i>Sounds like me and spiders, if my husband is home I yell for him, if I'm alone I keep calm and either leave the room or find a glass and piece of card to trap and remove the spider!</i> |

‘autonomous’, indicating that their actions are not driven by hidden emotional need. Adults who had an insecure or disorganised attachment style in childhood, but who have been able to change this to a secure attachment style, are often referred to as having an ‘earned secure’ attachment style. This indicates that the emotions that supported an insecure or disorganised style have been addressed so that they no longer exert a hidden influence. Although there will still be some influence from the earlier attachment style, adults with an earned secure attachment style are able to manage their emotions and behaviours in a similar fashion to adults who are autonomous. For the sake of clarity and consistency, both groups will be termed ‘secure’.

Adults with a secure attachment style are confident that their attachment figures or secure base will be available when needed, so they do not need to spend unnecessary effort ensuring that this resource is available. They also do not neglect them or put strain on them by being needy. Relationships with attachment figures are kept in good repair and are enjoyed, such that they are more likely to want to help when needed. Secure adults also have self-worth and believe they are valued by others, so they do not doubt that others want to help when needed. They are also sensitive to others’ needs and rarely ask for help unnecessarily. The securely attached person can:

- choose appropriate attachment figures
- recognise own and others’ distress
- recognise and respond appropriately to requests for help
- deal with own need using problem-solving and self-soothing strategies
- ask for help when other strategies are not sufficient.

Having self-worth has many benefits, such as the ability to form close and supportive relationships and to pursue personally meaningful activities, which lead to fulfilment, contentment and inner peace. This sounds amazing and I’m wondering why 60 per cent of the people I meet aren’t glowingly self-actualised? Most people I know have worries galore!

Of course, the answer is that life gets in the way of fulfilling our dreams. Putting other people first means that though you could spend a few years trekking to Outer Mongolia, or pursuing a goal to become the greatest film director of the century, you prefer not to desert your loved ones by depriving them of your company, your salary and lifts to school.

It is hard to think of drawbacks of having a secure attachment style. Some psychologists consider it may not be the perfect preparation for living in an imperfect world, in which not everyone can be trusted. It may be hard to recognise when others are being manipulative.

Eva experienced difficulties at work when a locum GP, George, kept arriving late for the surgeries he was covering. He told her it was due to his child's chronic illness, and she was very sympathetic. She still supported him when her colleagues became exasperated. In the end, the practice nurse discovered that George arrived late on the mornings when he ran an early clinic at a private hospital. Eva had been too trusting; luckily her colleague was appropriately suspicious.

Anxious (preoccupied) attachment style

Adults with an anxious attachment style are likely to have developed this in infancy, and have not yet been able to resolve their earlier emotional issues. This style develops when attachment figures are not reliably available or responsive, so the infant develops a basic strategy of expressing need much of the time in order to ensure the carer will be available when needed. Adolescents and adults increase the range of methods for expressing need and ensuring the availability of their attachment figures. Mikulincer and Shaver call these 'hyper-activating strategies' because the process involves increasing the frequency, duration and intensity of attachment signals. Basically, this means communicating a

high demand for care and attention from attachment figures and may comprise:

- exaggerating levels of threat or need and minimising ability to cope
- begging for help one moment, then if this is not given, becoming angry and aggressive
- not being calmed when help has been given, but finding something else to complain about to ensure the continued attention of the attachment figure
- trying to become so close to an attachment figure as to almost merge with them
- demanding high levels of agreement because differing opinions are seen as a threat to the desired merger with the attachment figure.

Although the strategy is aimed at strengthening relationships and ensuring loving and attentive partners/friends, these very behaviours can be experienced as irritating and offensive and increase the risk of relationship breakdown. Unfortunately, when this rejection occurs, it can set up a vicious cycle of lowered self-esteem and greater need, which in turn leads to an increasing use of the same hyper-activating strategies that created the relationship difficulties in the first place. This is tragic because people with an anxious attachment style are just desperate to be loved, and if their needs are ever met can have fulfilling relationships.

Another difficulty associated with this attachment style is caused by the nature of our memories. Memory often acts as a network of related events. For example, when we're feeling sad, we're more likely to recall unhappy events in our life. Because people with an anxious attachment style are often worried, they tend to recall more worries or times when they were anxious. Even when they have dealt with the main worry of the moment, others will 'come to mind', which maintains a sense of insecurity. They seem to have an almost bottomless pit of worry, and find it hard to let go and relax despite the best efforts of an attachment figure. Some partners/friends will find this very frustrating; others may be able to find ways of coping.

One of her colleagues jokes that Jas doesn't need to study for any higher qualifications because she already has a PhD in worrying!

Achievement is also adversely affected by the amount of time devoted to ensuring safety. Not enough energy is left over for 'exploratory' activities such as studying, developing job related skills, engaging in community activities or networking, which all contribute to forms of achievement. This is a pity because these are life enhancing and provide a different perspective that counter balances an excessive self-focus. All too often the ultimately satisfying goal of self-actualisation remains far distant.

The ability to control emotions does not mature in people who have an anxious attachment style because the focus is on getting others to do this job, rather than learning self-soothing techniques. This can have a negative effect on physical and mental well-being and result in chronic health problems.

On the positive side, people with an anxious attachment style can be very loving, caring and giving. Indeed, this is what they want to be. They are also very good at detecting when others are not interested or are unhappy with current events and they are willing to face this head on, even if it involves disagreement or conflict.

Avoidant (dismissing) attachment style

Adults with an avoidant attachment style are also likely to have developed this in infancy, in relationship with a carer who became more distant, physically or emotionally, when their child expressed need, and who emphasised the importance of self-reliance. The infant's fundamental strategy for surviving and getting their basic attachment needs met in such a relationship is to stop giving outward signals of need in order to keep their carer as close as possible. They may also have learned that caring for their own carer helped them

to maintain a greater degree of closeness. Gradually, the infant would learn to become very self-reliant.

In adolescence and adulthood, these strategies extend in range and have been named ‘de-activating strategies’ in Mikulincer and Shaver’s model. Essentially, de-activating strategies involve suppressing attachment needs or, when they cannot be denied, avoiding asking for help. Reliance on other people is a terrifying prospect for someone with an avoidant attachment style, because this is deeply associated with losing an attachment figure or secure base, which in infancy would mean failure to thrive. De-activating strategies are the ones that maximise psychological distance at the same time as maintaining a relationship. The goal is not to avoid people, but to feel safe while getting attachment needs met, which might be achieved through caring for others. These strategies may comprise:

- avoiding situations where self-disclosure or mutual reliance is required
- avoiding, where possible, emotional involvement with other people
- denying attachment related thoughts and feelings
- maintaining the illusion of self-sufficiency by avoiding thinking about any personal weaknesses or fears.

Sadly, these strategies, which are basically aimed at getting attachment needs met, interfere with forming the types of relationships that would provide the comfort and safety that is fundamentally desired. Instead, so much effort is put into denigrating normal psychological inter-dependence, that reasonable expressions of need are seen as excessive. As a result, people with an avoidant attachment style have difficulties, which they do not admit even to themselves, in sustaining satisfying relationships. Ironically, people with an avoidant attachment style are often approached by people with an anxious attachment style. The phrase, ‘opposites attract’, based on the notion that each can fill a deficit in the other, definitely doesn’t apply to anxious and avoidant attachment styles, which are rarely compatible in the long term.

At university, Dan paired up with Suzie, a girl who was so desperate to have a boyfriend, that she put most people off. At first, she and Dan got on well because he went along with what she wanted. However, she soon started to doubt his feelings for her and suggested that he should call her and organise their dates. When Dan failed to do this, Suzie became anxious and started making more demands. Dan in turn became less responsive and did not answer her texts. Suzie wasn't put off; she went to Dan's flat and shouted at him for being so inconsiderate. Dan retreated into his room and Suzie finally got the message.

Memory networks will support the avoidant attachment style through burying memories of difficult events or emotional need, thus enhancing the illusion of being completely self-sufficient, able to survive without others.

Although people with an avoidant attachment style tend to engage in exploration activities that are associated with high achievement, career progression can be limited due to difficulties in forming relationships and co-operating with others in the work place. In all but the most solitary occupations, relationships with others are important for success.

Suppressing signs of emotional need, such as fear, anxiety or loneliness, means that there are few opportunities to learn how to control emotions, or to detect when emotions are becoming dangerously high. So, when emotions become heightened, there is a high risk of sudden loss of control. People with an avoidant attachment style also have extreme difficulty acknowledging tensions in relationships and they avoid dealing with conflict.

On the positive side, people with an avoidant attachment style are good at focusing on work and will get practical tasks done. They can suppress their own needs while working in order to be more efficient and productive and can cope in lonely occupations where others would struggle without

companionship. They are also less likely to be vulnerable to domineering or seductive manipulation.

Disorganised (fearful) attachment style

Adults with a disorganised attachment style are likely to have developed this in infancy, or possibly as a result of a major trauma in adult life. Their primary carer is simultaneously a source of safety and a source of threat, and so the infant cannot find a strategy for getting the comfort they need. They are caught in a vicious spiral: 'Fear → Approach Carer for Comfort → Fear'. They resort to taking control as a way of trying to avert negative consequences or at least being able to predict outcomes, even if they don't get what they really want. People with a disorganised attachment style make use of both 'hyper-activating' and 'de-activating' strategies in an apparently random or chaotic way because they cannot find a consistent strategy to get their attachment needs met. They tend to create very negative representations of others and have low expectations of them, they have low levels of empathy and their relationships often become conflicted or violent. This can result in:

- approach (fight) behaviours, including domestic violence, which can quickly change into avoidance (flight) behaviours because they are trying to get their needs met while avoiding rejection or abuse
- paralysed inaction or withdrawal (freeze) behaviours
- heightened emotional states, similar to PTSD, with intrusive memories despite attempts to forget, because they are rarely able to de-activate their attachment system
- a simultaneous desire for loving, supportive relationships whilst feeling compelled to maintain distance.

Clearly these strategies are counter-productive and do not enable supportive relationships to form in which attachment needs can be met. Despite the fact that they crave closeness, they are unable to sustain stable and supportive relationships with partners or children. Frequently they will inflict

the abuse they experienced in childhood upon those closest to them – their partners and children.

Memory is affected because early experiences are traumatic and often reappear in the form of intrusive flashbacks. These create a heightened state of anxiety, fear and hyper vigilance.

This state of mind has a very negative impact on achievement. They are unable to devote sufficient time and effort to exploratory activities and often leave school early without achieving any basic qualifications. Cognitive development and learning suffer, so this source of potential help is blocked. Care giving and social networking activities are negatively impacted upon by their negative opinion of others and low levels of empathy.

Emotions are constantly too heightened for constructive self-soothing strategies to be learned, and instead there is frequently a reliance upon alcohol or drugs to self-medicate the intolerable levels of negative emotion they experience.

Zac learned that alcohol could numb his feelings. Although he hated drugs because of his mother, he was persuaded to be courier for a gang, thinking they were his friends and were helping him out. He needed the money for rent but spent it on alcohol instead because his emotional pain was more pressing.

There are a few positive aspects of having a disorganised attachment style, including perhaps, being resilient in situations that most people would find intolerable. People with this style are also very sensitive to others' emotional needs, even though they may use this awareness to manipulate people for their own ends.

Taking action

The next part of this book is designed to help you to gather the information needed to identify your predominant attach-

ment style. This will give you greater understanding about your emotions and behaviours, and will provide a map for guiding you on a path of change.

Notes

- 1 Mikulincer, M. & Shaver, P. (2016). *Attachment in Adulthood*. New York: The Guilford Press. 2nd edn. p. 4.
- 2 Hrdy, S. B. (2006). Evolutionary context of human development. the cooperative breeding model. In C. S. Carter, L. Ahnert, K. E. Grossmann, S. B. Hrdy, M. E. Lamb, S. W. Porges & N. Sachser. *Attachment & Bonding: A New Synthesis*. 92nd Dahlem Workshop Report. MIT Press.
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- 9 Mikulincer, M. & Shaver, P. R. (2007). Boosting attachment security to promote mental health, prosocial values and intergroup tolerance. *Psychological Inquiry*, 18, 139–156.
- 10 Feeney, B. C. & Thrush, R. L. (2010). Relationship influences on exploration in adulthood: The characteristics and function of a secure base. *Journal of Personality and Social Psychology*, 98, 57–76.



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PART 2

Taking action
Mapping my inner life



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Family history and the genogram

A genogram is a type of family tree, used by many social and health care professionals, to map out relationships within family groups. There are common conventions about layout and symbols to use, to facilitate clear communication between professionals. A genogram can help you to detect patterns in your family that are relevant to your well-being.

The more you know about your birth family and the early environment in which you were raised, the more potential you have to understand your difficulties. Research suggests that the first three years of life are a ‘critical period’ for developing our attachment style, which acts as a kind of ‘template’ for understanding emotions and relationships.¹ Most people will have at least some sources of information about this period of their life. In this chapter I will suggest more routes to discovery and show you how to create your own genogram, which is useful for helping to understand relationships in your family, the context in which your attachment style was formed.

However, before you begin to create a genogram, I recommend that you use the assessment flowchart in Exercise 6.1 to see if some of your difficulties can be simply and swiftly identified and dealt with. The flowchart leads you to explore whether there are possible external causes for the difficulties you are experiencing that you could change, and to assess whether or not changing these factors makes a significant positive difference.

Here’s an example of how exploring the different factors in a problem can help you find a good solution. Some causes of sleeping badly are:

- an uncomfortable bed
- drinking caffeine in the evening
- reading from a computer screen at bedtime.

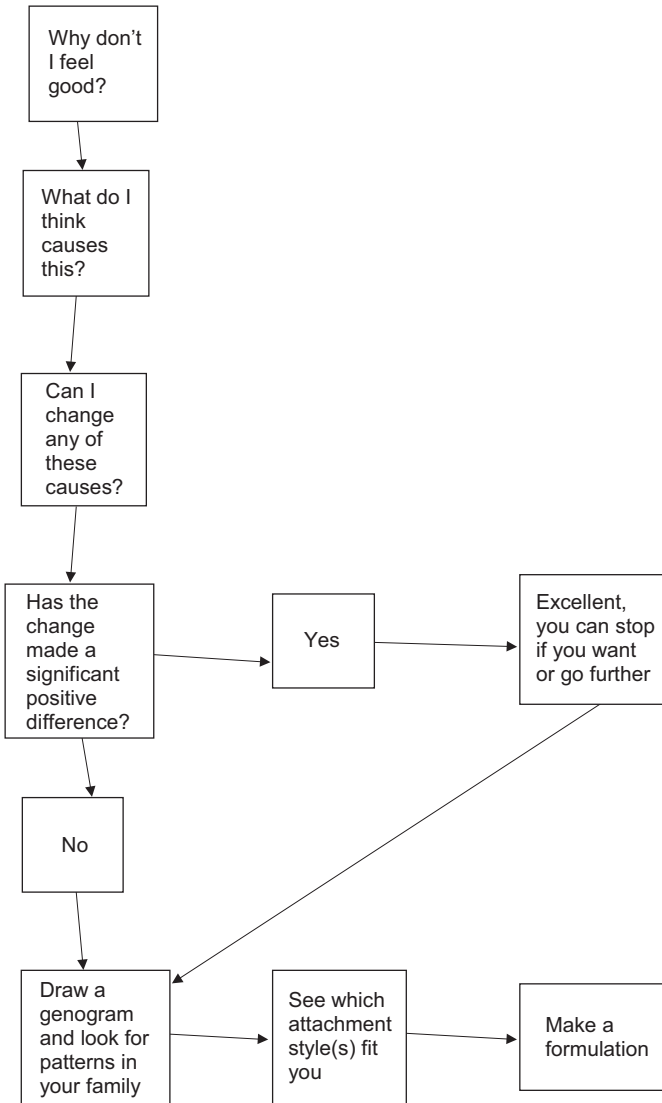
You might not be able to afford a new bed, or you may be in rented accommodation where this isn't possible. Your job may require you to look at your laptop at night, but you could probably stop drinking coffee in the evening. If you make a change you then need to keep it up for a couple of weeks to see if it makes a significant difference to the quality of your sleep.

This exercise may not solve all your difficulties (though when we sleep better other problems often disappear or become easier to manage) but it will help you to see any remaining concerns more clearly. Hopefully it will enable you to focus on the issues that are harder to sort out.

Why is family history important?

Few of us have formal parenting classes in which we learn how to care for children. Most people parent their children in the same way they were raised. Even with the intention to be different, everyone brings to parenting some elements of their own upbringing. I was adamant that I would never fob my children off with the phrase, 'Because I say so'. Did I manage to avoid it? Sadly not!

Patterns of parenting, good, bad and indifferent, are often passed down through the generations, although most children can observe and learn healthy relationship patterns in other environments, for example in their extended family, at school or in a social group. Other children may be less advantaged in this respect, but have other resources, such as a 'sunny temperament', which leads others to respond to them in a warm and friendly way. (Some research suggests that children with a difficult temperament particularly suffer with poor parenting, but benefit more from good parenting²). Most of us, however, need help to recognise and understand our own maladaptive patterns of behaviour. This understanding forms a foundation for making changes.



Exercise 6.1 Assessment flowchart

Without an understanding of the impact of our own upbringing we are likely to repeat it, for good or ill. Although our brains can adapt to different circumstances, it is difficult to change unhelpful patterns in relationships without gaining some insight into how and why the original pattern was formed. Learning more about our family history will help us to identify how we were treated as infants, what impact this had on our emotional development and what we learned about ourselves, other people and how to behave in relationships.

Discovering our family history

There are many ways of discovering information about our family history as there are individuals, but here are some suggestions. The best source of information is to ask family members. This may not be possible or it may be difficult if they don't want to answer your questions. You may also fear asking, there may be an unspoken 'taboo' against talking about certain people. If so, you could try an indirect way of finding out such as asking about family possessions connected to your history.

Family friends, or anyone who knew you as a child, possibly a favourite teacher or school nurse, are worth trying to contact. If you had a social worker, there will be records of your life, possibly a life story book, that you have the right to consult. In the UK, the Freedom of Information Act provides a channel for accessing data about yourself, including medical and credit agency records.









Photographs are another useful source of information, particularly for clues about emotions and quality of relationships. Photos may also be a good prompt for other people's memories about your childhood. Videos or family films can also provide a rich source of information.

Most important will be your own memories, which lie deep and can be difficult to access. However, once you start the journey of discovery, this in itself will prime relevant memories. Some particularly potent memory triggers are smells and sounds, especially music. You might also be able to visit the home or neighbourhood where you were raised and any places you went for holidays or outings.

What do I do with this information?

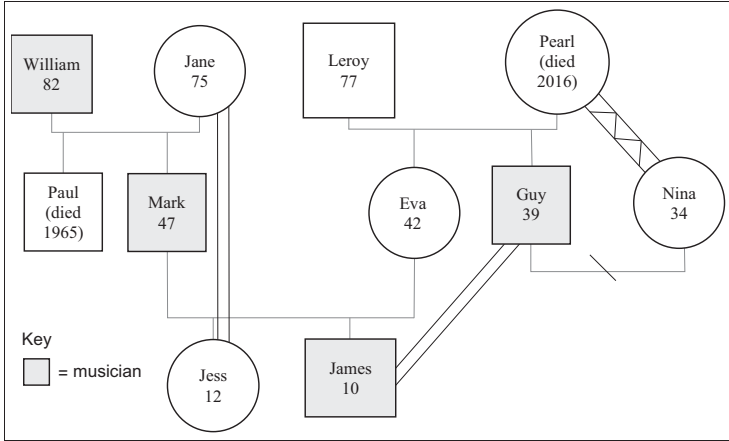
When I listen to information from clients in therapy, I am looking for patterns that will give me a clue about their early experience, particularly those aspects that have led to current difficulties, but also the aspects that have provided strength and resilience. I find the best way to do this is to draw a genogram of the family history on a large sheet of paper, A1 or flipchart size. The paper doesn't have to be that big but it helps if you have a complex family or a lot of information to include. You can also create a genogram on a computer. It is possible to draw one using a basic word program, but this takes time and is quite fiddly to do. There are specialist programs, which help, but you may have to pay for them.

The main difference between a genogram and a family tree is that conventional 'rules' are used for drawing a genogram, for example, males are identified by a square box and females by a circle. This doesn't feel intuitive to me so I have to remember it by thinking 'men are squares'. You can use any form of code or symbol you like in a genogram, but if you think you may want to consult a therapist at some point, it will be helpful to get used to commonly used ones:

| | |
|-------------------------------------|---|
| Male person |  |
| Female person |  |
| Marriage or civil partnership |  |
| Long term relationship |  |
| Divorce |  |
| Separation |  |
| Close relationship |  |
| Conflicted (difficult) relationship |  |

Exercise 6.2 Genogram symbols

Below is Eva's genogram (Exercise 6.3), drawn using some of these symbols with a basic word program.



Exercise 6.3 Eva's genogram

Starting at the top left hand side, William and Jane are married and have two boys, Paul and Mark. Paul died when he was a child. Moving across the page, Leroy and Pearl were married but Leroy was widowed in 2016. They have two children, Eva and Guy. Going down one level, Mark is married to Eva, and Guy is married to Nina, but they are currently separated. Going down another level, Mark and Eva have two children, Jessica and James. On the genogram, close positive relationships are marked between Jessica and her grandmother, Jane, and between James and his Uncle Guy. A difficult or conflicted relationship is marked between Guy's wife Nina and her mother-in-law, Pearl. Nina's struggle with her mother-in-law led to difficulties in her relationship with Guy.

In addition to the basic genogram you can include any other information you think is relevant, for example:

- health status
- education and employment history

- separations and divorces
- family rifts or feuds

Make sure the key information is clearly visible. If there is a lot to include, you could use colour coding and shading on individuals who share the same characteristic. For example, William, Mark, Guy and James are all musicians, so their squares have been shaded in to indicate a connection. You could include a key to the genogram on which the meaning of shading or colours is given, rather like a key to symbols used on a map.

Once you have drawn the genogram, you can start using it to look for different types of information about your family. This is the main context in which you grew up and it has had a very big influence on how you are now. Types of information about your family members that could be important are:

- similarities and differences in general behaviour (e.g. outgoing, introverted, open-minded, intolerant)
- how relatives cope with threat (e.g. harassment at work, financial difficulties)
- how they cope with normal transitions in life (e.g. starting a new job, having children, moving house)
- how they cope with unexpected major changes (e.g. serious illness, losing a job, bereavement)
- how current behaviour is affected by family history and parenting styles (e.g. strict, relaxed, encouraging, uncaring, abusive).

The next level of information to look for is an explanation of how people's (including you) current behaviour has been shaped by their family history. This can include information from inside the family and from their external context. In the example above, William and Jane were both born during the Second World War, and William would have been old enough to have been evacuated, or sent away from his birth family to live with a foster family in a safer part of the country. Leroy and Pearl were both born in Jamaica where there were high levels of poverty and food shortage after the Second World War. All these factors will have had a direct impact on

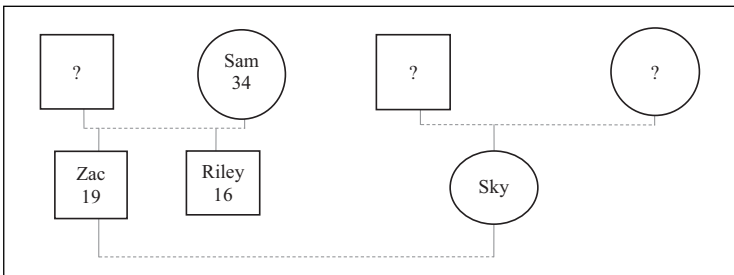
how they developed psychologically and emotionally, as well as an impact upon how their parents functioned, and the type of care they received.

Do you remember I wrote at the beginning of the book, ‘It’s not your fault’? You may learn from the genogram that it’s not actually anyone’s fault. Pearl and Nina’s difficult relationship could have been averted if they had understood more about themselves and each other:

Pearl was affected by poverty as a child and always considered it was important not to waste food. When Pearl developed Parkinson’s Disease, this concern became more pronounced. Her daughter-in-law, Nina, suffered from bulimia as a teenager and still struggles to eat normally. One of her strategies is to leave some food on her plate, which in Pearl’s view is a sin. Nina is ashamed about her eating difficulty and has never told her husband or her mother-in-law about it.

If Nina could talk to Guy about her eating problems they might be able to repair their relationship.

Eva’s genogram was fairly simple, partly because aunts, uncles and cousins were not included due to lack of space, but Zac’s is even simpler because he knows so little about his family:



Exercise 6.4 Zac’s genogram

Social services hold a great deal of information about Zac's family, so he can access this if and when he wants to, and add information to his genogram. He could add a line indicating a conflicted relationship between himself and his mother, and possibly between himself and his brother Riley.

Mapping the territory

When you have created your genogram and looked at the information it contains, including repeated patterns, make lists of all the information you consider to be significant for you. Then, using the next chapter, you can start to work out your attachment style, which will provide some understanding of the emotions and behaviours that cause you difficulty.

Notes

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Working out my attachment style

Using the information gained about your family history and the patterns detected in your genogram, you can now begin to work out your predominant attachment style, which developed in your relationship with your mother, or whoever was your primary carer, from birth to three years.

Eva's mother, Pearl, went back to work part time after each maternity leave, but she ensured her children were well cared for at nursery. She and Eva's father were loving and attentive parents, but as Pearl spent more time caring for the children, Eva developed her primary attachment style with her mother.

Although the attachment style we develop with our primary carer will be the most profound, we can develop attachment relationships with more than one person and so develop a more complex template for dealing with life. The strength of each attachment style will be affected by the importance of the relationship and the amount of time spent with the person.

Zac's mother had one friend who was always kind to Zac. When he visited, he played with Zac and made him feel special. Sometimes he brought Zac a small gift.

This relationship was a powerful contrast for Zac, it gave him a taste of being valued and of being able to trust someone. It gave him a sense of self-worth, that had mostly been absent in his life and it modified his disorganised attachment style template to include the rule that some people can be trusted. This increased the range of possible types of relationship that his brain recognised. As a result, he was sometimes able to resist rejecting or exploiting people who were kind or placed trust in him.

Quick estimate of your attachment style

You can do a very quick estimate of your attachment style using brief descriptions of the four main attachment styles identified by Bowlby, Main and their colleagues. Bartholomew and Horowitz pioneered this methodology with positive results.¹ You can find their original questionnaire online or in their research paper.

In Exercise 7.1, I have created brief descriptive statements for each attachment style. You simply decide which statement most accurately describes your relationships *in general* with other people. Like everyone, your confidence will vary in different situations, but for an assessment of attachment style, it is most helpful to think of how you behave at times when you're less sure of yourself, or where there is an element of stress or threat. Such occasions might be moving house, a job interview, a large social occasion where you don't know anyone, or making a complaint about a service you have received. In the third column I've put the names of my four characters, beside the primary attachment style that they have each developed.

If you'd like to have your attachment style calculated online, there are various ways of doing this. The quickest and simplest of these is Fraley's Online Attachment Questionnaire, which you can find using a search engine like Google, or with this url: www.web-research-design.net/cgi-bin/crq/crq.pl

Chris Fraley is a distinguished research psychologist who has many publications and a wealth of knowledge about attachment styles. On this website, Fraley offers two options,

| | | |
|------------------------------|---|-----|
| Secure (Resolved) | I am confident about my own abilities to cope with most of what I experience in life and I believe that I am important to my family, friends and colleagues. I am able to offer comfort and help when people around me are in need and although I am very capable of sorting myself out, I have no difficulty in asking for help when I need it. | Eva |
| Anxious (Preoccupied) | I do not feel confident that I can cope with the difficulties in my life by myself. I often feel so overwhelmed with worry that I need to ask for help or seek reassurance from people who are close to me. I even worry that they do not care about me. Sometimes I get angry if I think they are not giving me the help I need, or worse, are planning to leave me. | Jas |
| Avoidant | I am a strong person, I do not get hurt or upset, and I feel confident that I can cope with life by myself. I think people who want to have close relationships are very needy. Although I enjoy people's company, I would hate to become dependent on anyone and I do not allow people to depend on me. | Dan |
| Disorganised | I like being in close relationships but I find it hard to trust people and only feel comfortable when I'm in control. If I think a partner is behaving badly towards me I may become abusive or walk out in order to teach them a lesson. Unpleasant and scary thoughts often come into my mind at these times. | Zac |

Exercise 7.1 Attachment style vignettes

a brief assessment and a more in-depth assessment. The second option takes longer and requires you to provide some personal details. There is no cost for either option.

There are some drawbacks to assessment based on self-report. We may struggle to be really honest in our responses, or we may not have accurate knowledge, at least consciously, of our feelings and behaviours. However, the alternative forms of assessment require an expert to carry them out, and you would need to consult a therapist experienced in using attachment theory to obtain such an assessment. Even then, the assessor relies on what you tell them, but they do have knowledge, experience and expertise, which contribute to a more reliable assessment. Nevertheless, for the purposes of trying to understand our own difficulties, self-report assessment is a good starting point.

Attachment style assessment in a wider range of relationships

Our behaviours do not follow the same pattern in different categories of relationship. With increased exposure and confidence in the different roles we take on in our lives, we become more confident in some of these activities than in others. It is therefore helpful to look at a wider range of relationships when trying to work out our predominant attachment style. I have created a brief questionnaire that enables you to work out your dominant and subsidiary attachment styles.

This questionnaire is first printed with no responses in, for you to use. It is then repeated four times, with the responses of Eva (secure), Dan (avoidant), Jas (anxious) and Zac (disorganised). You can compare your responses to theirs to work out which attachment styles are affecting the various relationships in your life. Remember to use the information gained from creating your genogram to help you decide on your responses. This isn't the sort of questionnaire when your first 'instinctive' response will necessarily be the most accurate, so take your time.

| Attribute | Mostly | Often | Some-times | Rarely |
|--|---------------|--------------|-------------------|---------------|
| Romantic Relationships | | | | |
| I trust my partner | | | | |
| I'm uncomfortable when a relationship starts to become serious | | | | |
| I worry that my partner doesn't love me enough | | | | |
| I sometimes feel very angry with my partner | | | | |
| Parenting My Children | | | | |
| I'm afraid I will hurt my children | | | | |
| I find it easy to soothe my baby | | | | |
| I don't know what to do when my baby cries | | | | |
| I don't always notice when my baby cries | | | | |
| Friendships | | | | |
| I often share my worries with my friends | | | | |
| I don't stick with one group of friends for long | | | | |
| I have close friendships | | | | |
| I keep my friends at arm's length | | | | |
| Work Relationships | | | | |
| I talk to my colleagues about my private life | | | | |
| I share my troubles with my colleagues | | | | |
| I can't work with people I don't like | | | | |
| I have good relationships at work | | | | |
| My Parents/Carers* | | | | |
| I enjoy spending time with my parents/carers | | | | |
| I only visit my parents/carers out of a sense of duty | | | | |
| Spending time with my parents/carers makes me feel anxious | | | | |
| When I think about my childhood I become overwhelmed by difficult emotions | | | | |
| * Main carers in your childhood | | | | |

Exercise 7.2 My attachment style questionnaire

Secure attachment style

In the UK and the USA, the most common attachment style is secure. This is good news for the people who have a secure attachment style and for everyone else too. People with a secure style are most adaptable and most skilled at developing and sustaining mutually beneficial relationships. You probably have an element of secure attachment style, which is enabling you to try and understand some of your emotions and behaviours.

A secure attachment style will underpin a belief that you are of value in the world and that other people can generally be trusted to behave supportively towards you. Overall you will have a predisposition to like other people and to form good relationships. You will also have the self-confidence, empathy and flexibility needed to sustain mutually supportive long-term relationships with partners, friends and colleagues. Your parenting will mostly be Playful, Accepting, Curious and Empathic (PACE)² and you will not fear closeness with your children or blame them unfairly for your own anxieties.

Eva, who has a secure attachment style, would have filled out the questionnaire as in Exercise 7.3.

Avoidant attachment style

This attachment style feels particularly British to me – ‘stiff upper lip’ – perhaps because I grew up with sayings like this:

- Don't wear your heart on your sleeve
- Keep your chin up
- Don't make a mountain out of a molehill
- Don't make a scene

They make an excellent instruction manual for developing social anxiety! In essence they mean that you can't trust other people to have your best interests at heart so you must repress any expression of your true feelings. I'm pleased to say there are signs that this emotionally repressive attitude is becoming less common. When I was younger, I particularly

| Attribute | Mostly | Often | Some-times | Rarely |
|--|---------------|--------------|-------------------|---------------|
| Romantic Relationships | | | | |
| I trust my partner | E | | | |
| I'm uncomfortable when a relationship starts to become serious | | | | E |
| I worry that my partner doesn't love me enough | | | | E |
| I feel angry with my partner | | | E | |
| Parenting My Children | | | | |
| I'm afraid I will hurt my children | | | | E |
| I find it easy to soothe my baby | E | | | |
| I don't know what to do when my baby cries | | | E | |
| I don't notice when my baby cries | | | | E |
| Friendships | | | | |
| I often share my worries with my friends | | | E | |
| I don't stick with one group of friends for long | | | | E |
| I have close friendships | E | | | |
| I keep my friends at arm's length | | | | E |
| Work Relationships | | | | |
| I talk to my colleagues about my private life | | | E | |
| I share my troubles with my colleagues | | | E | |
| I can't work with people I don't like | | | | E |
| I have good relationships at work | E | | | |
| My Parents/Carers* | | | | |
| I enjoy spending time with my parents/carers | E | | | |
| I only visit my parents/carers out of a sense of duty | | | | E |
| Spending time with my parents/carers makes me feel anxious | | | | E |
| When I think about my childhood I become overwhelmed by difficult emotions | | | | E |
| * Main carers in your childhood | | | | |

Exercise 7.3 My attachment style questionnaire – Eva

liked the Beatles' lyric in 'Hey Jude' about fools making the world colder, which was a great antidote and enabled me to feel positive about sharing my feelings.

If you developed a predominantly avoidant attachment style as a child, you will steer clear of closeness with others, believing that you are self-sufficient, but underneath that belief is actually a fear of negative consequences. You will rarely ask for help, but try to deal with your own problems. You will also dislike other people's attempts to get close to you, fearing that they will make a lot of demands that you could do without.

You may be able to keep some relationships going long term, but these are unlikely to be close. You will be wary of showing your true feelings, fearing that this may show up weakness on your part and that you could be ridiculed. Other people may be drawn to you, but you will keep them at arm's length, perhaps being surprised that they like you. If your avoidant style is extreme, you may try to steer clear of relationships altogether. Your parenting will be driven by fear of not understanding or being able to meet your children's needs and demands. You will teach them to be self-reliant from an early age by becoming distant or retreating in response to their expressions of need or distress.

Dan, who has an avoidant attachment style, would have filled out the questionnaire as in Exercise 7.4.

Anxious attachment style

If you have developed a predominantly anxious attachment style, you will live with the fear that your attachment needs will not be met and you will constantly ask others for help and reassurance. The extent to which you will be able to suppress this will be dependent on the severity of your childhood experience. You will have a very strong desire for closeness with others to ensure your needs are met, but sadly some of the things you do to try and achieve this will put people off forming relationships with you, or undermine those you already have.

You may be quite intrusive in your relationships with others, particularly your children, telling them how to live

| Attribute | Mostly | Often | Sometimes | Rarely |
|--|--------|-------|-----------|--------|
| Romantic Relationships | | | | |
| I trust my partner | | | D | |
| I'm uncomfortable when a relationship starts to become serious | D | | | |
| I worry that my partner doesn't love me enough | | | | D |
| I sometimes feel very angry with my partner | | | | D |
| Parenting My Children | | | | |
| I'm afraid I will hurt my children | | | | D |
| I find it easy to soothe my baby | | | | D |
| I don't know what to do when my baby cries | D | | | |
| I don't always notice when my baby cries | | | | D |
| Friendships | | | | |
| I often share my worries with my friends | | | | D |
| I don't stick with one group of friends for long | | | D | |
| I have close friendships | | | | D |
| I keep my friends at arm's length | D | | | |
| Work Relationships | | | | |
| I talk to my colleagues about my private life | | | | D |
| I share my troubles with my colleagues | | | | D |
| I can't work with people I don't like | | | D | |
| I have good relationships at work | | D | | |
| My Parents/Carers* | | | | |
| I enjoy spending time with my parents/carers | | | | D |
| I only visit my parents/carers out of a sense of duty | D | | | |
| Spending time with my parents/carers makes me feel anxious | | | | D |
| When I think about my childhood I become overwhelmed by difficult emotions | | | D | |
| * Main carers in your childhood | | | | |

Exercise 7.4 My attachment style questionnaire – Dan

their lives in various ways, rather than helping them to find their own solutions. This will be driven by your anxious inability to focus on what they really need, accompanied by a strong desire to solve their problems quickly so you can return to dealing with your own insistent worries.

Your parenting will be affected by your difficulty in suppressing your own needs, particularly during times of stress, and prioritising those of your children. They will learn that their needs are not reliably met and they may also constantly express their own need. Alternatively, they may sense your irritation when they ask for your attention and stop expressing their needs. They may also resort to offering you help in order to keep your attention focused on them.

Jas, who has an anxious attachment style, would have filled out the questionnaire as in Exercise 7.5.

Disorganised attachment style

If you have developed a predominantly disorganised attachment style, you will have learned early on that people cannot be trusted and in order to stay safe, so you need to be in charge at all times. You may control other people through being charming and seductive, or being violent and aggressive, but the aim will be the same. You need to be confident that you are in charge of what happens next in your life, whether this brings good or bad consequences, because if you are not, your fear of abandonment will surface. This fear is deeply rooted and very hard to shift.

You have a desire for closeness with others, but life has taught you that when you get close to people bad things can happen. So, you alternate between seeking out and building relationships, which you can be very good at, and then withdrawing or sabotaging them. If you have children living with you, your parenting will probably be scarily inconsistent. Your children may love you, but will definitely be afraid of you.

Zac, who has a disorganised attachment style, would have filled out the questionnaire as in Exercise 7.6.

| Attribute | Mostly | Often | Some-times | Rarely |
|--|---------------|--------------|-------------------|---------------|
| Romantic Relationships | | | | |
| I trust my partner | | J | | |
| I'm uncomfortable when a relationship starts to become serious | | | | J |
| I worry that my partner doesn't love me enough | J | | | |
| I sometimes feel very angry with my partner | | | J | |
| Parenting My Children | | | | |
| I'm afraid I will hurt my children | | | | J |
| I find it easy to soothe my baby | J | | | |
| I don't know what to do when my baby cries | | | J | |
| I don't always notice when my baby cries | | J | | |
| Friendships | | | | |
| I often share my worries with my friends | J | | | |
| I don't stick with one group of friends for long | | | J | |
| I have close friendships | J | | | |
| I keep my friends at arm's length | | | | J |
| Work Relationships | | | | |
| I talk to my colleagues about my private life | J | | | |
| I share my troubles with my colleagues | J | | | |
| I can't work with people I don't like | | | J | |
| I have good relationships at work | | J | | |
| My Parents/Carers* | | | | |
| I enjoy spending time with my parents/carers | | | J | |
| I only visit my parents/carers out of a sense of duty | | | J | |
| Spending time with my parents/carers makes me feel anxious | J | | | |
| When I think about my childhood I become overwhelmed by difficult emotions | | | J | |
| * Main carers in your childhood | | | | |

Exercise 7.5 My attachment style questionnaire – Jas

| Attribute | Mostly | Often | Sometimes | Rarely |
|--|--------|-------|-----------|--------|
| Romantic Relationships | | | | |
| I trust my partner | | | | Z |
| I'm uncomfortable when a relationship starts to become serious | | Z | | |
| I worry that my partner doesn't love me enough | | | Z | |
| I sometimes feel very angry with my partner | Z | | | |
| Parenting My Children | | | | |
| I'm afraid I will hurt my children | Z | | | |
| I find it easy to soothe my baby | | | | Z |
| I don't know what to do when my baby cries | Z | | | |
| I don't always notice when my baby cries | | | Z | |
| Friendships | | | | |
| I often share my worries with my friends | | | Z | |
| I don't stick with one group of friends for long | Z | | | |
| I have close friendships | | | | Z |
| I keep my friends at arm's length | | Z | | |
| Work Relationships | | | | |
| I talk to my colleagues about my private life | | | Z | |
| I share my troubles with my colleagues | | | | Z |
| I can't work with people I don't like | Z | | | |
| I have good relationships at work | | | Z | |
| My Parents/Carers* | | | | |
| I enjoy spending time with my parents/carers | | | | Z |
| I only visit my parents/carers out of a sense of duty | Z | | | |
| Spending time with my parents/carers makes me feel anxious | Z | | | |
| When I think about my childhood I become overwhelmed by difficult emotions | Z | | | |
| * Main carers in your childhood | | | | |

Exercise 7.6 My attachment style questionnaire – Zac

Help – I fit more than one attachment style . . .

It is possible that in certain contexts of your life, your attachment style does not affect how you behave. You may have learned a ‘professional code of conduct’, which guides your behaviours and replaces your customary mode of relating to people. There may also be contexts in which you have acquired a secure attachment style. This is a really good development and can be used to help you to think about what would be needed to develop a more secure style in other areas of your life.

It is not uncommon to fit more than one attachment style. Many people have had close relationships with more than one carer during their early childhood. These relationships may be with each parent/carer, siblings, other relatives, family friends or day care staff. Infants can distinguish variations in the quality of care and do respond differently to different carers so it is not surprising that they can develop more than one attachment style.

Dan had a very sympathetic English teacher who encouraged him to express his feelings. He discovered that he liked poetry and started writing poems, which became a safe outlet for his emotions.

Dan learned from this relationship that it was sometimes ok to express feelings and he learned that it felt good. This was enough to enable him to risk sharing his feelings with Erin as their relationship developed.

Jas’s paternal grandparents looked after her for two weeks every summer and visited her family throughout the year. Jas loved being with them and felt like a princess because they always responded quickly and

lovingly when she needed them. As a consequence, her behaviour with them became less needy and she was able to relax and have fun.

Jas learned that she was a person of value and that some people could be relied on to understand and respond to her needs, so she didn't have to work hard all the time to be noticed. It was helpful that Jas's needs had been reliably met before her father's illness, so she had an underlying template of being loveable.

Having more than one attachment style may feel confusing at times, but overall it is definitely a bonus as it increases our repertoire and our adaptability in life.

Attachment and autism

If none of these attachment styles seem to fit you, it is possible that something else may be causing your difficulties. There are some similarities in the types of emotional and behavioural difficulties experienced by people who have an insecure or disorganised attachment style, and people who are on the autism spectrum.³ If you feel that you are 'different' from other people and you struggle in new situations or places where there are a lot of people, it is possible that you may have an autism spectrum condition. The core difficulty experienced by people on the autism spectrum is understanding social communication. If you want to explore this further, there are many books and easily available resources on the Internet, particularly YouTube videos. Lee Wilkinson's recent book, *Overcoming Anxiety and Depression on the Autism Spectrum. A self-help guide using CBT*, provides a brief and easy to read explanation of the key characteristics of autism. It is also an excellent resource book.

Being on the autism spectrum does not mean, however, that you will not be influenced by the type of parenting you received. You may still find it helpful to work out your attachment style. Research suggests that being on the autism

spectrum is highly associated with having an insecure (particularly avoidant) attachment style.⁴ Interventions designed for people with attachment difficulties have been found to be helpful for those on the autism spectrum.⁵

Formulating your psychological map

In the next chapter I will guide you in carrying out what psychologists call a ‘formulation’. This is a theory based description of your life, including your strengths and difficulties, which can provide a foundation for deciding which changes might be beneficial for you, and providing a guide to how best to achieve these.

Notes

- 1 Bartholomew, K. & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226–244.
- 2 Golding, K. S. (2017). *Everyday Parenting with Security and Love: Using PACE to Provide Foundations for Attachment*. London & Philadelphia: Jessica Kingsley.
- 3 Moran, H. (2010). Clinical observations of the differences between children on the autism spectrum and those with attachment problems: The Coventry Grid. *Good Autism Practice*, 11, 44–57.
- 4 Lau, W. & Petersen, C. C. (2011). Adults and children with Asperger syndrome: Exploring adult attachment style, marital satisfaction and satisfaction with parenthood. *Research in Autism Spectrum Disorders*, 5, 392–399.
- 5 Hudson, M., Dallos, R. & McKenzie, R. (2017). Systemic-attachment formulation for families of children with autism. *Advances in Autism*, 3, 142–153.

Putting it all together

Formulating my psychological map

Now you've worked out your dominant and other attachment styles, you can start to create your own personal map or formulation as a guide to help you make any changes you wish to in your life.

A psychological formulation brings together a person's behaviours, thoughts and feelings in different contexts and cultures with the psychological theories that help us to understand why they occurred in the first place and what maintains them. The purpose of the formulation is to enable understanding of our difficulties and the creation of a psychological intervention that will help. A formulation also focuses on personal strengths with the aim of helping to support and preserve what is working well and what helps you. An important part of a formulation is checking out whether or not it is valid or correct. A common way of doing this is to see whether an intervention suggested by the formulation works. If it does not work, this provides extra information to add to the formulation. A new understanding and course of action may then be indicated. This process can continue for as long as needed. Some formulations work very well first time, but most go through a cycle of intervention and reformulation at least once.

We all carry out types of formulation as we seek to find meaning in our own and others' lives, particularly when we encounter difficulties or behaviours that distress us or are difficult to understand. The extras I am suggesting that you add to this process are:

- To do it in a purposeful and systematic way.
- To use attachment theory to help deepen your understanding.
- If you make changes on the basis of your formulation, check whether they're helpful.
- If intervention doesn't help, add this information to your formulation and continue the process until you're satisfied with the outcome.

A formulation is often drawn as a complex diagram, such as the 'hot cross bun' formulation used in cognitive behavioural therapy, or as a flow chart, with optional branches, like the diagnostic diagrams on medical websites. Sometimes a mnemonic is used as a guide, which helps ensure quality and consistency, such as in the 'Five Ps' formulation:

| | |
|-----------------------|---|
| Presenting factors | A full description of a particular difficulty or set of problems and the impact on your life and those around you |
| Predisposing factors | What makes you vulnerable / What has caused your difficulties |
| Precipitating factors | What has triggered this particular episode |
| Perpetuating factors | What makes you repeat problematic behaviours, or what stops you from changing them |
| Protective factors | Personal strengths and supportive people or networks that help you avoid difficulties or overcome them |

Exercise 8.1 Five P's formulation

Another method you may like is narrative formulation or 're-storying', in which you can describe in story format, what has led to your difficulties, re-writing the story to include your strengths and provide an ending that you want to work towards. Stories are very powerful for providing explanations and as agents for change. In narrative form, you can sometimes make clearer links between different factors and

you can more easily include information about the personal meaning of different elements. A colleague and I used this approach when we assessed each other's attachment styles. I have to say that she created a much better story for me than I did for her; I'm more at home with diagrams or maps.

The most important element of a formulation must be that it helps you to make sense of your life, and that you can understand how clever your brain has been in trying to protect you, keep you alive and help you to thrive in the world into which you were born. Before we move on to the practical bit of actually creating a formulation, I want to briefly remind you how amazing our brains are.

Our amazing brains – attachment and exploration

Our ability to feel emotions comes from a part of our brain that is sometimes called the 'mammalian' brain, because we share that part of our brains with mammals. This part of our brain is fully functional at birth, whereas the 'thinking' or more advanced parts don't fully mature for several years.

It can help to have a picture of the structure of the brain in your mind as you think about what it does. You can find many diagrams of the brain on the Internet, but a very quick and easy 3D diagram, pioneered by Dan Siegel, can be found in your own fist.¹ Make sure you tuck your thumb underneath your fingers:

The fingers curving over the top represent the 'cortex', or 'human' brain. This part does the clever thinking, and is responsible for advances in human life.

The thumb tucked under the fingers represents the 'limbic system' or 'mammalian' brain. This part experiences emotions and when danger is close can override the cortex and make the body act quickly – 'Fight/Flight/Freeze' – to protect us from danger.

The wrist represents the 'brain stem' or 'reptilian' brain. This part runs the complex automatic systems in our bodies such as breathing, blood circulation and waking up from sleep. It keeps the body alive without the need for us to think about it.

The part of the cortex that makes plans and organises our lives is positioned behind our eyes and nose and between our ears. That is so clever. Much important information comes through our senses, particularly information concerned with keeping safe. Vision, smell and hearing are key sources of information, such as the sight of a deep hole, the smell of smoke, or the subtle sound of menace in a tone of voice. During the first months of life, our brains develop a pathway from this part of the cortex to the limbic system. This link is important for understanding and controlling emotions.

Two of the major functions of our brains are:

- 1 Attachment System – keeping us alive
- 2 Exploratory System – developing thinking skills and learning about our world

A key fact about keeping safe is that our brains learn how to do this in the context of our relationship with our primary carer, usually our mother. Humans are social animals and cannot easily survive outside the ‘pack’. Learning how to keep safe through our relationship with our mother ensures that we learn the correct information for keeping safe in our own social as well as physical environment. Getting the rules wrong can be a matter of life and death.

The brain’s preference for learning within a relationship means that each of us has grown up with a unique set of survival skills because all human relationships are different. Nevertheless, through his extensive observations, Bowlby identified three common patterns of ‘attachment’, which can be divided into one secure and two insecure attachment styles – anxious and avoidant. The ‘disorganised’ pattern was recognised later on by Main and Solomon. You can read detailed descriptions of these attachment styles in Chapters 4 and 5.

Learning and developing are just as important to keeping safe, indeed learning can help us to avoid dangers, but it takes time for this system to develop, so the attachment system is the one that dominates the brain in early life and later in times of extreme perceived danger.

Our brains develop and learn when we engage in ‘exploratory play’. Exploration happens throughout our lives from

making mud pies to learning the rules of a game like football. Play is so important that the brain makes it enjoyable to ensure we do lots of it, especially when we're young.

Clever as they are, our brains can't multi-task these two systems, so when the attachment system is switched on, we can't learn because the exploratory system is switched off. Think of it as a power saving device, because the attachment system needs all the energy it can get to keep us alive. It is really important to remember this because when we are experiencing intense emotions, we do not learn. For example:

If your child runs into the road you are likely to grab her and shout to let her know why this is so dangerous. No matter how loud you say it, your child cannot learn why it is dangerous until she has calmed down and the 'thinking' part of her brain is switched on again.

Our brains need help to adapt the attachment template to changes in our lives. This may be because for much of the past two million years the human species has been around, the social environment we were born into probably remained the same throughout life. Also the attachment template is created before we become verbal, so it is less easy to detect and alter it once we start thinking in words.

If we continue to live in the context in which our attachment style was created, we will not experience significant difficulties. However, in our culture socially acceptable behaviour is based on a secure attachment template. So, if we have a different attachment style, we are at a disadvantage when we move out of the micro-context in which our attachment style formed. This is a key reason why many of us have times when we don't feel good. It isn't because our brains aren't as clever as happier people's brains, it's because our amazing brains did a brilliant job in the context in which they were born. Our amazing brains can, with a little help, make the necessary adjustment to a different reality. Creating a formulation is a helpful part of this process.

Creating my formulation

I like using the term 'psychological map' to indicate that a formulation can be used as a navigational aid, like a road

map or satnav, to guide you with regard to where you have come from, where you are, where you want to go and how to get there. If you feel creative, you can design your formulation to fit your own information and your personal taste. For example, you could have fun thinking of the voice you would choose for a satnav formulation. It could be someone you know, a good friend, perhaps, or a celebrity. I thought of Bill Nighy's sultry voice, but decided that would be too laid back for the purpose, then I felt that Frances McDormand would hit the right note of compassion and 'no nonsense'.

The most helpful way to learn how to create a formulation is to see different examples. First of all, in Exercise 8.2 there is an example of a problem analysed in detail using a logical step-by-step process:

Step One

Decide what difficulty you are going to choose. It's much easier that way than trying to put everything into your first formulation. You might for example decide on problems with close friends. Be as clear and specific as you can. For example, instead of:

'Alice used to be really keen on going out for a drink but now she hardly ever has time for me'

narrow it down to:

'Alice didn't respond to my texts or phone call last night'.

Step Two

Describe how this makes you feel, what you do as a consequence, and how it affects your life. For example:

'Yesterday I really wanted to ask Alice what to do about my boss at work. She knew I was having problems with him and she's the only one I can tell. I felt really miserable after work and needed to talk about it. When Alice didn't reply to my text I phoned her and she didn't answer. That made me feel really awful, I decided she doesn't like me anymore. I couldn't be bothered to get myself a meal, then I was too hungry to sleep. At work the next day I was in a really bad mood and told everyone it was because I didn't sleep.'

Exercise 8.2 Nine steps formulation

Step Three

Try and work out what happened immediately before the difficulty happened. For example:

'My boss has been mean to me for a few weeks. Alice seemed to understand and every time I met her I'd tell her about it and she was very sympathetic. Then last night, when I really needed to talk about it, she ignored me.'

Step Four

Decide if this is a one-off situation or a repeated pattern.

Is this the first time Alice has ignored your calls? Have other friends done the same in the past?

Step Five

Try and work out what alternative explanations there may be for what is happening. For example:

- *Alice went out for the evening.*
- *Her phone was out of charge.*
- *She wasn't feeling well.*
- *She had a work deadline and ignored all calls.*
- *She was watching a film and didn't want to be interrupted.*

Step Six

Using what you've learned so far about your attachment style, think what your brain might be subconsciously deciding about this situation.

'I think I have an anxious attachment style which means I ask for a lot of reassurance, because I'm afraid if I don't then no-one will be there when I need them. I remember my mum never seemed to listen so I was always trying to get her attention.'

Step Seven

If this situation has happened before, are there any reasons why you keep getting into situations when your friends start ignoring you? For example:

'Alice had a promotion interview at work yesterday. She was probably out celebrating or drowning her sorrows. I forgot to text her to see how it had gone, I'm not surprised she ignored my call. Thinking back, there have been other times when I was so preoccupied with my own difficulties that I forgot to notice how my friends were getting on.'

Step Eight

Think of all the times when things have gone well, when you haven't been sad or disappointed. Make a list of your positive qualities, those which help you do well, or help you cope with difficult times.

'I am often thoughtful, and I'm warm and caring. I remember friends' birthdays and I love finding the right gift and a card that will make them laugh. I'm good at giving practical help, I babysit, dogwalk, give lifts. I want to be helpful. I know how it feels to be miserable and let down so I don't want to do that to my friends.'

Step Nine

Use all this information together to make sense of what has happened and if possible, what steps you could try in order to stop it happening again:

'Although I am a warm and caring person, sometimes my need for attention or reassurance from friends is so strong that I can't focus on anything else. At these times, such when my boss is being mean and I'm frightened I'm going to lose my job, I don't remember the important things going on for my friends, and I forget to ask how they are. No wonder they sometimes ignore me or don't want to be friends.'

I remember my mum telling me I shouldn't whine so much. I also remember how scary it was when mum took no notice of me. My brain learned from this that it had to keep asking for help or mum wouldn't be there to help me when I needed her.

I wonder if my friends get fed up with me talking about my problems. Perhaps they would respond when I need them if I didn't talk about my problems so much. I could try thinking about their concerns when I'm with them instead of thinking how much help I need. I know I'll find that difficult, so I need to find a way of reminding myself. I also need to stop myself from panicking so quickly when someone is mean to me. I'm not sure how, maybe I could find out from the internet.'

Exercise 8.2 Continued

Some alternative ways of creating a formulation

Eva, Dan, Jas and Zac have chosen different ways to carry out their formulations. I hope that they will inspire you to be creative in finding a process that suits you, whether you follow their methods, or design one of your own. You might for example create a mindmap, like the fantastically intricate ones in Tony Buzan's book,² or design a family crest, as in the *Anti Colouring Book*.³

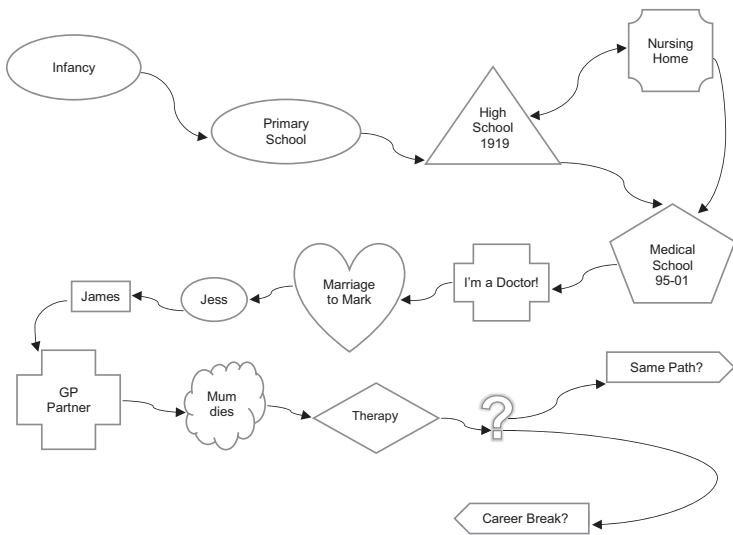
Eva

Even though Eva has a secure attachment style, that doesn't protect her from difficult things that happen in life, nor does it make her complacent about how well she manages the ones that come her way. She decided she would like to create a formulation about her difficulties in dividing herself between her work and her family. As far as she can recall, she has always wanted to be a doctor and help to make other people's lives better. She managed to achieve this career ambition through hard work at school and university. She never doubted that she would get there, and now she is fully committed to her work. However, she has also dreamed of being the kind of mother who is always there for her children, who nurtures every sign of interest and talent to help them achieve their potential. She is definitely a 'good enough' mother, but she would like to be more. Unfortunately, there aren't enough hours in the day to meet everyone's needs at work and to be a 'full on' mother. Eva also realised that she needs time for herself, to follow her dreams and be creative, in order that she can give her best to her work and her family. She also wants to set an example to her children that time for yourself is important.

Eva had learned about formulation, and thought it was a helpful but rather dry process that didn't fully reflect the meaning of what was going on in her patients' lives. So, she decided to have a go at creating a formulation with a difference to help her make an informed decision about how to balance her work and home life. She once had dreams of travelling round the world, which evolved into a more

practical wish to take the family on an extended holiday, so she hit upon the idea of using a road map to create her formulation. She thought this would help her to see where she had come from, how it was shaping her actions and her desires, and enable her to choose where to go next and how best to get there.

Eva had a go at trying to create a map on her computer but decided in the end that a drawing on paper would work best. She found A4 size too small and borrowed a sheet of A1 from a flipchart in the surgery. The finished map looked something like this, though with more detail and embellishments in it:



Exercise 8.3 Eva's formulation map

Within the map, which actually looked more like a journey or life path, Eva included biographical information, memories of her parent's loving care, family holidays at the seaside in Kent, home cooking, singing, happy days at school, planning a medical career, formative work experience at the Nursing Home, building on this at medical school and the fulfilling career she had carved out. All of this information reinforced

what she instinctively knew, that she'd had a great upbringing and as a result was a 'high achiever'. She remembered her parents' pride as she graduated and how pleased they were when she became a partner in her GP practice. She reflected on her happy marriage, looking after her precious babies, the joy at each different stage of their development. She also noticed that she'd drawn her childhood as relaxed and spaced out, and her adult life from medical school onwards appeared busy and hectic. She was quite startled at how accurately she'd portrayed this without intending to and wondered in what other ways her sub-conscious might be guiding her actions.

Then Eva made herself face the heartbreak of her mother's illness and untimely death. At this point, she remembered when she'd been mugged, before she met Mark, and the racist attitudes she sometimes experienced. She recognised that no-one can be protected from adversity. She thought about her therapy and realised that this was the catalyst for contemplating a change in the direction of her life. She started to question whether her children's comfortable lives were the best preparation for what they might have to face. She also wondered how much her hard-working career had been to please her mother. Part of her longed for a new and different challenge. She started thinking about a career break, or at least reducing her hours while her children were still living at home.

When Eva had put all this information together, she decided that whatever choice she made would be fine now that she had faced the fact that she had a choice. Realising how much her decision would impact on her family's life, she arranged a time when she could tell them about her thinking and ask for their views.

Dan

Dan had a sense that he was at a point when he needed to decide either to be in a committed relationship with Erik, or to distance himself and bring it to an end. Erik wasn't putting pressure on him, which was a problem. If he had, Dan would have had no hesitation ending it. Distancing was safe and

familiar territory for him, but as he contemplated it, he felt an odd sense of desolation and hesitated. He had come across formulation when he was working on a contract for a Psychology Service. He looked it up on the Web and found a reference about the Five Ps method. That seemed logical to him, certainly better than the fluffy mind maps that a management consultant had talked about in a training workshop. He thought the Five Ps might be more helpful than a simple list of pros and cons.

One evening he decided to see if he could work out what made him end relationships and why he didn't seem to want to end the current one with Erik. He carried out a Five Ps formulation on himself as best he could. (See Exercise 8.4.)

Dan rediscovered his liking for poetry as he did a Google search for poems about romantic dilemmas. He found a line in a poem called 'And sometimes I know I am having a feeling', which fitted him like a glove and gave him a rare sense of connection and validation.⁴ Feeling encouraged he searched on and also had a go at writing his own poems to try and describe how he felt. He didn't want to show them to anyone, but he felt a tremor of excitement about the future.

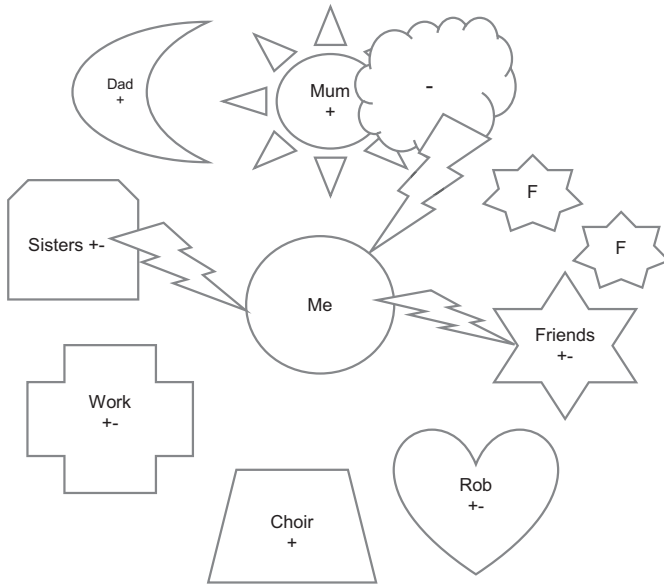
Jas

Jas loved doing art and craft with the children in school and she had learned how they sometimes communicated their feelings through their drawings, so she decided to have a go at creating a picture of her life to see if it would help her sort out why her relationships seemed so complicated. (See Exercise 8.5.)

Jas gave everyone in her life a different shape, and used plus and minus signs to indicate positive and negative feelings towards them. She started with her mother and drew her as a sun, the person with whom she had the closest bond. She quickly realised that her mother wasn't always available, so she drew a cloud over the sun and as the cloud became bigger than the sun, she realised quite how often she'd had to struggle for her mother's attention when she was a child. She recognised that she still really wanted her mother's approval but that when she tried to discuss personal issues, her mother

| Five Ps | Dan's responses |
|----------------|---|
| Presenting | I don't like long-term relationships. I feel uncomfortable when someone gets close. It suits me better to finish before it gets too close. I can cope with short term uncommitted relationships. However, I'm not sure I want to finish with Erik. I don't want to get too close but I don't want to end it. |
| Predisposing | I've always been like this, men don't do emotion, not in our family anyway. We're above that sort of thing. We're strong and self-reliant, we just do what's needed in life. Men who show their feelings or who depend on others are weak and pathetic. |
| Precipitating | I enjoy being with Erik and I'd like to see him more often, but if I do then he might think it's serious. |
| Perpetuating | I panic when I get too close to people. I don't like my mother, but if I'm honest, I'm doing what she always told me to, 'Don't cry, sort yourself out'. That seems like a paradox, why am I still doing what she told me to if I don't like her? I'm also behaving like my awful step-father. That's crazy. |
| Protective | I remember the first poem that made me think that poetry actually had some meaning and was relevant and helpful, Philip Larkin's 'This Be The Verse'. We read it at school and while everyone else was sniggering, I was gobsmacked and just kept thinking it really describes my life. My English teacher noticed I was quiet and had a chat with me after the lesson. I told him how miserable I was and he listened. For once I didn't feel stupid talking about how I felt. Most poets are men and they write about feelings. People seem to think that's OK. Maybe I can find a poem that will help me work out what to do about Erik. |

Exercise 8.4 Dan's Five P's formulation



Exercise 8.5 Jas's formulation picture

always told her what she ought to do. Then she'd feel guilty for doing something different. So, she drew a lightning bolt to represent her mother's intrusiveness.

Jas remembered her father as a distant but benign presence. Remembering him always made her feel calm, so she drew him as a crescent moon, keeping the darkness at bay. She realised that he was the only person for whom she just had positive feelings, and felt this was rather a pity since he was no longer with her. This made her determined to try and improve the relationships she still had.

Friends came next; they became more and more important as she grew older. She drew them as stars, for their brightness and significance to her, but also because they gave much needed light in dark times. She realised that she talked a lot more about her troubles to them than they did to her and she wondered how they managed this. She decided that she would only allow herself to tell them her worries after

she'd listened to them. She also realised that she had a tendency to take over and tell them what to do, so she put in another lightning bolt, firing from her towards friends.

A heart for Rob was obvious, but Jas realised that her feelings for him were contaminated with resentment that he wasn't being as attentive to her as she would like, and worry that if she said anything this relationship too would end. She recalled that she had joined a choir to distract herself from making extra demands on Rob's time. She reflected with pleasure that this had been a really positive move, going to choir made her feel a lot better than staying home by herself. She even allowed herself to feel proud that her own idea had turned out so well.

Jas then remembered her sisters and felt a slight pang that they weren't more significant to her. She decided to think about that and wondered if they saw their mother in the same way that she did. She remembered that they were very bossy, so she drew a third lightning bolt, from them towards herself.

Work was clearly a key influence in her life. Jas felt that her work with the children made her feel good, but her colleagues often made her feel worried. As she reflected on why this might be, she started to realise that it was connected with how she saw herself. She knew she had a real vocation for teaching, but her contribution didn't appear to be valued. Something clicked in her brain and she realised that she longed to be able to do more for the children than she could as a teaching assistant. She then remembered that the head teacher had once told her she had talent and suggested she think about becoming fully qualified. At the time, she had dismissed what he said as pie in the sky. Now she felt ready to consider it, and wondered what her mother would think. She quickly decided that it would be better to talk to someone who would listen to her, and not try to impose an opinion. Friends came to her mind, but she remembered that she had decided she must listen to their concerns first. She wasn't sure, as a teacher, whether Rob would be encouraging or dismissing. She finally decided to speak to the head teacher who had suggested the idea in the first place.

Jas had mixed feelings after putting together her formulation. It had raised a lot of memories, many angry and sad. But she felt she had a clearer picture of what was going on in her life, saw various repeated patterns and had made a good plan for solving some of her worries. Moreover, she had some confidence she could make good decisions about her life, because choir had worked out so well.

Zac

Zac learned about the power of stories from his social workers when he was a child doing life story work. More recently, Sky had told him about her narrative therapy and he wished he could have some of that too. He decided he could do it by himself, rewriting his story, keeping it accurate, but making his role more positive. This is what he wrote:

'My mum really loved me, but she was in a bad place so she couldn't always show it. When I was a baby, she did cuddle me and feed me, but when I started moving around she couldn't cope and she started using drugs more and more. I learned how to keep myself alive. I zoned out when I was really scared so I didn't die of fright. I learned when it was OK to cry and when it was best to keep quiet. I found food when I was hungry. I worked out which of her friends to avoid and which ones were OK. One of them, Matt, was always nice to me, so I found out some people could be trusted. Not many, though. I got stronger and wouldn't let people tell me what to do. I knew what was best for me. Other people always hurt me so they clearly didn't know what was good for me. Knowing all those things kept me safe in prison. So, I can feel proud of myself and how I survived.

But now I've found out that there are more people like my mum's friend Matt. Sky has problems like my mum did. She was brought up in care too. But she's never used drugs and she's getting therapy to help her. The people at my hostel are always really nice, even when I shout at them. I'd like to be like them and help in the hostel. I wonder how I can. They never lose their tempers. I wonder if I could ever control mine? Perhaps I could ask them . . .'

Exercise 8.6 Zac's formulation story

Zac decided that the best thing he could do was to give his story to Mandy, the manager at the hostel, before he changed his mind. She always had a smile for him, so he quickly went and did just that. As he waited for her to respond, he grew quite agitated, but reminded himself that he was strong, and went for a long walk to calm himself. When he got back, Mandy gave him a big grin and told him to come and talk whenever he was ready.

Where next?

In the next four chapters, we'll look at the impact of different attachment styles on adult relationships, parenting and at work. You'll find descriptions of how each attachment style affects our behaviour with significant people in our lives, and also with our bodies, souls, pets and the environment we inhabit. The additional information in these chapters can be used to help you recognise your own attachment style as well as to understand how it may affect different parts of your life.

Notes

- 1 Siegel, D. (2010). *Mindsight. Transform Your Brain with the New Science of Kindness*. Oxford: Oneworld Publications.
- 2 Buzan, T. (1995). *The Mind Map Book*. BBC Books.
- 3 Striker, S. & Kimmel, E. (1979). *The Anti Colouring Book*. London: Scholastic Publications.
- 4 Siegel, M. (2015). 'And sometimes I know I am having a feeling'. *Blood Work*. University of Wisconsin Press.



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PART 3

Becoming aware of
the hidden forces in
my relationships



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Romantic partners

Our predominant attachment style was developed in one of our closest and most intimate relationships. It is no surprise then that it will be particularly influential on our adult intimate, romantic relationships.

Bowlby¹ observed that adults tend to choose partners whose attachment style fits with the one they developed during childhood. He also noted that we are not stuck in our childhood attachment styles because we remain open to learning from new experiences, such that our models and templates for relationships are revised throughout our lives. More recent researchers have developed models to suggest that a dual process is taking place in our brains.² An internal working model, developed in infancy, remains in place and continues to have some impact on our behaviour. It was laid down before language develops and as such is not very accessible to a consciousness that relies heavily on language. At the same time, our brains continue to evolve and to be shaped by new experiences and relationships throughout our lives.

If we manage to find a romantic partner who has a secure attachment style, we will benefit from this, either by maintaining our own secure style, or by resolving an insecure or disorganised style towards greater security.³ In fact, research suggests that in adulthood, our parents' influence on our attachment style diminishes and other relationships exert a greater influence. So, the saying 'choose your friends wisely' holds true.

There are many stages and aspects of a romantic relationship. Mikulincer and Shaver suggest that they comprise three separate but interrelated ‘behavioural systems’ – attachment, sex and caregiving.⁴ In other words, we depend on our partners, we have sex with them and we look out for their welfare, not necessarily in that order. When my husband first read this sentence he said ‘so we attach to someone, have sex, and then when that gets boring we make each other cups of cocoa!’ Actually, these systems all interact and develop as our relationship deepens. For example, although sex is an innate reproductive drive, it also serves to increase intimacy and affection, which in turn makes us more able and willing to depend on and to care for our partner. Although this makes it look as though there is a linear relationship between the three systems, the influence does work in different directions. Caring for someone can increase intimacy and lead to sexual attraction; difficulties with intimacy can make us less willing to rely on a partner or become dependent on them.

Finding a partner

The first stage of forming any relationship is to find a partner unless someone else does this for you. This may be through arranged marriages or the recent trend in Internet dating. Sometimes friends bring two people together. After many years of great but not enduring relationships, I was introduced to my husband by mutual friends. We feel, after 30 years together, they made a better choice for us than we had managed alone.

The process of finding a partner is affected by our attachment style. If you have a **secure** attachment style you will have less emotional baggage and be generally more able to focus on other people, including someone you’re dating. You will be able to:

- Listen attentively to your prospective partner, which conveys a sense of trustworthiness and encourages the partner to be open.
- Adapt your level of self-disclosure to the content and rate of what your partner shares with you.
- Be wise and honest in what you share.

Without being arrogant, Eva was quite open about her good career and salary when she first met Mark. She knew from experience that this could be off-putting for some men, so she made sure he was aware before she began to commit herself to a relationship.

If you have an **anxious** attachment style, you are drawn to relationships with others and will be particularly keen to find a partner. You are good at sending out initial signs of interest. However, your high level of anxiety means that you find it hard to think clearly and make wise choices about what you share on a first or second date. In particular, you may struggle with:

- Listening attentively because you're preoccupied with your own needs.
- Matching your level of disclosure when sharing personal information with a new partner, so you may reveal too much too soon.
- Choosing a suitable partner, because your self-focus and desire to be in a relationship prevents you from assessing a prospective partner's compatibility with you.

Jas recently went on a first date with Rob, an ex-colleague who she had got on well with. She had such high expectations, her mind was racing ahead to wedding bells and babies that she became very anxious, had too much to drink and chattered on without giving him much space to think let alone speak. Luckily, Rob already liked Jas, and realised that her behaviour was caused by anxiety.

Unless you're dating someone who understands that your behaviour is driven by anxiety, you may put off some

potentially good partners. It would be a good idea to plan in advance how you're going to behave on a new date and remember to focus on what your partner is saying so you can respond to this. You could also use strategies for managing your anxiety, such as taking time to think before you say anything. If alcohol forms part of your anxiety management strategy, it would be a good idea to limit your intake, as it will impair your ability to think clearly.

If you have an **avoidant** attachment style, you are probably less interested in forming close and committed relationships, because you feel more comfortable in short term uncommitted relationships. You are quite open about this in your dating behaviours and you tend to:

- show little interest in finding out about a prospective partner
- share very little personal information
- continue to show interest in other potential partners.

Dan does not disclose personal information when dating, but this did not matter when he went out with Erik, because they are both so interested in computer programming and everything to do with IT. Dan relaxed and gradually became more open than usual without feeling his normal level of panic and urge to escape.

Like Dan, you will probably find it easier to form meaningful relationships with someone whose interests you share. However, if you want to date someone you find attractive, but with whom you don't have an obvious connection, try encouraging them to talk. You are very likely to find you do have something in common, or you might discover a brand new interest.

If you have a **disorganised** attachment style, you both desire and are scared of intimacy because in the past people

who were close to you have hurt you. You are sensitive to people's emotional states because you have had to closely monitor your attachment figure in order to stay safe. You are also skilled at manipulating others, because staying in control is a key survival strategy. You are likely to switch between 'chatting up' and 'putting down' behaviours in an unpredictable manner:

- You can listen attentively and be sincerely flattering.
- You give the appearance of sharing openly, but this is deceptive.
- You are hyper vigilant and easily become scared without fully realising why, which makes you suddenly withdraw or become aggressive.
- You have a tendency to blame others for lack of success or progress.

Zac had noticed Sky at the hostel where he was staying and really liked her, so when he got the chance he told her what gorgeous big blue eyes she had. She didn't believe him and thought he was making fun of her so she ignored him. Zac persisted, sure he could win her round but when she got up and walked off, he flipped and yelled 'that's right, f*** off you ugly cow'.

Zac stayed in a situation that raised his levels of anxiety so high he said something he later regretted. If you find this happens to you, find a way to calm down, such as focusing on your breathing. If necessary, leave the situation before you lose control. However, before you get to this stage, try focusing on what the other person might be feeling. You will learn more about them and will keep the reflective part of your brain active, which will help to keep your emotions calm.

Keeping a partner

Moving from early dating stages to forming a more committed relationship is also affected by attachment style. During this phase, our partner starts to become a secure base, replacing the primary carer of our infancy. This stage of a relationship involves greater commitment, interdependence and possibly the arrival of children, which brings the shared responsibility of caring for them. For those who choose to mark their commitment in this way, the marriage service is a formalisation of the transition from parental influence to that of our spouse.

As our partner becomes more of an attachment figure, strategies from our primary attachment style are likely to emerge, particularly during times of difficulty. People with an anxious attachment style tend to increase their expressions of need, fearing that otherwise their attachment figure will not meet these. People with an avoidant attachment style will tend to suppress their attachment needs, believing wrongly that they are self-sufficient and have no need of closeness or intimacy. People with a disorganised attachment style will use a variety of controlling strategies, as they strive to maintain control of relationships in order to stay safe.

This stage will be easier for you if you have a **secure** attachment style because you are comfortable with mutual dependence and with autonomy when necessary. You don't expect all your needs to be met by your partner, but can support yourself. You don't need to be in control or to have your self-esteem bolstered by meeting your partner's needs but are able to be supportive when necessary. You are likely to have independent social activities and be happy for your partner to have outside interests. You will withdraw from a relationship if it is not progressing well. You don't get trapped in unhealthy relationships because you can thrive without one. Having a secure attachment style makes you able to cope well in relationships with people of any other attachment style, though some will require more effort than others. This doesn't mean that if you both have a secure attachment style, your relationship is immune from difficulties, but you are generally more able to resolve these when they occur.

When Eva and Mark had their first baby, Mark was very keen for Eva to stay at home and take a long break from work. Eva was reluctant to do this, and was puzzled by Mark's insistence. She explained how much her career meant to her, and said they could afford good quality child care, so he backed off. Preoccupied with parenthood, they failed to discuss the real underlying issue – Mark's discomfort with not being the main breadwinner now he had a family to support.

Mark was jeopardising his marriage by failing to be fully honest with Eva and Eva was colluding by prioritising her own needs and failing to listen fully to Mark's point of view. Research suggests that failing to be honest with our partners, whether by hiding negative emotions or faking good emotions, leads to poorer relationship satisfaction.⁵

If you have an **anxious** attachment style you will seek a lot of reassurance and will feel the need to ensure that your partner is focused on you much of the time. This is likely to result in hyper-activation of your attachment system, which may comprise:

- Thinking about your partner even when you should be giving your attention elsewhere, which can lead to phoning or texting too often.
- Having an unbalanced focus on their good qualities while putting yourself down.
- Feeling anxious when you're not with them.
- Being afraid that if this relationship fails, you'll never succeed in another one.
- Having an unrealistic belief that your partner will change because you can help them.
- Down playing serious difficulties in your relationship.

If you feel your needs are not being met, you may manipulate your partner by pretending to be unavailable or threatening to leave. This hyper-activation of your attachment system

will make you over sensitive to apparent signs of rejection and you may misinterpret a partner's normal levels of independence as a threat to your relationship. You have no personal difficulties with intimacy and dependence, but you probably want more than your partner does, particularly if your partner has an avoidant attachment style. You can engage in extreme, often intrusive, striving for closeness, which may push your partner towards asserting independence as a way of getting balance in the relationship.

Your self-focus means you are less likely to notice a partner's low mood, and so may miss signs that your partner needs care. On a more sinister note, you may monitor your partner via social media or even resort to stalking. However, on a positive note, you are willing to make sacrifices for your relationship as long as it is consistent with maintaining or increasing closeness and intimacy.

Jas was very attentive to Rob, she even went along to watch him coach rugby until she felt self-conscious not having a child, like the other women there. Because she really wanted it to work out, she decided to ask her friends for advice and was told not to be too full on, but to keep up some of her own activities such as going out with them.

If you have an **avoidant** attachment style, you probably do not like being in close committed relationships because of the mutual dependence this entails. You prefer to be independent and autonomous, and use tactics aimed at minimising intimacy.⁶ These can comprise:

- Not listening properly, which limits your understanding of your partner.
- Low level of affectionate behaviours such as smiling and touching.
- Focusing on a partner's faults.

- Idealising past partners and flirting with others in a way that undermines your current partner.
- Withdrawing as intimacy increases.
- Choosing partners who are unavailable for long-term commitment.
- Being secretive and vague about plans, intentions and activities.

The sad side of this is that you do have needs for intimacy. While you use de-activating strategies, based on ones that kept your attachment figure close enough during infancy, you will find it difficult to get your current attachment needs met, because your partner can feel rejected, or not cared for.

Your partner's efforts to become close seem intrusive and you quickly feel trapped, so you allow yourself to be attracted to other potential partners as a safety valve. You feel safer having your needs for intimacy met in short-term, uncommitted relationships. You may be willing to make personal sacrifices for the relationship, but only to reduce tension.

Unlike people with other attachment styles, you do not appreciate some of the rewards of being in a relationship. This may be related to a finding that you tend not to notice or to share your partner's good mood. You are less likely to see your partner as a 'secure base', believing you don't need one. Your partner is also likely to feel less secure in the relationship.

Dan only wanted to see Erik one evening a week. He went out socially on a couple of evenings a week, the rest of the time he preferred to be home alone, playing games on his computer. Erik was happy about this for the time being and didn't object as he had a lot of course work to do.

If you have a **disorganised** attachment style, you will often feel anxious in longer-term relationships, because as a

partner becomes more like an attachment figure (in terms of the amount of time spent together) your subconscious fear of harm increases. As a way of managing this fear, you may become emotionally or physically aggressive; you may withdraw emotionally or even end the relationship.

Before Zac met Sky, he had one-night stands except for a relationship with Leanne. He liked her children so he moved in, but this did not turn out well because, without wanting to, he found himself becoming violent towards her.

In for the long haul

Attachment style affects the long-term success of a relationship, partly because it has an impact on how we manage the trickier aspects such as conflict, disagreements and being let down by a partner.

You will have guessed by now that if you have a **secure** attachment style, you will have the resources to cope with adversity and to sustain relationships through good and bad times. You can see the bigger picture and balance difficulties against the positive aspects of your relationship. You are able to discuss difficulties reasonably calmly and engage in problem solving with your partner. You can forgive, if this seems the right thing to do, and can work hard at relationship repair. You are likely to be loyal, but if the scales show that the negatives outweigh the positives, and your partner is unlikely to change, you will end the relationship rather than remaining in a situation that causes you or your children harm.

Eva found one of Mark's credit card statements when she was tidying up. She was horrified to see that he had

an outstanding balance of several thousand pounds. He was not due home until late and she spent several hours fearing what the cause might be. When he arrived, she told him they needed to discuss something important and her tone told him this was serious. She came straight to the point and asked why he had got into debt when there was no need. He said nothing for a few minutes and Eva felt sick, assuming her worst fear was correct, that he had found someone else. Eventually Mark was able to tell her that he hated asking her for money and couldn't contribute equally to their outgoings on his income. Eva was relieved, and they did develop a financial plan, but her faith in the strength of their relationship was knocked for a while.

If you have an **anxious** attachment style, your preoccupation with your own needs reduces your attention to your partner's mood, unless you detect a potential threat to the relationship. Even something positive like your partner getting a promotion at work can feel like a threat to you, especially if they managed this without your help.

If you already have some insight, you may try to suppress some of your interactions with your partner so you don't appear too needy. However, because you're focusing on yourself, not on your partner, you might get it wrong and stop doing things that enhance the relationship. For example you might stop asking for advice when actually this is something that makes your partner feel valued.

You are likely to experience high levels of jealousy, suspicion and worries about infidelity, which can lead to monitoring and even stalking. If you are in a relationship with someone who has an avoidant attachment style, your fears may be justified. Unfortunately, the steps you are likely to take to deal with threat are likely to be increasingly intrusive and further alienate your partner.

Although you crave intimacy, you can be aggressive and violent when your partner is not meeting your needs.

Your partner may become so exasperated with your high level of demand, that they too become violent. Actual betrayal by your partner creates high levels of distress and self-blame, and you may then find it very difficult to forgive. This tends to increase your partner's feelings of guilt and lowers mutual satisfaction in the relationship. But even when the negatives outweigh the positives, you cling on and find it very hard to end the relationship.

Jas struggles with a desire to spend all her time with Rob, even though she knows it could put him off. So, she decided to distract herself by joining a local choir. She has always liked singing but hated the thought of an audition. This choir welcomes everyone. She now really enjoys choir and it has been a great move. Doing something new and challenging is good for her self-esteem. There are plenty of performances and social events to keep her occupied. And, most importantly, she knows she will let people down if she doesn't go to rehearsals.

If you have an **avoidant** attachment style, you will find it hard to express affection, or empathy or to meet a partner's emotional needs. You don't feel pleasure in giving gifts to a partner, because you see this as a step towards increasing commitment, and you do not have good awareness of what your partner may be feeling. Consequently, you may overestimate a partner's level of negative feelings and become hostile and defensive.

You are unlikely to seek support from a partner or to feel appreciated by them. You don't show much appreciation of your partner's achievements; you are more likely to be envious. You suppress your own needs, making it hard for a partner to know what these are and to increase closeness by meeting these. Indeed, you tend not to say much, particularly about personal issues.

If your partner lets you down, perhaps by betraying a confidence, you respond by distancing and not dealing with the issue because you need to keep your attachment system de-activated. You find it difficult to forgive and are not easily swayed by a partner's explanation or expression of remorse. As a consequence, they may be reluctant to work on repairing what's gone wrong in the relationship. However, if your partner is sensitive to your needs and can talk without expressing emotion, you may manage to engage in constructive discussion and repair your relationship. If your partner becomes angry or distressed, you are more likely to withdraw, because such heightened expressions of emotions distress you. Surprisingly, the form of betrayal that many partners dread, sexual infidelity, may not be a problem for you, as this creates an emotional distance that you are content with.

Dan was very upset when Erik shared one of his program development ideas with a tutor on his course. He stopped communicating with Erik, who struggled to find out what was wrong. Once Erik realised what he'd done, he worked hard to rescue the situation, first contacting his tutor to tell him not to use the information without Dan's permission. Erik assumed that Dan would not be able to forgive him, so he didn't try to repair their relationship. However, he wanted to let Dan know that he had protected his ideas, so he calmly apologised and explained how he had sorted the problem. Dan didn't say anything, but texted him a few days later to say thank you and suggested meeting for a drink.

Erik communicated in just the right way to get through to Dan. He avoided using emotion and didn't put any pressure on him. This gave Dan time and distance to calm down. Erik's actions led to a happy outcome and the continuation of their relationship.

If you have a **disorganised** attachment style, you will have great difficulty staying in longer-term relationships. If you do succeed, then sadly the relationship is likely to become abusive, with you as the perpetrator or the victim.

Zac has only had the one experience of a longer-term relationship, with Leanne. He felt so trapped and fearful in it, without realising why, that he became violent towards her and self-harmed by punching walls, in order to block out the unbearable emotions he felt. Then, as her children's attitude towards him became fearful, he realised this was bad and he moved out.

If this matches your experiences, the best way forward for you is to seek help for your emotional difficulties before you attempt to sustain a longer-term relationship, and certainly before you have children. If you are trying to maintain a relationship you will need help to resolve your own difficulties in order to avert or reduce harm to others.

Sexual relationships

Sexual activity is clearly related to the survival of our species and forms an important part of our romantic relationships. There is evidence that our attachment style has an impact on our sexual behaviour, though there are many other strong influences upon it, both biological and cultural.

If you have a **secure** attachment style, you will be able to manage the intimacy involved in sex without finding it threatening. Mutual intimacy enhances relationships and there are many documented health and well-being benefits, for men and women, of having good sex and reaching orgasm. Having a secure style enables you to trust a partner, which facilitates relaxing and enjoying sex, so it becomes more satisfying. You will also find it easier to talk about any problems and to communicate with your partner what you find pleasurable and vice versa. You are likely to be confident about meeting your partner's needs and not feel evaluated

about the quality of your sexual performance. You do not need to use sex to gain love or to keep a partner.

Before Eva and Mark fully resolved their financial issues, it had an impact on their intimate relationship. Mark experienced some impotence, but Eva was not too bothered because she was exhausted and was dealing with the emotional adjustment from being a lover to being a mother. When their financial issue had been dealt with, and their children were sleeping through the night, Mark's difficulty resolved naturally and their sex life returned to normal.

If you have an **anxious** attachment style, your desire for intimacy can be overwhelming and sex is a key way of feeling intimate. For you, sexual satisfaction will be strongly linked to relationship satisfaction. If you are female, you probably started having sex at a younger age than most of your peers to create intimacy and avoid rejection. You are also vulnerable to victimisation because you are likely to do what pleases your partner in order to avoid losing them. Women with an anxious attachment style have a high rate of unwanted pregnancies and sexually transmitted diseases due to a lower use of condoms.^{7,8} If you are male, you probably had your first sexual relationship later than most of your peers, because anxiety about performance inhibited your desire for intimacy. You are more likely to use force with a partner who appears to be rejecting you, as a means of trying to restore intimacy.

Jas has never been able to relax and have a satisfying sexual relationship. She only agrees to sex in order to keep her partners. She can't let them know what she enjoys because she doesn't know and she never objects to what they want to do, because she fears they would leave her.

If you have an **avoidant** attachment style you are likely to have a lower frequency of sexual activity because of the need to avoid intimacy, but you probably compensate by more frequent masturbation.⁹ You are likely to avoid having sex with your partner if their motive seems to be greater intimacy. If your partner has an anxious attachment style this will create difficulties in your relationship. You are also more likely to be sexually unfaithful to your partner, because you find uncommitted sex more enjoyable. You are less likely to express feelings of love and affection for your partner during sex and you may dislike other intimate behaviours such as kissing and cuddling. A positive benefit, however, is that you are more likely to practice safe sex and use condoms.

Dan has impressed Erik with his responsibility in using condoms. Erik does not mind lower levels of intimacy, partly because he is currently very busy with course work. As a result, Dan does not feel under pressure to spend more time with Erik and so does not need to distance himself.

If you have a **disorganised** attachment style, your sexual behaviour is likely to be influenced by your need to be in control, and rarely simply because of love or a desire for intimacy.

Zac really dislikes women who take the initiative and suggest sex, so in these circumstances he usually rejects them with insults. Sometimes, though, he will behave in a very coercive manner, to teach them their place and reinstate his control. Neither of these strategies makes him feel good.

Going further

If you'd like to read more about the impact of your attachment style on your romantic relationships, I recommend a book called '*Attached*' which focuses solely on these types of relationships and goes into more depth. The authors, Dr Amir Levine and Rachel Heller,¹⁰ are both very familiar with the research base and good at explaining complex ideas.

Notes

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- 9 Bogaert, A. F. & Sadava, S. (2002). Adult attachment and sexual behaviour. *Personal Relationships*, 9, 191–204.

- 10 Levine, A. & Heller, R. S. F. (2010). *Attached. The New Science of Adult Attachment and How It Can Help You Find – and Keep – Love*. New York: Tarcher/Penguin.

Family and friends

Children

Bowlby envisaged a ‘care-giving behavioural system’ in adults as a corollary of the ‘attachment behavioural system’ in children. In other words, if children are hard wired to send signals of need to their carer, then carers must be programmed to respond to these signals. A problem arises when the carer’s emotional difficulties prevent them from responding appropriately to their children’s signals.

There are many books about how best to parent your children. I believe this is crucial to being a good parent, as the most important aspects of our upbringing are delivered through this care-giving relationship. Unless we have had some form of therapeutic input, not only will we bring up our children the same way that our parents raised us, but we may add in some extra gremlins! We need to be in control of our emotions as we care for children. This will not be at all easy if we did not receive calm parenting ourselves.

Secure

If you have a secure attachment style, you are generally comfortable with intimacy and inter-dependence, so you will find parenting relatively straightforward, but still exhausting! Your own parents will have been good role models and, following their example, you will be warm, consistent and appropriate in meeting your children’s needs. You will respond more frequently and accurately to your infant’s expressions

of emotions. Specifically, you will nuance your responses to help your infant understand what they are experiencing, using facial expression and tone of voice as well as appropriate content, such as 'oh dear, you are feeling sad'.¹ Your sensitivity will enable your child to develop emotional maturity and your child-led play will facilitate their cognitive development.²

Eva's mother was fascinated by her daughter and quickly learned to read her signals of need, whether these were for food, warmth or comfort. She also loved playing with Eva and naturally followed her lead, offering suggestions only when asked. As a consequence, Eva learned what emotions she was feeling and developed confidence in her ability to solve problems. Before routine inoculations, her mother explained what would happen, and reassured Eva that she would be there throughout. When Eva was learning to read, her mother patiently explained how to work out difficult words, rather than telling her what they were. Learning from this excellent role modelling, Eva was able to be a sensitive and supportive mother to her children.

Anxious

If you have an anxious attachment style, you are likely to find it difficult to respond to your child's needs in a consistent manner. As a result, you will experience less pleasure in interactions with your children and may feel under-appreciated. You might even feel jealous or hostile towards them and blame them for problems in other areas of your life, such as your marriage.

Your difficulty with emotional regulation means that you are often overwhelmed by your own difficulties, and cannot focus on your child's needs. Your care will vary between being distant and unavailable, sensitively responsive and insensi-

tively intrusive. When you do manage to focus on your child, you are able to offer comfort because you are comfortable with physical and emotional closeness. However, when your children are attempting challenging cognitive tasks, you are more likely to be intrusive and tell them what to do rather than helping them to work it out for themselves. Your children may even adopt a caring role towards you, to help solve your problems so that you can attend to their needs.

Jas's mother had a secure attachment style but when Jas was little, life events, specifically her husband's terminal illness, reduced the time and energy she had to spare for her youngest daughter. She became depressed after her husband died, which meant that for long periods she was unresponsive towards her daughters. She also became very impatient and interfered when they tried to do things by themselves. She panicked at the thought of them making a mess because she couldn't bear the thought of clearing it up.

Unless Jas is able to resolve the anxious attachment style she developed, she will be at risk of providing similarly insensitive care to her children.

Avoidant

If you have an avoidant attachment style, you may have decided that you do not want to have children because of the commitment this will entail, and the impact on other areas of your life such as your career. However, if you do have children, you will experience difficulty with your children's needs for warmth, closeness and dependence. Their signals of need, such as crying, may make you uncomfortable or even frightened. Consequently, you will be less attentive to your child's expressions of emotion. This lack of attention will

reduce your attunement – the accuracy of your response to your child’s expression of emotion – which will limit their knowledge of their own emotional states and their ability to control these. In one study, mothers with an avoidant attachment style did not vary the emotional tone in their singing when their infant was distressed, whereas securely attached mothers adjusted their tone to reflect their infant’s emotional state.³ Caring for a child can be tiring, but being able to manage your child’s emotions effectively will in the long run make your job easier.

You may find a logical ‘checklist’ helpful when working out what your child needs. This would help to calm your fears about not knowing what to do and enable you to stay close enough to meet your baby’s need:

- Hungry?
- Tired?
- Dirty nappy?
- Too hot or cold?
- Frightened?
- Bored?

You are likely to find it easier to support your child’s learning, as long as you resist the temptation to tell them what to do. During your children’s teenage years, you will find the inevitable conflict hard to manage in a sensitive way, and you may resort to being authoritarian or domineering. You are also less likely to know what your children are up to, and will struggle to offer comfort when they are distressed.

Dan’s mother hated hearing him cry and often delayed responding, telling herself she would ‘spoil him’ if she went to him every time he cried. She asked his father to deal with him whenever possible.

If Dan ever has children, he too will be distressed and find it hard to respond sensitively when they cry.

Disorganised

If you have a disorganised attachment style, you will struggle with many aspects of parenting and will have to work very hard to regulate your own emotions, as your children's crying and other attachment signals will trigger traumatic memories. You need to be aware of the risk of abusing or neglecting your children.

Zac's mother had been brought up in care, in a residential home where she suffered from a mixture of cruelty and neglect. She was groomed by a man who made her feel loved and wanted, but then introduced her to drugs and sex work. With help she became drug free for a while, but the stress of caring for Zac set her back. She started using drugs again because she needed to block out the fear that Zac's needs evoked in her.

Caring for elderly or infirm parents

Older adults often rely on their children to be their secure base when they reach the stage of struggling with independent living. The more secure or resolved your attachment style, the easier you will find it to provide supportive, sensitive and responsive care to your parents in their old age. Unless your attachment issues are resolved, you are likely to find it hard to care for parents who become dependent on you.

However, even if you have managed to resolve your own attachment issues and your other relationships in life are working well, your parents may not have changed their basic attachment style. This will evoke deep memories and emotions in relation to the attachment style you developed in their care.

If, on the other hand, you are dependent on your adult children for care, and they are not helping in the way you want, you may like to reflect on how you raised them and see whether this pattern is being repeated as they contribute to your care.

Secure

If you have a secure attachment style, and it has developed in response to your parents' care, they will be easy to care for, unless they suffer from dementia or other progressive illness. Even then your basic attachment style will enable you to cope. You will be able to assess clearly what contribution you can make to their care without damaging yourself or the rest of your family. You will be able to negotiate effectively with your parents, siblings and significant others the best course of action for your parents. You will be good at drawing on other resources, such as friends, colleagues and statutory agencies. And you will recognise the importance of caring for yourself in order that you can maintain the strength you need to support others.

When Eva struggled to take time away from caring for her mother, she reminded herself of the safety instruction on aeroplanes to put on your own oxygen mask before fitting them on your children. When she first heard that, she was indignant and muttered to Mark that she would put her children's masks on first. After a moment's reflection she realised that she might lose consciousness before sorting the children out. Now when she needs to take a break she thinks of it as 'putting on her oxygen mask'.

If, on the other hand, you have an earned secure style, it is likely that your parents have an insecure or disorganised attachment style. Therefore, although you will have developed resources for managing relationships, your parents will not be easy to care for. Depending on what their primary attachment style is, they may either not want your help or never be satisfied with what you do. You will need to assess your priorities carefully in order to ensure you do not wear yourself out. My personal belief is that our children, particularly when they are young, are our primary responsibility.

But you will need to work out what's right for you given your circumstances.

Anxious

If you have an anxious attachment style, you may feel an urge to rush in and sort out your parents in order to reduce your own anxieties. Try and take time to ask what help is needed rather than assuming that you know. You also need to beware of running yourself into the ground because, ironically, you haven't asked others to help.

It would be a good idea to consider what the impact on you might be of caring for someone who has not met your needs very well. Being once more in a dependent relationship with them, even though the tables have turned, will evoke old memories and emotions. As is the case for all who care for elderly relatives, you are likely to need help.

First, evaluate how much, if any, care you can provide without causing harm to yourself and those nearest to you. Then, if possible, arrange a meeting with those who have some responsibility, personal or statutory, for your parents' well-being. Prepare yourself in advance for dealing with any conflicts that may arise, and if you think it will help, provide refreshments, just the basics so you don't lose the focus of the meeting. Also play to your strengths, you are particularly good at being persistent when needed and this can be a great asset particularly when requesting help from statutory services.

Jas and her sisters had many bitter arguments about whether to step in and organise their mother, for example by cleaning her house, or whether it was better for her to keep coping by herself. Jas decided they should for once go out for a meal, so they could discuss the issue on neutral ground. She had done some research and realised that her mother could get a carer allowance. Her sisters were impressed and they had a relatively calm discussion about how this could best be used to help their mother maintain her independence.

Avoidant

You are unlikely to want to be involved in the care of your parents, and may escape this task. Your parents are unlikely to ask for help and may have made arrangements for their care. If this is not the case, you are unlikely to want to provide direct care, but may feel you can help in some way such as organising carers to visit them at home, or arranging a place in a residential home.

Dan has not faced up to the possibility that his mother may need help at some point. When it does cross his mind, he feels that his siblings should deal with this by themselves as they received more love from his mother than he did. He reckons that his father can afford to pay for any care he may need.

Disorganised

If you have a disorganised attachment style, you may have no contact with your parents, or their needs may be beyond your help. Hopefully, the local authority will be involved and provide care for them.

Zac's mother died of a heroin overdose when he was 15 and he never found out who his father was.

Siblings

Relationships between siblings can be very complex, especially if they received different treatment from carers, with some being favoured and some scapegoated. In extreme cases, siblings have been forced to commit acts of abuse against each other. Siblings in less than ideal families may also have to compete for scarce resources, physical or emotional.

Secure

If you have a secure attachment style, you are likely to have received the same care as your siblings. You therefore have the advantages of a good internal working model, and you have escaped the contextual disadvantages that might create difficult sibling relationships. You are able to respond altruistically, sensitively and appropriately to other people's needs so this is likely to extend to siblings, perhaps more so in adult life than during the developmental phases of childhood, when you might have had a healthy sibling rivalry.

Eva and Guy had lots of arguments when they were growing up, Guy used to be very irritating when Eva had friends round and he messed up her toys. However, as adults, they became close, and when their mother became unwell, were able to work together to support her and their father.

Anxious

If you have an anxious attachment style, you are likely to have conflicted relationships with your siblings, because you had to compete with them for your carer's attention. Indeed, one research study⁴ found that anxious attachment is associated with high expressions of negative emotions towards siblings. However, as your natural style is to seek closeness, you may have received the attention and support you needed from your siblings. You also may have a tendency to become over involved or intrusive, which your siblings could experience as domineering. This might lead to providing help, even if it has not been requested, despite adverse impact on your own health and well-being. Remember to examine the potential impact before committing yourself, and ask if your sibling actually wants your help. They may have other preferred options.

One of Jas's sisters had a son who struggled with school-work. Jas really wanted to help him, but her sister angrily resisted the idea that he had anything wrong with him. Jas felt very torn between wanting to walk away from her sister and wanting to help her nephew, with whom she had a good relationship. It was one of the worries she often shared with her friends. When he got older she was able to help him when he called round to see her.

Avoidant

If you have an avoidant attachment style, your siblings are likely to have developed the same style, and you may be mutually distant with each other. If their care varied, like Dan's half-siblings who were favoured by their father, they may have developed a different attachment style. Your own preference will still be to keep an emotional distance as this is how your brain has learned to keep you safe. However, if you have siblings who have developed a secure style, they may succeed in forming a closer relationship with you. A sibling who has developed an anxious attachment style, though, is more likely to increase your tendency to distance. Interestingly, research has shown that people with an avoidant attachment style are more likely to condone unethical behaviour that could harm others, in order to benefit themselves.⁵ It might help you to bear this in mind when negotiating with your siblings about family resources.

Dan encountered his sister when he visited one of his firm's clients. She was clearly pleased to see Dan, but he felt acutely embarrassed by her attention. At the end of the meeting she invited him out for a coffee, which he reluctantly accepted. She was genuinely interested

in what he did and was really pleased to hear about Erik. Dan was surprised to find he rather enjoyed talking to her and wasn't completely insincere when he agreed they should meet again.

Disorganised

If you have a disorganised attachment style, you probably have a complex family and may not know all your siblings. Some of them could have been adopted or brought up in foster or residential care. If you were brought up in care, contact with your siblings may or may not have been supported. All of these factors make it hard to predict how you will relate to your siblings and how they will respond to you. This will be very individual to you and may be very different with each of your siblings.

Your siblings may be potent reminders of past maltreatment, which could unsettle you and make you vulnerable to experiencing difficult emotions. If you arrange to meet up with siblings, prepare yourself in advance with strategies for keeping your emotions under control. If you meet by chance and are struggling, use exit strategies such as going to the bathroom, or 'remembering' that you are needed somewhere else.

When Zac was younger and had contact with his little brother, he often went to the loo to get away from him. Riley used to climb all over him and spoil any activities that Zac was enjoying. Zac felt jealous of Riley because he thought his mother had loved him more.

Friendships

As early as primary school, friends become important to our well-being and begin to replace our primary attachment

figures in some situations. As we get older, friends become more important in everyday life than our primary carers, except when we experience highly stressful life events such as bereavement, divorce or redundancy. Mary Ainsworth originally suggested that friends could qualify as attachment figures in certain circumstances.⁶

Friends become even more important as a secure base if we do not have a romantic partner to fulfil this function.⁷ Our childhood attachment status has been shown to be related to qualities of friendship. Attachment insecurity is associated with low levels of trust, self-disclosure and satisfaction, and high levels of conflict and tension in peer relationships, including friendships.⁸ Other research has shown that attachment style has an impact on our fundamental understanding of friendship and the skills and behaviours necessary to make and keep friends.⁹ Having secure attachment relationships with friends during adolescence has been shown to protect against developing depression and anxiety.¹⁰

Secure

If you have a secure attachment style, you are likely to find it easy to make trusted friends and show affection to them.¹¹ Being comfortable in mutually dependent relationships, you can self-disclose and listen to others doing so. As a consequence, you and your friends get to know each other well, which strengthens your bonds. You are likely to feel understood, validated and cared for by friends and to experience high levels of companionship. You do not feel threatened when your friends have different opinions and you can usually resolve any conflict that arises.¹²

Anxious

You are good at seeking out and making friends, but sometimes struggle to maintain friendships. Your anxiety can make it hard for you to listen properly to your friends, partly because your own needs are so pressing and partly because it is hard for you to tolerate even small differences of opinion.

As a result, you are more likely to experience lower levels of satisfaction and more conflict in friendships.

However, you will be very committed to your friends and will try hard to show you care. You just need to ensure that what you offer is in tune with what your friends want or need. You need to practice encouraging your friends to talk about their interests and listen attentively when they share confidences. In this way, you will get to know them better and will be more able to judge how to give real help or pleasure, which will deepen your satisfaction and the quality of the relationship.

You also need to work on managing your emotions as your anger can be easily aroused in close relationships and you have difficulty resolving conflicts. If you do find yourself getting hot under the collar, take a break to give yourself time to calm down before you say anything you might regret, or that could jeopardise your friendships. This is especially important if you're communicating by email or social media. What you write cannot be erased and it may be misunderstood, so be careful to check what you've written in the heat of the moment.

Jas was so excited about Rob and the chance of a long-term relationship, that she really went overboard in singing his praises. Someone made a mildly sarcastic remark about Rob, calling him Captain Marvellous, which made Jas angry and embarrassed. Luckily, as her face went red, she made a good decision to check her phone, then offered to buy drinks to cover her embarrassment and divert attention from Rob.

Avoidant

You can make friends, but you do not like to have close relationships. This may result in lower commitment leading to lower levels of satisfaction, which can spiral you out of the friendship. You maintain distance in various ways such as

having a lot of acquaintances or people you hang around with, reducing the amount of time you spend with each friend or group of friends. You also try to avoid situations in which personal disclosure might be given or invited. You are uncomfortable with tension and conflict and are not good at resolving these.

A very helpful way of maintaining friendships in good repair without having too much face-to-face contact is to use methods such as text messaging. You may prefer to remain self-sufficient and to find companionship without personal commitment in the pub or through formal organisations such as Sports Clubs, Round Table and the Women's Institute. Alternatively, you can have relationships without any personal contact through the Internet, via games or social media sites. A good tip to remember is that if you help someone you are more likely to have a positive attitude towards them and to like them.

Dan has a variety of friendships through games and various networks connected with his interest in programming. These friends can be contacted at any time and are generally supportive. He does talk about himself a little, and has even mentioned Erik. He also goes to his local pub on Mondays and enjoys a game of darts with some of the other regulars. One evening, Carl, a man he didn't much care for asked whether he could provide some advice on a problem he had with the local community website. Dan agreed to help and once he'd fixed the problem had a much more friendly attitude towards Carl.

Disorganised

You will have various people that you socialise with, but you are likely to struggle to make or sustain supportive friendships because most of the people in your life have either used you or have been manipulated by you for your own needs.

Until Zac became homeless and lived in a hostel, his 'friends' were the people who got him involved in drug dealing, often using him to make risky deliveries. In the hostel he has met different people and is gradually learning that not everyone wants to exploit him. It is still difficult for him to make the adjustment to having friendships that are not just about using each other.

Friendships are really worth working at, they are important for our sense of belonging and commitment to a community and they have even been shown to influence loyalty to our workplace.¹³ Friends, after all, are the people we choose to spend time with and whose company we enjoy, in contrast to the sense of responsibility and obligation we often experience with family members.

Notes

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Colleagues

At the end of the twentieth century, researchers started looking at whether attachment styles had an impact on behaviour at work.¹ The general finding was that people view groups at work as a 'safe haven' or 'secure base', which provides protection, comfort and support as well as facilitating exploratory behaviours such as learning and developing work related skills. Research into workplace behaviour generally does not focus on people who have a disorganised attachment style, because they are unlikely to obtain or sustain work, at least in places where research has been conducted, until their attachment style has been resolved in a more secure direction.

Managing relationships at work is just as important as managing other relationships. There are some similarities, but there are also some important differences. At work, you have to engage in relationships whether or not you feel like it. You can't avoid people and it can be unwise and unprofessional to let them know how you are feeling about them. You never know when you may need their good opinion, reference or a favour!

At work, there are usually formal written guidelines such as codes of conduct to follow or expectations of behaviour, whether implicit or explicit. This guidance helps to ensure that everyone is roughly on a level playing field in an organisation, regardless of their personal social skills, because an organisation works much better when everyone gets on well.

Choosing the right job

In order to do well at work, we clearly need to choose a job that enables us to make the most of our skills, knowledge, personal attributes and preferences. A key task is to explore what careers are out there and which of them match our own skills and preferences. If you have a **secure** attachment style, you will spend more time on this task and, importantly, will find out about the less attractive aspects (because they always exist) of different jobs.² The time you spend on this preparatory exploration helps to ensure a good match between your skills, preferences and the actual job content. This underpins higher personal commitment to your job and greater career success.

Eva made the most of the resources she had when deciding on a career. She talked to the school careers adviser, and followed up leads of professional health workers who were willing to talk to her about their jobs. She volunteered and then was offered paid work as a carer in a local nursing home. She also read a lot about careers in the NHS and was able to decide that she had the ability, motivation and willingness to work hard, which are all needed for a career in medicine. She had strong ideals about wanting to make a difference to the quality of people's lives and her mother encouraged her to aim high. Eva had enough insight to know that she would enjoy the intellectual challenge of medicine.

If you have an **anxious, avoidant** or **disorganised** attachment style it will be harder for you to focus long enough or with sufficient thoroughness to this task. Your personal circumstances may not allow you to do this. Contemplation of a major life change creates a threat for you – fear of the unknown – which can make it hard, but not impossible, to stay engaged with the task of finding out about alternative careers.³

Dan was lucky. He knew from the start that he would work in IT, so it didn't matter that he didn't research other careers. He had a natural talent for anything to do with computers right from the start. He felt much more comfortable communicating electronically with people than face to face, and he found designing websites really absorbing.

You may also have fewer resources and less motivation to carry out volunteering activities, which can be a good source of information about job content in general and what activities you either enjoy or really don't like, such as sitting in an office versus practical hands on work. If you have an anxious style, you may also struggle with making decisions about career choices.

Jas originally wanted to take up art, which she was talented in, but she was too anxious to leave home, even though if she had made the break she would have been happy. Instead she chose a known environment and became a teaching assistant in a local school. Part of her still regrets not having gone to art college.

Zac never even considered looking at jobs in order to find one that would suit him. He just did whatever people asked him to, mostly criminal activities. If he had realised he had a choice, he would have found out that repairing machinery, such as bicycles, suited him. He doesn't mind getting dirty and he likes practical activities. His literacy and numeracy skills are very basic, but he does know the value of money! Creating order out of chaos and seeing a clear improvement calms him.

In the workplace

Once you are in a job, your attachment style will continue to have an impact on your performance. Organisational Citizenship Behaviours (OCBs) is a term for the behaviours that help an organisation to function effectively.⁴ These behaviours comprise:

- Altruism: cooperative behaviour towards colleagues
- Conscientiousness: refraining from behaviours that might damage the organisation's effectiveness
- Sportsmanship: not complaining about minor issues
- Courtesy: respect for colleagues' needs and rights
- Civic Virtue: personal commitment to the organisation.

If you have an **anxious** or **avoidant** attachment style, research suggests you will find it difficult to be 'conscientious' and 'altruistic' in the workplace, and will find it hard to trust your manager.⁵ If you have an **avoidant** style, other research has shown that you may have a tendency to behave unethically, for example, cheating or stealing, which is linked to your vulnerability to stress or 'burnout'.⁶ If you have an anxious style, you may prefer to avoid the commitment of being employed, and either have an external contract or set up independently, so that you can be in control of any change that needs to happen.⁷ Change can be particularly threatening for you, and can impair your job performance.

Attachment style can affect business negotiations.⁸ If you have a **secure** attachment style you are able to deal with conflict in order to get the best deal for your company. However, if you have an **avoidant** style, you may settle for a quick deal that is not in the company's best interest in order to escape from the conflict entailed in negotiations. If you have an anxious or avoidant attachment style, research suggests that during negotiations you are likely to be oblivious to your company's best interests. If this forms part of your work, you might like to find ways of ensuring you keep these clear in mind or in notes that you take with you to any meeting.

If you have a **secure** attachment style, you are likely to do well at work and even perform better than your socio-

economic status might predict. One study found that a secure attachment style was associated with higher salaries and ranks in the British civil service.⁹ The researchers concluded that a secure attachment style helped men who did not have the benefit of a privileged upbringing and education to climb the civil service ladder.

Another advantage of having a **secure** attachment style is that it enables you to benefit from positive home emotions at work (such as feeling good because your child has got a place in a football team). Quite splendidly, it also protects your job performance from being adversely affected by negative home emotions (such as being upset that your child has not been invited to a friend's party). Most unfairly, if you have an **insecure** attachment style, the opposite will occur. Negative home emotions will have an adverse impact on your job performance and positive home emotions will not help you at work.¹⁰

Working in groups

Our attachment styles also influence how we behave in groups in our workplace. Research suggests that if you have an **avoidant** style, you probably do not have very positive attitudes towards groups and are unlikely to join in if you don't have to.¹¹ If you have an **anxious** attachment style, you tend to have negative attitudes towards groups that you belong to, engage less in group activities and do not find them very supportive. However, if the group is cohesive and functions well, it will have a beneficial effect upon everyone's performance, including people with **secure** attachment styles, though they can also function well in non-cohesive groups.¹²

Indeed, the group and the organisation benefit from high cohesion in groups, because when people with insecure attachment styles perform optimally, they bring special benefits. If you have an **anxious** style, you will be good at detecting threats to the group, so you are valuable for spotting issues that might damage a particular course of action. If you have an **avoidant** style, your contribution will be invaluable when there is time pressure and no time for discussion. You will knuckle down and get the task done.¹³ However, it is

important to point out that group cohesion should not be confused with conformity. It is well documented that groups in which people conform to the majority opinion make poorer decisions.

Dan felt uncomfortable in a meeting to decide whether or not to take on a new contract from a private company. Everyone was keen to expand except Dan, who was concerned about the company's reputation for delaying payments. It turned out that Dan was right to be cautious, the company had serious financial problems. Dan's ability to stand his ground as a lone voice saved his organisation from making a costly mistake.

One research study looked at military recruits undertaking group missions as part of screening exercises.¹⁴ Their findings provide information about how anxious and avoidant attachment styles actually affect individuals' performance in a workplace setting. When the recruits with an **anxious** attachment style became more stressed during the missions, their self-esteem suffered and they felt vulnerable and helpless. As the difficulty of the group task increased, they became overwhelmed with the need to seek reassurance from other group members. At this point they were unable to focus sufficiently on the task and their performance suffered.

Recruits with an **avoidant** attachment style focused on being self-reliant. They inaccurately belittled the talent of other group members and the importance of group interactions despite the need for co-operation in the task. As the task became more difficult they became increasingly independent and negative towards the group. When it became evident that this strategy could not succeed, they became overwhelmed by negative emotions. Their behaviour impaired their own and the whole group's performance and achievement of the mission task. Not surprisingly, it also created conflict with other group members.

Some of these difficulties can be ameliorated through getting to know other group members by exchanging relevant personal information, such as previous job experience and outside interests. This increased social interaction will increase your understanding of colleagues and vice versa. It will take effort and determination, but the reward will be that if you have an **anxious** style, you will feel more valued and safer, and if you have an **avoidant** style, you will gain a more accurate and hopefully more positive, opinion of your colleagues.

Other research has shown that when people with an **anxious** attachment style do not feel valued or are being rejected by a group, their efforts on behalf of the group still increase, probably as a means of trying to gain higher value within the group.¹⁵ If you have an **anxious** style, it is worth recognising this tendency and checking whether a group is actually worth your hard work.

Jas loves working with the children in school but finds staff meetings very difficult. Recently in a discussion about literacy, the head teacher criticised the teaching assistants' interventions with the children who were struggling just below their targets and said in future they must do what the teacher suggests. Jas felt this was very unfair because she did exactly what the teacher told her to do, even though she knew it wouldn't work. Moreover, she had told the teacher that it wouldn't work and had suggested a better intervention. Feeling unfairly criticised made Jas too angry to be able to speak calmly, so she said nothing. Afterwards, her concern for the pupils led her to decide that since her ideas might help them, she should tell someone. So she arranged to talk to her line manager. This experience led Jas to consider more seriously the possibility of training to be a qualified teacher, so that she would gain a deeper understanding of the issues and her viewpoint would carry more weight. Also she may get more job satisfaction.

Leadership

Leadership behaviour is important for effective performance. For example, leadership affects group cohesion, which as we've just learned has an impact upon the success of the whole enterprise. Research looking at the impact of attachment style upon leader and follower behaviour has been carried out in a wide range of workplaces from the military to commercial organisations and with women and men.¹⁶ Leaders take on the role of attachment figure and seem to fulfil a similar function to their followers as parents do with children. It is not surprising therefore that this research has demonstrated that attachment styles developed within a parental relationship, operate similarly within a leader-follower relationship.

Leaders with a **secure** attachment style are found to create cohesion and a safe, secure base for their groups, in which everyone performs optimally and in which people with insecure attachment styles may resolve some of their difficulties.¹⁷ Such leaders do not adversely affect their followers' mental health during stressful activities.¹⁸ Recent research has shown that secure leaders are able to encourage proactive behaviour, which is beneficial for organisations, in employees with an anxious or avoidant attachment style.¹⁹ The exact nature of their interactions was important. Offering support and approval enabled people with an anxious style to feel more confident and effective. Encouraging independent thinking enabled people with an avoidant style to choose their own goals and work on them free from unnecessary interference.

Eva is generally very good at creating cohesiveness within the GP practice, and encourages everyone to share their views. Recently the partners decided that a same day clinic for children would be helpful for their patients. Eva arranged a meeting for the whole practice team to discuss how best to implement this idea. The discussion became quite lively and Eva was pleased to

hear one of the receptionists, who was normally very quiet, suggest that it would be a good idea to have the clinic after school hours.

Leaders with an **avoidant** attachment style do not look after their followers' social and emotional needs. This has a negative impact upon group cohesiveness. Their style of leadership also adversely affects the mental health of their followers, particularly when engaged in stressful activities. Followers with an **avoidant** style have a negative opinion of their leaders, regardless of their competence or style of leadership. A combination of avoidant leaders and followers can be particularly disastrous.

Leaders with an **anxious** style distract their followers from task focus because they emphasise social emotional functioning. Their style boosts group morale, but often at the cost of impaired job performance.

Finding satisfaction at work

The research paints a more positive picture for those who have a secure attachment style. But do not despair, if you have a different style, you have strengths and can learn to make your own style work well and to resolve difficulties that make life unnecessarily hard at work. This morning on the radio, I heard Anthony Scarramucci describing US President, Donald Trump, as someone who performs well when he feels his team is defending him, but when he doesn't think they are looking out for his interests, he goes on the attack with his infamous tweets. This could be described as an anxious style, but look how far he's got in his career!

I do recommend when choosing a job, that you try to find out as much as you can about the positive and negative aspects. You may find this difficult to concentrate on and persevere with, so remind yourself that it is because your brain is trying to protect you from a threat. Break the task down into bite sized chunks so it doesn't seem overwhelming.

Give yourself breaks and rewards. Try and look at it as an adventure and focus on what you enjoy and want to spend your life doing. Don't think too much about the end point of actually getting the job. That can evoke thoughts of interview failure or not being good enough.

Jas decided to find out more about the pros and cons of being a qualified teacher. Putting together the advantages – she would have her own class of children for a whole year, so she could really get to know them and work out how to help their progress; she could have special responsibility for art in the school; she would be less likely to be made redundant – made her realise that these far outweighed the negatives and that she should grab this chance of having a fulfilling career before it got too late to train.

If you're in a job, work out what you find difficult in interpersonal relationships. Create a plan of action to help your behaviours become closer to those of people with a secure attachment style. Remember, you don't have to be happy to smile; you don't have to like someone to sit with them and ask their opinion. You might even be pleasantly surprised at what you hear.

Dan enjoys his job and is good at it. However, there are aspects of his work that could be improved if he collaborated more with colleagues who have complementary skills. This never occurred to him because he didn't know enough about other people in the organisation until his manager asked him to work with Ryan from the contracts department. Dan was distinctly reluctant until he noticed that Ryan's screen saver had a quote from Matthew Siegel's *Blood Work*, a

volume of poetry he really liked. Dan's attitude immediately became more positive and he started to learn the value of collaboration.

Notes

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Other relationships

Our bodies: attachment and health

Keeping our bodies healthy is very important, they are not only the casing that holds our brains, minds and souls, they are integrally us. If we hate our bodies, we hate ourselves, if we fail to care for our bodies, we fail to care for ourselves. When our bodies are ill or incapacitated, we are too.

Keeping ourselves healthy is an active process. We need to take responsibility for doing the things that keep us well (healthy eating, exercising, sleeping well, having fun, good relationships, checking our well-being, consulting health professionals when needed) and, as far as we can, avoiding the things that make us susceptible to illness (overeating, substance misuse, insufficient sleep, inactivity, unhappy relationships). For some, keeping healthy is particularly difficult to achieve because of external factors such as poverty or disability. Research shows that our attachment style also has an impact on health related behaviours.¹ Understanding how our attachment style affects our attitude to our body will hopefully help us to make healthy choices.

Having a **secure** attachment style is generally associated with good, pro-active health care behaviours and with lower levels of reported pain, whereas those of us with anxious, avoidant or disorganised attachment styles appear not to be so fortunate.

Although Eva is well aware of the benefits of healthy eating and regular exercise, she hasn't always followed her own advice. She's often too busy to exercise and resorts to junk food at the surgery because it is easier to eat on the go. Recently, feeling her age and seeing her weight increase, she made a commitment to go circuit training at least once a week with Mark. At first she felt embarrassed about how unfit she was and she felt very sore and stiff on the days after exercising. But she quickly found her fitness increasing and her stiffness decreasing. This felt rewarding and now she sometimes manages two sessions a week.

If you have an **anxious, avoidant** or **disorganised** attachment style, some of your health problems may be linked to difficulties in relationships with health professionals, which can result in poorer co-operation with advice and prescriptions, and a reluctance to go for routine screening. You also have a tendency to experience poor sleep quality, which will have an impact on your health as well as coping with illness.²

Jas avoids going for routine cervical smears and when she started getting stomach pains, thought they must be caused by cancer. She delayed going to the doctors until one of her friends goaded her into making an appointment by saying she was fed up with Jas moaning. The doctor carried out tests which, to her relief, proved negative, then gave Jas a telling off for not having smear tests, and suggested that the stress she was experiencing might be responsible for her pain. Shortly afterwards, Jas joined a choir and a few weeks later realised that her stomachaches had stopped.

If you have an **anxious** or **disorganised** attachment style, you are also more likely to report persistent or intense pain

such as headaches. To make matters more complicated, you are also more likely to catastrophise or fear the worst when you experience pain and then to worry or be hyper vigilant for signs of disease. Not surprisingly you are likely to find pain more of a burden in your life.

Zac has experienced various aches and sickness for much of his life and used alcohol to numb the pain until he went to prison. There, for the first time in his life he had regular exercise, healthy meals and no alcohol. At first he felt awful as he experienced withdrawal symptoms but then he started to enjoy feeling healthy. For him, prison was a beneficial experience. When he came out of prison he remained abstinent until he became homeless. Now he has a hostel place, he has given up drinking again and is determined to stay off it.

If you have an **avoidant** attachment style you are less likely to report pain and when you experience pain you are less likely to make use of coping strategies that could help you. Recent research into the efficacy of different coping strategies for pain has come up with an interesting finding. Litt and Tennen used a methodology that permits real time recording of pain intensity and the coping method used, and found that it was misleading to define coping strategies as ‘good’ and ‘bad’. Instead, different strategies help some people in different contexts. Their conclusion is that you need to evaluate on an individual basis which strategy will help you at any given moment.³

Dan had a nagging toothache and delayed going to the dentist, dosing himself with painkillers in the day and alcohol at night to numb the pain. Eventually it got so

bad he made an appointment, but by then it was too late to save his tooth and he had to have an extraction. The dentist told him she might have saved the tooth if Dan had consulted her earlier. She also gave Dan a timely lecture on the link between oral hygiene and heart disease.

Research also shows that an insecure attachment style is associated with a wide variety of health problems including breast cancer, cardiovascular disease, ulcerative colitis, skin conditions, and medically unexplained symptoms (MUS).^{4,5,6,7,8} One recent study has produced data showing a connection between having an **avoidant** attachment style and a depressed immune system, which goes some way towards providing an explanation for the link between insecure attachment and illness.⁹ Most of these research findings are correlational (see Chapter 17 for a guide to evaluating research evidence) but are still useful.

Mental health

Bowlby originally predicted that insecure attachment status would predispose people to experience anxiety and depression as a result of low self-esteem and hopelessness. More recent research has provided support for this association, but has also identified a lot of individual variation.¹⁰ In essence this means that unless you have a secure attachment style, you are more vulnerable to experiencing symptoms of anxiety and depression, but calculating the level of risk for each attachment style is complicated.

It seems fairly obvious that having an anxious attachment style will be linked to experiencing high levels of anxiety. However, if you have an anxious, avoidant or disorganised attachment style you're always working hard just to feel safe. You are rarely able to relax and trust that others will be there when needed. When you were little, the ultimate consequence of your attachment figure being absent when you

needed them was death, ceasing to exist. Even in adulthood, this primal fear remains a basic part of your attachment system. Research has shown that difficulties with emotional regulation underpin many psychiatric disorders.¹¹

Striving to keep yourself alive and simultaneously feeling that you must be of little value (or your carer would be there for you) provides fertile ground for anxious and depressive thoughts to flourish. Understanding the root cause of your fears and anxieties is an important first step and will enable you to see them in perspective. In Part Four of this book you will find practical strategies for managing these emotions.

Research has shown clear links between attachment style and severe mental health difficulties such as personality disorder and psychosis.¹² Anxious, avoidant and disorganised attachment styles seem to be particularly prominent in people suffering from forms of psychosis and personality disorder.¹³ If you do suffer from a serious and enduring mental health problem, you are probably already receiving some form of intervention. Certain forms of intervention such as Mentalisation-Based Treatment (MBT), Schema-Focused Therapy (SFT) and Transference-Focused Psychotherapy (TFP) are proving to be particularly helpful for people diagnosed with personality disorder, which until relatively recently was considered untreatable.¹⁴

If you are experiencing mental health difficulties, whatever diagnosis or treatment you are receiving, it is still useful to explore your attachment history. You may discover surprising findings that help to explain the nature of your symptoms. With understanding comes a sense of order and control, which is helpful in managing whatever we have to deal with in life.

Whatever our attachment style, changing our behaviours towards those associated with higher levels of well-being must be a good thing. Such behaviours are:

- Expressing our emotions (in a proportionate and appropriate manner), because suppressing them may impact on our immune system.
- Maintaining a healthy active lifestyle, including eating well and taking regular exercise.

- Avoiding damaging coping strategies (where possible) such as smoking or alcohol.
- Attending routine screening, e.g. for cervical, breast or prostate cancer.

Once we have an illness, changing our behaviours can help to minimise the pain, discomfort, severity and duration of the disease. Sensible behaviours are:

- Consulting a health professional in a timely way when we have symptoms.
- Complying with their advice or treatment e.g. take medicine, exercise.
- Try a variety of strategies for coping with your symptoms until you find the ones that help improve your quality of life.

In Chapter 13, Taking care of myself, you will find a more detailed discussion of how to stay healthy. Making fundamental changes to our thoughts, emotions and behaviours are more easily accomplished when we are fit, rested and well nourished.

Our souls: attachment and spirituality

The philosopher Plato describes each human soul as a reflection of the whole universe. I think this is an astonishing idea, which has interesting implications for our sense of wonder, awe and the supernatural. As a race, we appear to have an affinity with spiritual explanations and awareness.

In 2017, I heard on the radio that over 50 per cent of people in the UK pray, regardless of which or indeed whether they follow a formal religion. This was only a small survey but it is interesting nevertheless. It suggests that we have an inbuilt drive to consult and rely on a benevolent 'higher power'. Perhaps our innate attachment system hardwires us to be responsive to more than just our fellow human beings. We know we respond to other living species, plant and animal, that we can see, and we can respond to humans that we can't see, so why not a supernatural being that we can't see?

Religion can serve many important functions. For centuries, religions have been the main providers of moral and ethical codes for living and have provided the context within which to debate existential issues such as the meaning of life. Having a formal religion can provide a purpose in life, a secure base and comfort in times of need. On the other side of the coin, religion may be used as an excuse to control others, to impose certain viewpoints or particular beliefs. Really good and really awful things have been done in the name of religion.

Some research suggests that how we use religion is linked to our attachment style.¹⁵ Religious behaviour such as prayer, meditation and sacred rituals can function as a way of seeking proximity to a secure base, especially in times of need or distress. How we behave towards our preferred deity is therefore likely to be affected by our attachment style or orientation.

Zac was taken to church by one foster family. He quite liked going and was impressed that there was a God who would help you if you prayed hard enough. He hasn't attended church services since then, but he is drawn to church buildings and sometimes goes in to say a prayer, even though he's not sure these are ever answered.

If you have a **secure** attachment style, you are likely to be more satisfied with your religion, perhaps because you feel you have a personal relationship with a God who is interested in and involved with humans and the whole of creation. You are more likely to be tolerant of other people's views and to experience personal growth through open enquiry and exploration of religious ideas. You are also more likely to be able to acknowledge and cope with the doubts that are implicit in faith. There is a good chance that you will adopt your parents' beliefs, even if this happens later in life, and will form close friendships with and choose a romantic partner from people who share your faith.

Eva was brought up as a Christian and her experiences as a doctor have strengthened her belief. She does have doubts at times and was reassured to hear the Archbishop of Canterbury say that he too experienced doubt, it was a normal aspect of faith. She firmly believes in respecting other people's beliefs, considering that God is too complex to be fully described by one religion. Eva does sometimes become impatient with the church hierarchy, particularly over issues such as ordaining women and marriage for people who are homosexual. She thinks it is wrong that the church hasn't had to obey the law in these matters.

Insecure attachment is linked to difficulties with exploration of religious ideas. If you have an **anxious** style, you are likely to find doubt very uncomfortable and dislike people questioning the spiritual basis of your faith. In her PhD research, Diller found that Israeli Jews who had an anxious attachment style experienced stress during times of religious quest, which comprised raising doubts, being open-minded towards other belief systems, asking existential questions and being confident in grappling with them.¹⁶

If you have an **avoidant** style and you have a religious faith, you may have a low opinion of people who question the basis of your faith and raise doubts, perhaps because you also experience difficulty spending time in prayer and meditation, despite a deep desire for a relationship with God.

Dan is a firm atheist and considers that believing in God is both ridiculous and a sign of weakness.

If you have an insecure attachment, you may have a sudden religious conversion during a difficult period in your life, particularly if your parents did not have a faith. Conversions

may be to a traditional belief system such as Christianity or Islam, or to groups that adopt and merge elements of other faiths, such as New Ageism.¹⁷ Finding faith in this way is found to be helpful in managing distress. Some people may be drawn to cults, which may at first appear to provide a support group but can all too often become coercive and abusive.

Jas started practising mindfulness as a way of helping to keep calm and is now becoming interested in Buddhism.

Our pets: attachment to animals

As long as we treat them well, pets are loyal, don't answer back, give us unconditional love and do not threaten us. Generally we like to be close to our pets and are distressed at separation from them, particularly when they die. Although attachment figures are normally stronger and wiser than us, various research studies have shown that pets can act as a secure base, which effectively means they function as attachment figures. This is a curious inversion of the human-to-human attachment relationship in which the attachment figure is the carer on whom we depend.

When Zac lived on the streets, someone gave him a mournful looking bulldog called Bruno. Zac found that having a dog provided protection and warmth at night as well as extra money from passers-by in the daytime. He cared for Bruno as well as he could, always making sure he was fed and had a walk round the park every day. When he was offered a place in the hostel, he refused it because he couldn't bear to part with Bruno. Luckily one of the hostel volunteers offered to look after Bruno until Zac found a home where he could keep pets.

One particular study showed that our attachment style affects the way we relate to our pets and found that this sometimes works differently from human-to-human relationships.¹⁸ People in the study who had an **avoidant** attachment style showed behaviours characteristic of an anxious style towards their pets. People with an **anxious** attachment style varied. Some had characteristics of an avoidant attachment style towards their pet, showing low levels of distress when they died, whereas others showed an anxious attachment style, being worried, preoccupied and extremely distressed when their pet died. It is particularly interesting that the people in this study who had an ‘opposite’ attachment style towards their pet from the one they had towards humans, had higher levels of psychological well-being.

Jas inherited a budgie from her much loved grandmother. Although she was very diligent in her care of Ernie, deep down she did not feel particularly fond of him and she didn’t worry excessively about him. When he died she was philosophical and calmly buried him in her mum’s garden.

Although this is only one study, it is interesting to speculate why this might be. Our pets don’t react to our behaviours in the same way that humans do. Maybe this triggers alternative emotional reactions and behavioural responses, which then increases our repertoire of attachment behaviours in other situations. So our pets may help us to practise the behaviours we find difficult to show towards people, whether this is showing more care and concern, or limiting our over-dependence and expressions of need.

Dan loves animals, but felt it would be unfair to have a pet because of his working hours. One day a colleague

offered him two guinea pig babies and he decided to have a go, thinking they wouldn't be much trouble. He surprised himself by becoming very attentive, getting the right vitamin drops, shampooing them regularly, cutting their claws, trimming the fur round their bottoms where it got matted, cleaning out their cage and ensuring a varied and healthy diet. Erik was astonished at the care and concern lavished on the guinea pigs, but he too loved their 'fridge chorus' of squeaks, anticipating salad every time the fridge door was opened.

Pets help many people to feel more secure, confident and able to go out and engage with the world. Pets can have a beneficial impact upon physical and mental well-being and help us to control our emotions. Your pet may increase your social contacts and help you find new friends. Strangers and people you don't know well are more likely to speak to you if you are walking with a dog. Horses too are good companions and generate social activities.

Eva's family have a golden Labrador called Fleet, and her daughter Jess is a keen horse rider. On walks with Fleet, many people stop for a chat, and one year Eva was invited to become the judge at the local dog show, on the basis of Fleet's excellent behaviour. Jess takes part in so many horse related events, that these have become regular social outings for the family. Even James, Jess's little brother, enjoys them and has become fond of horses.

It is well known that dogs make excellent assistants for people with limited eyesight, epilepsy and physical disability. There is a growing body of research supporting the usefulness of animal assisted interventions or therapies, particularly for

people who struggle with social communication, whether due to attachment style, autism or mental illness.¹⁹

The stables where Jess rides offer ‘Riding for the Disabled’ sessions, and Jess has recently started helping with them. She’s currently trying to decide if she wants to become a vet or a doctor like her mum, so this is useful experience as well as good fun.

Our environment: attachment to place

Over the past 20 years research into our attachment with places has grown, possibly in response to an increasing need for pro-environmental behaviour and protection of our beautiful, but fragile planet. There has also been an increase in the popularity of books about nature and conservation, such as Robert MacFarlane’s *The Old Ways*, John Lewis-Stempel’s *The Running Hare* and Katherine Swift’s *The Morville Hours*.

We know intuitively, and a lot of research confirms, that places are emotionally very important to us.²⁰ We all have a concept of ‘home’ as a place of safety and security, whether or not this is where we currently live. We have a preference for the type of building we would like to live in and the location, urban or rural, where we feel more at home. We also know where we like to spend our time and to go on holiday. Some of us are creatures of habit and others like change. Research shows, not surprisingly, that length of time living in a place is correlated with a lower desire to move.²¹ Whether this is because of the many connections built up in that time or a lack of opportunity or desire to move is not clear.

Eva loves her home in the village where she has lived for most of her married life. It is filled with memories

of her children growing up, she has good friends living nearby and many connections in the community. She feels relaxed and safe there and has no desire to move.

Kerry Anne McBain conducted her PhD research in Australia into whether there are links between our interpersonal and place attachment styles.²² Her main conclusions are that places can fulfil the same functions as a human ‘attachment figure’ and that there is a positive correlation between our behaviours towards our human attachment figures and our behaviours towards the places that become safe havens for us. If you have a **secure** attachment style, you are likely to have a positive ‘attachment relationship’ with your current home, and though you may have fond memories of previous homes and other places, these do not act as secure bases for you. However, if you have an **anxious, avoidant** or **disorganised** attachment style, the opposite seems to be the case. You are less likely to see your current home as your secure base and more likely to feel that a relative’s home, a leisure place such as the gym, or a holiday destination is your secure base.

Zac has never felt safe living anywhere except when he was in prison. He occasionally remembers with nostalgia his small cell, sleeping in a warm bed every night, eating proper meals and the smell of clean washing in the laundry. While in foster care he visited an amazing beach in Cornwall called Bedruthan Steps. Sometimes when sleeping rough, he imagined being on that beach, pretending the hard ground was rocky ledges.

If your home does not feel like a safe haven, try and work out what feels different about the places where you feel a sense of

attachment. Maybe there is something or someone at home you are uncomfortable with. Or perhaps you can only relax where you have no responsibilities and no demands made of you.

Jas didn't really enjoy spending time alone in her flat, and when she was in need of comfort, was more likely to go to the local pub than to have a warm bath and a cosy night in front of the TV. At home she would just sit and worry, often imagining her friends were having a great time without her.

Remember that as adults, we don't need our attachment figure to be physically present for them to have a positive impact when we're troubled. The same goes for places. When teaching relaxation, I always ask people to imagine somewhere they feel safe, or if necessary I describe one. If your home is not your preferred secure base, find somewhere that makes you feel calm and where you can see your life in perspective. Make a point of visiting it whenever you can. The more familiar you are with it, the easier it will be to imagine at times of need. The first place I felt an uncanny sense of belonging was Packwood House, a small National Trust property near where I grew up. I regularly cycled over to it and wandered around it. Even now I remember it fondly, but do not know what made me feel such an attachment to it.

Dan doesn't have fond memories of anywhere he has lived. His favourite place is Bilbo Baggins' home in the films of *The Hobbit* and *The Lord of the Rings*. He loves the curiously cosy architecture with rounded arches and its semi-underground location. He also likes the space, uncluttered with people. He imagines himself sitting writing poetry at Bilbo's desk. He once saw pictures of

the Hundertwasser House in Vienna, Austria, a building that also has quirky rounded features and he plans to visit there one day.

You may not be surprised to find that as well as our homes, research suggests that most of us nowadays are attached to our phones and feel anxious when we do not have them with us.²³ People with an **anxious** attachment style became particularly dependent on their phones, and used them most frequently to contact people or groups in their networks. If this seems to fit your behaviour, remember that others may find this irritating and there is a risk that constant leaning on others could interfere with learning to trust yourself and becoming more self-reliant.

The next section of this book focuses on what we can do to improve management of our emotions and behaviours.

Notes

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PART 4

Feeling good
Learning to take control
of my life



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Taking care of myself

Using my own resources

Using your own resources will be important, whether or not you choose to access further help. Fundamentally, you know and understand yourself better than anyone else. Only you have felt your own emotions, only you have experienced all the events in your life. Your self-knowledge will deepen if you spend time reflecting on your life. Hopefully your self-compassion will also grow, although you may need to work specifically on this. Increasing self-knowledge will provide the foundations for effective management of your emotions and your behaviours.

Apart from the guidance in this book, which is based on attachment theory, there are many other ways to increase understanding of yourself, some of which are outlined below. There isn't a right order in which to carry out these activities; in fact it is best to choose which one appeals to you in the moment because you will put in more energy and it will be more meaningful. What appeals to you may change from day to day, which is also fine, because using different methods will provide richer insight and may help you persevere when self-exploration becomes uncomfortable. Some of these activities will help you to see that you are not alone, indeed your experiences and difficulties are shared by many others. Remember, your brain has skilfully developed the competencies needed to survive the environment in which you were raised, so it is more than capable of developing fresh competencies for a new environment.

Self-care

Although there are many specialist ways to uncover hidden emotions and motivations, a good place to start is simply doing your best to care for yourself. Surgeons prefer to operate on people who are fit and free from illness (except of course the one they're under the knife for) because it significantly improves the chances of a full and swift recovery. Similarly, psychological interventions can work better when you are fit, rested and well nourished. A recent book by TV doctor Rangan Chatterjee, *The 4 Pillar Plan*, is a clear and colourful guide to self-care. It provides an expert guide to eating, exercising, relaxing and sleeping, all of which underpin our physical and mental health.

Eating

Eat as well as you are able and try to have a balanced diet, with as little sugar as you can manage. I like the Japanese recommendation to eat 30 different types of food a day. It's easier to achieve this if you eat a lot of salad, which also ensures you eat healthy stuff. My best tip for achieving this is to take a salad into work for your lunch. You'll be surprised at how quickly you get used to this and how sustaining it is for the rest of the day. You also avoid the post-carbohydrate slump. Eating well will help you manage your weight, which will have a good impact on your self-esteem. There is plenty of advice available on the Internet, in the media and in books. One I've particularly enjoyed is *GUT* by Giulia Enders.¹ She presents useful scholarly information in an interesting and amusing way, including drawings of the end product.

Sleeping

Try to ensure you have enough refreshing sleep every night. The majority of us benefit from eight hours sleep and some people need more. Being properly rested helps us work better and control our emotions more effectively.

Basic sleep 'hygiene' involves avoiding stimulants such as coffee, chocolate and fizzy drinks in the evening, not eating or looking at a computer screen too late and having a calm

routine leading up to bedtime. Fresh air and outdoor light also play an important role in helping us sleep. There are many books about how to get a good night's sleep, aimed at both children and adults. If, like me, you wake in the night and struggle to get back to sleep, try writing down what's on your mind. I have a notepad and pencil handy on my bedside table. This may be something you're worried about, or reminders of what you need to do tomorrow. When I can't get my worries to stop, I imagine pulling them out of my head and putting them into a star shredder before flinging them into the sky where they belong.

Loneliness has also been found to increase the risk of poor sleep, as well as many other health problems, and is associated with a shorter life span.² Taking steps to become more sociable in the day, will improve your sleep and your general health.

Exercising

Activity, particularly walking, has been found to be helpful for physical, psychological and cognitive (thinking/memory) well-being. It helps to keep the body and brain in good working order. Despite the popular myth about cryptic crosswords, the hardest task the brain has to do is to move our bodies. If you don't believe me, think of robots – they can't walk, run or jump anywhere near as flexibly or smoothly as a living being. Aerobics or ballroom dancing provide a good mental as well as physical workout. I've even heard that walking two continuous miles a day protects against developing dementia. For women in particular, weight-bearing exercise is sensible because it can protect against developing osteoporosis. My great Auntie Floss was born in the nineteenth century, with a severe curvature of the spine – a hunch back. As a young child, she was given exercises to help her keep supple, which she diligently carried out every morning for the rest of her life. In her 70s, she delighted in showing me how she could do high kicks over the top of petrol pumps (they were shorter in those days)!

Activities are available for any level of fitness and ability, from walking football to triathlon training. Being active with

others, whether it's a dance class or cricket team, also provides good opportunities for social networking and can help you not to give up. Having a common interest provides something to talk about. This makes it easier to connect with other people without having to think of what to say or share too much about yourself and friendships often develop.

There is evidence that activity can reduce depression and many GP surgeries, including my own, organise regular walking groups. I certainly feel happier as well as fitter when I exercise regularly. Recent research suggests that inactivity is associated with a very long-term impact on our personality, such that we become less agreeable, conscientious, extravert and open over time.³ My son was a confirmed bookworm and successfully read his way through two degrees into a good job. But he always had a quality of restlessness and not having quite found his calling. Then he decided to join the army and embarked on an intensive fitness programme. Several months into his training at Sandhurst, he told me that he felt really happy using his body as well as his brain to the full.

Freedom from fear

Everyone has a right to freedom from fear. Even though it is not listed as one of the Articles in the Human Rights Act, it is implicit in some of them, for example, freedom from torture and inhuman or degrading experience. If you are in a relationship that causes you to be afraid, or you are being stalked, I urge you to seek help. Confide in someone you trust and try to get formal help. The police are becoming better at providing sensitive and effective interventions, though I appreciate they still get it wrong sometimes and tragedies happen.⁴ However, the cost of not asking for help can be greater. A recent official survey in the UK found that in 2015, there were 1.4 million female victims and 700,000 male victims of domestic abuse.⁵ Of those who went to the police, two thirds were helped and one third did not find the police helpful. The same report also found that as the police became more sensitive and effective, a greater number of people sought their help.

Fear of danger, such as wild animals, live electric wires and oncoming traffic, should make us take steps to protect ourselves from the danger. However, when the cause of fear is not dangerous, such as ordinary spiders or other people's opinions, we need to take the opposite action and confront the object of our fear. Avoiding whatever causes our fear will increase this fear, facing up to it will decrease it, as long as it is done in the right way. In a nutshell, fear and relaxation are incompatible, so it is important to stay in the feared situation until your heart rate decreases, you begin to feel relaxed and you feel your fear diminishing. Often, we're not aware that we fear something; we just put off doing it. This will have a negative impact on our mood, which is reversed when we actually tackle the feared action. I dislike packing to go away on work trips. My fear is of not having the right clothes to wear in an unfamiliar environment. Actually, it goes deeper than that; it is fear of not performing well. I know this but I still put off packing until the last minute, because I don't want to experience the anticipatory fear. But the silly thing is that until I've packed, that fear is in my mind and is affecting me! I know this because once I've packed I feel better. There are many helpful books about overcoming your fear, including those specific to a particular one, such as social anxiety.⁶

Financial security

There is a lot of evidence that worrying about money and being in debt have a big impact on how we feel. A study in Sweden found that providing a little extra financial help enabled people with serious mental illness to reduce their symptoms of anxiety and depression, through using the money to re-engage with their social networks.⁷ This suggests that one of the most harmful impacts of financial worries or difficulties is the isolating effect it has on us.

If you are struggling with debt, please do something about it straightaway. This will help you feel better and will stop the problem from getting worse. In the worst cases debt can result in homelessness or suicide. Good organisations to consult are the Citizen's Advice Bureau (CAB), which provides

legal advice free of charge, or Christians Against Poverty (CAP), a specialist debt charity. You **do not** have to be a Christian to use CAP and no pressure will be put on you to become a Christian. CAP has led to the collapse of many ‘pay day lending’ organisations, which charge horrendous interest rates and usually make debt worse not better. CAP provides expert debt counselling and support to help with the difficult process of changing lifestyle and spending habits in order to become debt free. Details of both CAB and CAP are easily available online.

In the next chapter, I will look at ways of managing our emotions.

Notes

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Managing my emotions

In order to manage something, we need to be able to recognise it and know how to control or regulate it. It is just the same with emotional states. We first learn about our feelings in the relationship with our primary carer (see Chapter 3 for a detailed explanation). Unless we received good quality care, we may not be very good at knowing what emotions we are feeling. We may also have difficulty recognising what emotions others are feeling. If this is something you need to work on, a good place to start is finding out about basic emotions.

Basic emotions

Although we have a large vocabulary for emotional states, there are six basic emotions, which seem to be recognisable in facial expressions across all cultures:

Table 14.1 Universal emotional states

| | |
|-----------|--|
| Happiness | contentment, joy, elation |
| Sadness | unhappiness, sorrow, grief, depression |
| Fear | fright, terror, panic |
| Anger | irritation, rage |
| Disgust | nausea, loathing |
| Surprise | startle, unexpected feeling, shock |

These emotions drive our actions, unless we control them through the thinking part of our brain (cortex). Emotions will override our thinking or cognitions when we are under

stress or in extreme danger, because they have a quicker impact on our behaviour. As we learned in Chapter 3, the part of our brain that connects the emotional centre (limbic system) with the part that carries out higher level thinking (cortex) develops in early life. There is some research evidence that people raised in very dysfunctional contexts have limited neural connections between the limbic system and the cortex. Without this link, it is difficult to know what emotion we are feeling and to control the emotion.

Sitting and thinking about, or analysing what emotions we probably felt in various situations, particularly difficult ones, help to increase our emotional literacy. Sometimes it is easier to do this with a trusted friend or in a supportive group. On the radio I recently heard a former army officer who was seriously injured in an explosion in Afghanistan, talking about how poetry helped his recovery. He spoke movingly about how he explored his feelings, trying to use as few words as possible, and how amazing it felt to be creative.

However, for everyone some of the time and for some people most of the time, it is too uncomfortable to do this. At these times, the fundamental emotion experienced is often a form of fear, the emotion that is designed to keep us safe. When we're afraid our body prepares to take protective action in the form of fighting or running away, commonly called the 'fight or flight' reaction. Hormones are released to prepare the body for action and if we don't act, the hormones circulating in our bloodstream can make us feel jittery or stressed. Running away can be physical but it can also take the form of avoidance. Being unable or unwilling to think about a difficult past event is a form of avoidance, which the brain uses to protect us from the pain of remembering and re-experiencing it.

Anger, disgust and surprise are all linked to fear. Anger enables the body to prepare for fighting off an attacker. Disgust is linked to protection from poison, an important tool for early humans who foraged for much of their food. Disgust creates loathing for the object, so we keep clear of its harmful effects and creates nausea, another important tool if you've eaten something harmful. We may experience disgust alongside fear, for example with regard to spiders or snakes, in

which case we strive to avoid touching them so we don't get poisoned. Realising this helped me to understand why I find it just as hard to touch dead spiders as live ones.

Surprise is triggered by an unexpected event or occurrence that causes us to be on guard or alert to the possibility of danger. Staying very still can help us to avoid being seen by a person or animal that may cause us harm.

Happiness and sadness are emotions usually experienced in relation to people, animals or other things we care about, such as the environment or our possessions. Being in a good relationship with them causes happiness. Losing them, temporarily or permanently causes sadness.

Recognising which emotion you are experiencing

Sometimes it is quite easy to work out which emotion we are feeling, but sometimes it isn't obvious. If you generally know what you are feeling, then you are probably one of the lucky people who has a **secure** attachment style. However, you may not always realise that your behaviour is in fact being controlled by an emotion, and may need someone else to tell you what you are experiencing. After my third miscarriage, I didn't feel good, but I couldn't work out why. I already had a child, and I knew people who couldn't have children at all. Well-meaning relatives pointed out that my losses happened early and may have been caused because the foetus wasn't viable. I decided to consult a counsellor, who told me that I was experiencing grief for a life lost, for a child whose future had begun, even though it was cut short. I was quite relieved to find out that my depth of sadness was proportionate to my loss. Once I realised this, I let myself grieve and it helped me.

If you have developed an **avoidant** attachment style, you will have put a lot of effort into suppressing your emotions in order to keep your carer as close as possible. When they didn't respond to your attachment signals, in which you were communicating the emotions you felt, you were deprived of an opportunity to learn what you were feeling and how to comfort yourself. Instead you learned to avoid expressing

feelings and to actively repress them, trying to deny their existence. You may also have learned that caring for others is an effective way of getting your attachment needs met, and in adulthood may care for others as a substitute for self-care. Neither of these strategies erased your emotions, which were still there at a deep level exerting influence on your mood and behaviours. Unfortunately, because you denied their existence, you could not learn to control them, so there is always a risk that they will grow too big and get out of control.

Now as an adult, you need to teach yourself how to recognise, accept and regulate your emotions. It will be easier to do so in a relationship, but this can be with a pet or a virtual attachment figure if you find it too difficult to open up to other people. If you have a partner, friend or counsellor with whom you can discuss your feelings, you will make more progress. Remember that avoiding the thing you fear causes you to be more afraid of it. Facing up to your emotions will help you see that they are not harmful. In fact the underlying consequence you fear is that your carer will move away, which is no longer relevant in your adult life. Expressing emotions will only cause people in your life to move away if, as a result, you behave badly.

If you have developed an **anxious** attachment style, you put a lot of effort into communicating your needs in order to ensure that your carer responded when you needed them. When they did not respond to your signals of need, they failed to help you learn what you were feeling and how to soothe yourself. As you did not have to suppress your emotions and as your carer was sometimes responsive, you learned a little about what you were feeling, but you didn't learn how to control your emotions. Instead you learned how to pass them on to other people to deal with. As a result, you feel very scared deep down when you experience heightened emotions and you have a compulsion to get rid of this uncomfortable sensation by asking others to help you. This is a way of avoiding the emotion. You need to learn that these emotions can be tolerated so that you lose your fear of them, and to work out how to control them by yourself so you do not have to feel helpless and dependent on others.

If you have a **disorganised** attachment style, you were deprived of the opportunity to learn and to control what you were feeling. You lived in a constant state of fear, because your carer, the person your brain was programmed to go to for help, was the source of danger to you. You are likely to have used ‘dissociation’ if the abuse occurred very early in your life, as this would have been the only way your brain could keep you safe.

Dissociation is a process that puts a distance between you and what you are experiencing, a bit like going into a trance. You may experience being in another place altogether and be consciously oblivious to what is happening or you may have an ‘out of body’ experience and dispassionately observe yourself. Dissociation is very strongly linked to trauma, but it also happens to many people in ordinary life. For example, when driving along a familiar route, you may suddenly realise that you don’t recall having driven the last few miles.

Table 14.2 shows the common types of dissociation, some of which can be experienced without being caused by trauma and without adversely affecting your life.

Table 14.2 Forms of dissociation

| <i>Type</i> | <i>Description</i> |
|----------------------|--|
| Dissociative Amnesia | Having gaps in your life that you cannot remember anything about |
| Depersonalisation | Feeling as though you are outside your body, watching what is happening to it |
| Identity Alteration | Having more than one personality, that takes over your life as a distinctly different person |
| Identity Confusion | Being confused about what type of person you are, feeling as though there is more than one type inside you |

Your brain is also likely to have used other mechanisms to try to protect you from harm, such as post-traumatic symptoms,

commonly called PTSD. The next table shows the main symptoms of PTSD. These symptoms may in turn cause other difficulties such as anxiety, depression or pain. Alcohol or drugs used to try and blot out these unpleasant sensations will in their turn cause further difficulties. A vicious spiral of dysfunction can be created by not dealing with the primary cause. Table 14.3 shows the main symptoms of PTSD.

Table 14.3 Symptoms of post-traumatic stress

| <i>Symptom</i> | <i>Description</i> |
|-------------------|--|
| Re-experiencing | Flashbacks, which are sudden intrusive memories of the trauma Nightmares Physical sensations linked to the trauma such as panic, shaking, sweating or nausea |
| Avoidance | Staying away from people or places that remind you of the trauma Distracting yourself from thinking about the trauma with work or other very absorbing activities |
| Emotional numbing | This is another form of avoidance, repressing feelings or emotions in order not to experience pain or fear |
| Hyper-arousal | Constantly being alert to any signals of danger. This is extremely tiring and creates difficulties with sleeping, concentration, irritability and anger |

Dissociation and PTSD are some of the brain's ways of processing trauma and protecting us from further harm, but they can cause more difficulty once the original trauma has ended. If you suffer from significant and persistent dissociation experiences or from symptoms of a PTSD, I advise you to ask your GP or family doctor for a referral for specialist help. For more information, the NHS and Mind websites are helpful starting points.

When Eva was mugged, she suffered from panic, shaking, avoidance and hyper-arousal. Although she is a doctor and knew what was happening, she still needed the help of a therapist to overcome these symptoms.

Monitor your emotions

We have just looked at the first step to controlling, or being in charge of your emotions – finding out what you are feeling. The next step is to monitor the intensity and appropriateness of the emotion for the situation you are in. For example, if you become ecstatic when someone comments that you have made a nice cup of tea, this is probably an overreaction, whereas becoming overjoyed when the love of your life proposes to you is an appropriate emotional response. Overreacting with positive emotion is only likely to cause embarrassment, but fear related emotions can drive harmful behaviours with potentially disastrous consequences. For example, if someone insults you in a pub and you lash out instead of ignoring it, you risk causing them serious harm and being arrested by the police. Learning to control our emotions can help us to become more socially competent as well as less dangerous.

When we experience an intense feeling that is disproportionate to the apparent cause, it is likely that a deep memory has been triggered, which is the real cause of the emotion. If someone insults you in a pub and you lash out at them, it is likely that the insult evoked a past experience of shame which was so aversive that you became angry in order to drive away that feeling. (See Chapter 3 for an explanation of shame.)

Remember that when emotions dominate our brain, the higher level thinking part of the brain can't function very well. Social behaviour can be very complex and the brain needs to be working as well as it can to make sense of what is happening and how best to respond. If you are overwhelmed by anger or sadness, it will be hard for you to work out

whether this is appropriate and how best to behave. Even moderate levels of emotion can impair our social competence. For example, happiness at receiving praise can prevent us from being aware that we are being manipulated.

Zac was skilled at manipulating other people and often used compliments to put them off their guard, or deliberately provoked them into anger, so they couldn't think straight.

An immediate way of managing emotions if they start to become too intense in any situation is to become aware of the physical sensations that accompany heightened emotion. These are increased heart rate, muscle tension and shallow breathing. You may have sensations such as tingling, 'butterflies' in your stomach or nausea. When this happens, take action immediately to slow your breathing. Focus on breathing out and emptying your lungs, don't gasp for breath. Then focus on the sensations in your body and describe them (not out loud). This will refocus your attention and allow the emotion to subside so that you can think more clearly. Don't do or say anything you might regret. Resolve to analyse the situation later either by discussing it with someone or writing it down in a structured way.

Monitoring emotions can help to stop them from getting too strong and impairing our ability to think clearly. I recommend keeping a structured record of your emotions at the end of each day, together with the context and comments on whether you felt OK or wished you had reacted differently.

Keep your base level of emotion low

Another helpful strategy is to reduce your general level of anxiety or arousal so that when something triggers an emotion, it starts at a lower level and is less likely to reach unmanageable intensity. There are almost as many ways of doing this as there are ways of enjoying yourself, because

Jas had a go at recording her emotions and this is one of her entries about a situation at work:

| <i>Emotion</i> | <i>Context</i> | <i>Evaluation</i> |
|----------------|--|---|
| Irritation | One of the new TAs, Gemma, said she couldn't possibly clean up after painting as well as manage the children. Everyone sympathised and said they would find a way to help. | I find this hard too, but I've worked out how to make it fun for the children. I was irritated that no-one had noticed I could do this. I guess I could have spoken up instead of staying quiet and sulking. If I'd offered to help Gemma, it would show my competence, help her and save others from unnecessary work. Then I'd have felt good instead of irritated. |

Jas thought that her reaction might be related to low self-esteem, so she decided to create a record at the end of each day of her personal achievements.

Exercise 14.1 Jas's record of emotions

when you're having fun, you are mostly relaxing your body in some way.

Taking care of yourself, as described in Chapter 13, is a good place to begin. If you find it hard to relax, you might like to try formal relaxation or meditation techniques, such as mindfulness. Nico Rosberg, a champion Formula One racing driver, advocates daily meditation as a way of understanding emotions and relationship difficulties. However, these techniques do require regular practice to have any benefit, and they don't work for everyone. They appear to make some people's anxiety increase.

Without doing 'formal' relaxation you can achieve a lot by spending time doing what you enjoy. This does not have to be expensive, as in days at the spa. In fact, it is better to have smaller daily treats. My regular favourites are walking the dog, reading, listening to music, quick crosswords and

watching TV. I tried having a bath by candlelight, but it left me cold (literally). Looking at the horizon, especially on a starlit night, puts everything into perspective and leaves me filled with a sense of awe and wonder. I do use progressive muscle relaxation and meditation, though not as regularly as I should, but I had to learn these. I've also recently started attending a Pilates class with two friends. We have a cup of tea afterwards and my well-being is always restored. Recent research supports this strategy and has shown that if we plan our lives to spend as much time as possible doing things that make us feel good and avoiding the ones that make us feel bad, our overall mood will be more positive.¹

Don't limit yourself by thinking it's too late to start something new or pick up an activity you previously dropped. Recently, inspired by my uncle who learned to play the cello when he retired, I've started learning to play the piano again. It is much more enjoyable than when I was a child, I'm more patient with my practice and I get a great sense of achievement when I can play a piece well.

If you have an **avoidant** or **disorganised** attachment style, you might like to find an enjoyable activity that involves being with other people, such as a team sport or amateur dramatics. If you have an **anxious** attachment style, try an activity in which you are self-reliant, such as painting or woodworking. Experiment with different activities until you find one that you enjoy enough to persevere with.

Controlling emotions

Once you recognise what you are feeling and have practised monitoring your emotions you will start to recognise when they are getting too intense. You can then take steps to calm yourself or regulate the emotions before they get out of control. There are many ways of doing this, but common ones are slowing your breathing rate, focusing on your physical sensations and relaxing the parts of your body that are tense, often the jaw and the shoulders. There is an American strategy, 'do turtle', in which you imagine yourself to be a turtle pulling your head into your shell. This gives you

space in which to calm down. The UK equivalent is ‘count to ten’, another method of taking time to let your emotions subside. Nowadays you can take time out by looking at your phone, then if necessary pretend you have to leave. Taking time to consider what you want to say before speaking is important when your emotions are high, so you don’t burn bridges or further inflame a situation.

Research suggests that problem solving, acceptance and reappraisal of the issue causing an intense emotional response are the most effective strategies for decreasing negative feelings.² You do need to be calm before your brain can engage in these thinking activities:

- **Problem solving** – trying to make changes to the situation in order to make it more comfortable or acceptable for you, for example seeking help if you are in an abusive relationship
- **Acceptance** – recognising and allowing yourself to experience the emotion rather than trying to suppress, deny or avoid it. This is a good strategy for feelings that are important to experience, such as grief
- **Reappraisal** – looking at the situation differently so that it is not as difficult or unpleasant for you, for example deciding that sitting in a traffic jam gives you time to relax your jaw and your shoulders.

A more detailed, practical guide to understanding and managing emotions can be found in Paul Ekman’s book, *Emotions Revealed: Understanding Faces and Feelings*.

Emotions and behaviours

Understanding our own emotions, and those of other people, enables us to behave appropriately in social situations. First, when we’re in control of our emotions, we are able to think clearly and have a better chance of working out how best to behave. Second, when we’re not distracted by overwhelming emotions we’re more likely to notice how other people are feeling and respond appropriately.

Jas started listening properly to her friends and found this made her feel more connected and closer to them. They were nicer to her too. As a result, she found she could see her life in a bit more perspective and didn't experience such an overwhelming need to share her troubles or to be the centre of attention. Without needing to ask, she was getting enough care and attention to make her feel safe.

Empathy is a term often used for the ability to understand how someone else is feeling and the best way to respond to them. Some people naturally have empathy; others have to work at it. If you had the kind of early life that gave you a secure attachment style, you are likely to be 'naturally empathic' because you experienced a thorough learning of your own emotional states from a carer who recognised them and responded in an 'attuned' manner.

If you need to work at being empathic, having a thorough and accurate understanding of your own emotions is a good base from which to understand other people. As our self-understanding increases, so does our ability to empathise with others. Another benefit of increased self-understanding is higher self-compassion. When we are able to be kind to ourselves and reduce overly high expectations, we are more able to do the same for others.

Dan was learning from reading poetry that showing emotion is a sign of strength, not weakness and that not everyone finds it easy. This made him feel better about himself, which led to a positive consequence in the pub. Instead of not saying anything when his darts partner failed to get a double, he said 'good try, mate' and offered to buy him a drink.

Increased empathy enables us to respond in a more attuned way to others, whether their behaviour calls for compassion or reprimand.

In a meeting about NHS targets, Eva was asked by Malcolm, a senior partner, if she would take on an extra evening surgery. Her heart dropped at the thought of extra work eating into the precious time with her children. However, she realised that the extra surgery was needed in order to cope with current demands. She replied that it was a good development for the practice, while trying to think quickly of a way forward. She suggested that a workflow analysis would help to identify if there was sufficient capacity in the current team to take on extra hours.

Eva was able to deal with this situation in a manner that was fair to herself and to her colleagues and patients. She could do so because she knew her colleague well enough to understand that he was trying to find an easy fix for a difficult problem, even though he was potentially taking advantage of her good nature and dedication. Eva understood his frustration and so did not feel annoyed. Even if she had, she would still have been able to keep her emotions under control. Eva was also aware of the power dynamic in this situation, where he was both senior to her and male. Her self-esteem enabled her to act assertively rather than being submissive, angry or aggressive.

Expressing the wrong emotion or too much or too little of the right emotion is often labelled as social awkwardness.

In the hostel, Zac was so keen to please and do well that he often praised very indifferent coffee or food. Some people joked about his poor taste. This upset him and

he had to work really hard not to lose his temper. Still he persisted and learned to respond with the appearance of good humour.

Zac was lucky in having the hostel manager as an ally, she saw potential in him and was keen to help. She listened when he was upset, she helped him understand that most of the negative comments were a kind of banter and she modelled how to respond with a light touch. Her support was a crucial factor protecting Zac from resorting to alcohol, his previous way of managing difficult emotions.

In the next chapter, I'll look in more detail at how to manage our behaviours.

Notes

- 1 Webb, T. L., Lindquist, K. A., Jones K., Avishai, A. & Sheeran, P. (2018). Situation selection is a particularly effective emotion regulation strategy for people who need help regulating their emotions. *Cognition and Emotion*, 32. www.tandfonline.com/doi/full/10.1080/02699931.2017.1295922
- 2 Lennarz, H., Hollenstein, T., Lichtwarck-Aschoff, A., Kuntsche, E. & Granic, I. (2018). Emotion regulation in action: Use, selection, and success of emotion regulation in adolescents' daily lives. *International Journal of Behaviour Development*, 1–11.

Managing my behaviours

How we behave is often driven or influenced by how we feel. Because our emotions are so important to our survival, they prepare our bodies for protective action. Becoming more aware of our emotions and being in control of them, will help us to have more control over how we behave.

As well as emotions, there are other strong influences on our behaviours. The first will come as no surprise; it is our attachment style and the basic template created in relationship with our primary carer about how others value us and how they respond when we have needs. The second key influence on our behaviour, rightly so, is the context we are in at the time. Sometimes, we are not sufficiently aware of the influence of context, and think we are making free decisions. For example, supermarkets spend a lot of time and money designing their stores to encourage us to buy more than we intend or need. A third powerful influence on our behaviour is habit, doing what we've always done. However, habits can be changed and research has shown that the willpower to change habits works a bit like a muscle, the more you use it the stronger it gets.

Attachment style and behaviours

If you have a **secure** attachment style, you have already learned how to behave appropriately in similar contexts to the one in which you were raised, though you might be vulnerable to being manipulated by those who know your general willingness to be helpful. However, as Eva managed

when her senior colleague tried to exploit her good nature, you can learn to spot this.

If you have an **avoidant** attachment style, you have learned to fear closeness and dependency because for you, this was associated with your carer going away from you. They only stayed nearby when you were quiet and made no fuss. As babies, we are utterly dependent on our carers for survival. Losing your primary carer could mean the end of your existence. It is no wonder that with such high stakes you have learned to fear dire consequences if you show how you feel or become at all dependent upon someone.

Your route to change is to learn deeply that you are no longer dependent on your primary carer, or indeed any single person, for your survival. You can go it alone if you wish. However, that isn't, deep down, what you truly want. Just like all humans, you desire closeness and connection. You have learned in a distorted way that only by repressing your wish for closeness and connection, can you have any at all. Now you need to tell yourself that it is:

- normal and healthy to want close connection with others
- you are more likely to achieve this if you express your feelings
- if you tell someone how you feel and they leave, you won't die
- people who care about you will not leave if you tell them how you feel.

In other words, you have to reverse what your brain's primary programme is telling you to do. Eventually with enough repetition, this may come to feel natural and not scary.

Dan found that his colleague Ryan, who seemed a normal kind of bloke, liked poetry and was comfortable talking about feelings. Encouraged by this, Dan decided to take a risk and share his feelings with Erik. He wanted to let Erik know that their relationship was

becoming important to him, so he texted to say he'd like to take him to London for the weekend and would get tickets for his favourite show. Then he waited anxiously.

You have nothing to lose by confiding in friends and in a partner/potential partner. If they have your best interests at heart, they will respond in a supportive and encouraging way. If they are mocking or unkind, they are not the right friends for you, and you have done well to find out.

Erik was in a lecture when the text came through so he couldn't respond immediately, but he was really surprised and very pleased. As soon as he could he texted back 'Great, Lion King please'. Dan was so relieved and pleased that he uncharacteristically went to find Ryan to tell him.

If you have an **anxious** attachment style, you have learned that you must express your needs all of the time or your carer won't notice when you are really in need. You may also have learned you can get more of their attention by reversing roles and looking after them. This constant striving to stay safe has led to chronic anxiety and a need to be active in averting potential harm. So, when you have dealt with one problem in life, another one will pop up in your mind for you to work on. This is your brain's way of ensuring your safety. Continual expression of need is very tiring for you and frustrating for people around you. Whatever they do, you are not satisfied, but find something else to worry about.

This behaviour does not enable you to achieve a sense of safety and security. Quite the opposite, your constant anxiety drives others away, makes you fearful and unsettled and disturbs your sleep. You are then less able to see your worries in perspective and dismiss them and so the spiral continues.

You need to recognise and to believe that you are no longer dependent on the carer who was scarily inattentive. In fact you are not dependent on any single person for your safety and survival. You need to resist your brain's command to keep signalling some form of need or sorting out other people's lives. You now have other ways of staying safe and caring for yourself. If you can't resist trying to help others, why not channel this drive into volunteer work where your efforts will be valued?

Jas wanted to see more of Rob, but she recognised that it would be easy to fall into telling him all her troubles if they just went out to the pub. One evening, she decided to ask if he needed help with the organisational side of his rugby coaching. At first he didn't reply, and Jas feared the worst. She was about to say it didn't matter, when he said that there was a lot of admin to do, especially around safeguarding, and if she was serious, he'd love to have her on board. Jas was so pleased that for once she had nothing to say, she just grinned.

Your desire, along with all humans, is for closeness and connection, and you are reducing the chances of this happening by communicating needs too frequently. In fact, if you are unlucky, you may end up in a relationship with someone who exploits your neediness for their own ends. Such a relationship could be deeply abusive, emotionally or physically. If you suspect you are in such a relationship, take some form of action as soon as you can. Talk to someone you trust, find information on the Web, and make sure you keep yourself safe.

You need to re-programme your brain to value being self-reliant, sorting out your own solutions to life's problems and calming your emotions. Friends and partners who care about you will not disappear if you stop telling them your troubles or refrain from organising them. Quite the reverse, you are more likely to keep your relationships for longer and make

new and better ones. Only the relationships that are not good for you will disappear.

If you have a **disorganised** attachment style, you probably use methods of control, either coercive or seductive, in order to make people do what you want them to. Your brain has learned that there is no reliable strategy to ensure your carer will keep you safe and so your brain tries to keep you safe by making you take control. In this context, taking control is synonymous with being more powerful. Your behaviour is also likely to be affected by symptoms of PTSD and dissociative phenomena. Without realising it, you are actually in a constant state of fear, like being on a battlefield with enemies all around who must be defeated or else you perish.

It will be very hard for you to change this programme without external help. Like Zac you may find yourself in a supportive context with someone who wants to help and has the right resources to do so effectively, but you will need to recognise the opportunity and seize it. You may end up in the legal system and have a court order prescribing therapy for you. If so, try and see it as a gift, not a punishment, and work with your therapist to make the most of the help you are given. It should be life changing; this is what the court wants.

Changing our behaviours

Having worked out what you want to change is another step in the right direction. However, behaviours are rather like habits, they can be difficult to change. And then there's the big question of what to change them to. After all we spent many formative years acquiring and perfecting our current behaviours.

How can we work out good patterns of behaviour without having to make too many mistakes? The short answer is that at times we all get it wrong and have to engage in damage limitation. So, don't let fear of making mistakes stop you from taking the plunge and trying out something new. Remember, unless you have a secure attachment style, your brain is working from an outdated programme that is no longer fit for purpose.

What's the worst that could happen if you make a change? People might notice and sneer at you? If that happened, it would be hurtful and embarrassing, but people who would do that clearly do not care about you. So, are you going to let them spoil your chances of having a happier life? Some of the main self-imposed barriers to change are:

- fear of the consequences
- fear of the unknown
- embarrassment or fear of what people will think

| | |
|---|---|
| Fear of the consequences | What are the current consequences of how you feel and behave – do you feel good? If not, maybe change will bring improved quality of life. |
| Fear of the unknown | The unknown is always with us. Life won't stay the same, even if we don't change. |
| Embarrassment or fear of what people will think | When we fear what people might think, we assume it will be negative. FNE (Fear of Negative Evaluation) is very common. But people don't evaluate us very often because they are mostly focused on themselves and their own concerns. When they do, it is likely to be positive. If they evaluate us negatively, their opinion may stem from their own difficulties rather than a true appraisal of what we have done. |
| Procrastination, always having a good reason to start tomorrow | There will never be a perfect time to make changes. Procrastination is a form of fear. If we give in to it, the fear will grow. |
| Comfort in our way of life, ingrained habits, 'better the devil you know . . .' | If you are holding on to familiarity, remember that it does not take long before new behaviours turn into habits and feel comfortable. Also change is inevitable . . . |

Exercise 15.1 Self-imposed barriers to change

- procrastination, always having a good reason to start tomorrow
- comfort in our way of life, disinclination to change ingrained habits, ‘better the devil you know . . .’

Are these barriers protective, or are they blocking the gateway to a better life?

Only you can tell. In Exercise 15.1 you will find a few observations on each of them to help you decide.

The next question to ask is how do I know what to do if I want to behave differently? How can I learn what is acceptable and what will be good for me and my family, friends and colleagues? One handy tip is to remember that we have one mouth, two eyes and two ears. In other words, spend twice as long listening and observing others than you spend talking. Watch and learn what is going on before you jump in with your contribution. At the same time you are giving a gift to others of your full attention, which will bring benefits to healthy relationships.

Observing others

The simplest way to work out how to behave in the various contexts in your life is to watch what other people do and learn from that. You could do this generally and also focus on an aspect of your life that you struggle with and look at what other people do in the same or similar situation.

At work, Dan noticed that people often asked his colleague, Gary, to help or to take on special responsibilities. He was surprised because he thought Gary was quite stupid and didn't know what he was talking about. He decided to observe Gary to find out why he was singled out so often. Dan discovered that Gary was always pleasant and asked after people. He also spoke in a kind and gentle manner, going round the houses a bit, so it was not easy to work out if he made sense.

Dan realised that people gave him the benefit of the doubt because they liked him and he made them feel good. Dan didn't want to be like Gary, but he decided to try and be less sharp and critical, and maybe to show a bit more interest in his colleagues.

Observing others will have extra benefit if you write down what you learn in a reflective diary or journal.

Zac decided he would write down at the end of the day how well he had managed to cope with banter. He also decided to write down what others did. He found out that they didn't all come up with witty responses or clever put downs. In fact he was rather reassured to see that mostly people gave a smile and said things like 'What are you like' or 'Very funny'. Zac decided he could do this and started thinking of phrases to use.

Listening to feedback from others

Although it can be scary to ask, other people will have helpful observations about your behaviour. Do you remember the Johari window I described in Chapter 2? Learning from others will decrease your 'blind spot', which is made up of knowledge other people have about you that you don't know. If you can bear to ask, you will learn invaluable information and you will increase your self-knowledge. I think this is a benefit worth having, even if it makes you feel uncomfortable for a while.

Jas decided to be brave and ask Rob if he thought she would make a good teacher. She was so anxious that she

forgot to listen at first and started telling him why she wouldn't be any good. When she realised what she was doing, she apologised and said 'I'll shut up now and listen'. Rob turned out to be an excellent person to ask. He said he'd noticed all the recent changes she'd made, like joining a choir, listening more and complaining less, and thought that as she was managing to reform herself she'd be great at helping to educate others. This moment was a turning point in their relationship, too, increasing their respect and liking for each other.

Looking for patterns and explanations, being curious

If you do keep a journal, you can look through it for repeated patterns of behaviour, yours and other people's, and try and find explanations for these.

Dan noticed that Erik never asked for explanations when he couldn't make a pre-arranged date. He had always been relieved and not interested in why, just thought that made him a good person to be around. However, as he learned more about other people's feelings he became curious about why Erik didn't even ask, let alone quiz him on these occasions. He then started wondering if Erik cared about him and whether he'd like their relationship to last. He found himself realising that he wanted it to continue and he hoped Erik did too. He decided he would give an explanation next time he needed to cancel a date.

Repairing relationships

One of the hardest things to do if you have an insecure or disorganised attachment style is to repair relationships when

there has been a falling out of some kind. It is difficult whoever is to blame or if it is no-one's fault. It takes courage to make the first move. If you read Chapter 3, you will find an explanation about repairing relationships in the section on shame. If your carer left you in a state of shame for too long and didn't take responsibility for repairing your relationship, you will be vulnerable to experiencing shame, a very aversive feeling, and you will not have learned how to repair relationships, nor the great benefit and emotional relief of doing so.

Zac felt bad after swearing at Sky. He realised he was at fault and he really wanted to get to know her. When he felt he could talk about it, he asked Mandy, the manager at his hostel for advice. She said that Sky really enjoyed gardening and was hoping to get an apprenticeship in horticulture. Meanwhile she was spending a lot of time helping in the local community garden. Zac thought that gardening sounded like a really boring thing to do but he accepted Mandy's offer to introduce him to the people who ran the community garden project. While he was there he took the opportunity to wave and smile at Sky, hoping she would respond. She didn't exactly smile, but she didn't turn her back on him either.

Zac felt really good after his visit to the community garden. He was pleased he'd been able to take a positive step towards getting to know Sky. He also found that the community garden was quite interesting. He signed up to help, partly to see more of Sky, but also because he was genuinely interested. His life had begun to turn around, he had found two activities he was interested in, working in the hostel and gardening. It also looked as if he hadn't completely ruined his chances with Sky.

As with other changes in behaviour, it can feel risky to do something different, especially if the potential consequence

is being thrown into that horrific feeling of shame. However, it is quite simple to start relationship repair, just say 'I'm sorry, can we talk?' If the other person rejects the offer or acts angrily, just walk away and cut your losses. They may actually come back to you later when they've had a chance to think, and be willing to talk. If they accept immediately, then you're on to a winner, and you've found out that this person is worth having a relationship with.

Eva told her book group that she really enjoyed reading popular fiction. One of the founder members, Camilla, was shocked that a GP could have such 'poor' taste. She stopped being friendly towards Eva and even cut across her in some discussions. Eva was puzzled, not knowing what she'd done wrong. She decided to try and talk to Camilla, to find out what was going on, but she was rebuffed. Instead, she mentioned her concern to someone else who explained that Camilla disapproved of certain types of books and was probably reacting to Eva's preferred choice of reading. Eva thought she might not want to stay in the book group, even though she had really enjoyed it, and wondered what to do. In the end, she decided to explain to Camilla that she liked reading for escapism at the end of stressful days at work and she read a range of books because it was important to her keep up with the things her patients might be interested in. Camilla's response was quite patronising, so Eva decided she would see if she could find a more inclusive book group.

Eva persisted and was eventually successful in repairing her relationship with Camilla. In the process she learned that Camilla wasn't the kind of person she'd like to spend her precious leisure time with. She knew there were other options and made a wise choice to find a book group in which she may feel more at home. If Eva does not find another local

book group, she can start up a new one herself, find an online group or choose a different leisure activity for a while.

Managing unexpected or tricky situations

Actually we can cope with most things that life throws at us. We need to remember that our brains have done a great job in keeping us safe so far and that with a bit of re-adjustment they can continue to do so. If you have worked your way systematically through this book, you will have learned about how your brain was programmed in your earliest life, and what sort of impact that original programme has had on your relationships and your well-being. You will have read many suggestions for helping to re-programme your brain and you are becoming well equipped to cope with tricky situations. So have confidence in yourself.

Dealing with situations in which high levels of emotion are triggered can be hard for anyone, including those with a secure attachment style. If you find yourself in such a situation, it is a good time to make use of our adult ability to call to mind a secure base or attachment figure that is not physically present. Just reminding yourself of that person, pet or place can have a beneficial impact on your emotion and on your behaviour. This process is called ‘security priming’ in research trials, and has been found to help people behave as if they have a secure attachment style.¹ Security priming has been found to decrease people’s distress, increase their levels of compassion and their willingness to help others.² Security priming also helped people with insecure attachment styles to keep an open mind and avoid making hasty judgements about others.

It can be hard to remember what to do when caught up in a difficult confrontation. I’ve created an acronym, which I find helpful when my blood starts to boil. It’s very simple, just the sweet-smelling flower ROSE. Visualising the delicate petals and remembering the heady perfume can help provide enough distraction to allow my cortex to win control back from my limbic system. I hope it works for you too. You can find pictures on the Internet to help you visualise, but you’ll

have to visit a garden centre for the fragrance or you could grow one of your own. If the situation calls for it, you could imagine the ROSE's thorns providing a protective barrier for you.

If the situation is so bad that this isn't sufficient to calm you, then use the initials ROSE to remind you of actions you can take to manage your emotion and stop yourself behaving in a way you might regret. Exercise 15.2 shows the ROSE acronym:

| | |
|------------------------|---|
| R ecognise | the real cause of high emotion, it might come from your past |
| O bserve | your physical sensations and focus on breathing out |
| S ecurity prime | bring to mind your current secure base (person, pet, or place) |
| E scape | if necessary, to the loo, or say 'I have to go'. You don't need a reason. |

Exercise 15.2 ROSE acronym for managing intense emotion

As with all acronyms, this may or may not work for you. If it doesn't and you like the idea, you could have fun trying to create your own. It'll fit you better and you will be more likely to remember it.

I find visual images very helpful. This month I had a re-root canal filling. If you've ever had one you'll know all about rubber dams and the strain and discomfort of someone digging down into your tooth for an hour, wondering when it's safe to swallow or deal with the tickle in your throat. This morning in church, when I should have been concentrating on the reading, I suddenly had an image of root canal work being like the task we all have to do of excavating back to the deepest layers of our past, to clear out the events and memories that still cause us pain or discomfort and have an impact on our lives. I tried to imagine the drill and the dental files delicately scraping out the parts of my mind that get

triggered and make me respond too intensely to current difficulties. That is the task that all of us who are reading this book for help need to accomplish.

We also have to change the tune we've played through our lives, to one that is more harmonious. This is no easier than my current struggle on the piano with a Mazurka that has fiendish chords and a tricky rhythm. I feel very sorry for my husband as I wrestle with it day after day. That is a solitary task, though. Perhaps our ultimate aim is more like singing in a choir and listening to the other parts so that even if the choir goes flat or out of time, we're still in harmony with them.

So far in this section, I've focused on how to help ourselves. In the next chapter I will move on to external and professional sources of help. If that sounds too expensive don't be put off, some sources of help are free of charge or low cost. I will cover how to choose the best source of help for you, as well as how to work out whether or not an intervention is actually helping you. The old saying 'it has to hurt or taste nasty to be good for you' isn't always true.

Notes

- 1 Mikulincer, M., Shaver, P. R., Sahdra, B. K. & Bar-On, N. (2013). Can security enhancing interventions overcome psychological barriers to responsiveness in couple relationships? *Attachment and Human Development*, 15, 246–260.
- 2 Cassidy, J., Stern, J. A., Mikulincer, M., Martin, D. R. & Shaver, P. (2018). Influences on care for others: Attachment security, personal suffering, and similarity between helper and care recipient. *Personality and Social Psychology Bulletin*, 44, 574–588.

Where can I get further help?

Getting further help may seem daunting, but there are a variety of sources. If you have worked through this book, you will have some understanding of your strengths and needs and will have developed ideas about the type of help you would prefer to receive. External help may be simpler and easier to access than you expect, so, don't panic or procrastinate, but sit down and work out calmly and logically what you need help with. Then read this chapter and work out what might fit the bill.

Nowadays there are so many potential sources of help; it can be difficult to know where to start. I will try and provide a useful guide for where to look, what to look out for and what questions to ask. I'll also provide some suggestions for how to decide whether any interventions you are receiving are helping you.

Books

You are looking at this book, so you probably find reading useful. I find browsing in a bookshop helpful, because you can read as much of a book as you want. Some have reading areas or even cafés to make browsing more comfortable. Public libraries are a free source of books, though the choice may be limited. Some ebooks are cheaper than paper books and there are sources of second hand books online and in charity shops. Check the qualifications of the author. Are they an expert in their field or a journalist who does not have specialist knowledge or experience? If so can they write well

and present complex ideas in an accessible form? I think a good guide is whether you enjoy reading a book and whether the advice it offers seems helpful and sensible to you.

The UK Royal College of Psychiatrists recommends the ‘Overcoming’ series of books, such as ‘Overcoming Anxiety’, which are mostly based on CBT (cognitive behaviour therapy). You can find details of these books on an NHS (National Health Service) website which also provides guidance on how to choose self-help books and online therapy support: www.nhs.uk/conditions/stress-anxiety-depression/pages/self-help-therapies.aspx

The NHS also runs a scheme called ‘Reading Well: Books on Prescription’. If you do an Internet search for it, you will find a list of self-help books which have been endorsed by mental health professionals and which some libraries in England keep in stock. There is a long list of books on a wide variety of mental health topics such as worry, depression, anger, relationship problems, self-esteem and sleep problems, and physical health conditions such as pain, stroke, diabetes, heart disease and dementia. There is also a list of accessible books for young people on topics such as autism, ADHD, body image, bullying, self-harm and mood swings. On the Psychology Today website, Susan Krauss Whitbourne has written a thoughtful blog on how to choose, use and critically evaluate self-help therapy books.

Don’t forget the benefit of reading just for fun. I love escaping into Terry Pratchett’s Discworld and until he died in 2015 I looked forward to receiving his latest book each Christmas. My most recent ‘feel good’ finds are Jenny Colgan’s romance, *Little Beach Street Bakery*, which features a puffin called Neil, and Jacqueline Winspear’s *Maisie Dobbs* series about a ‘psychologist and investigator’ in the 1930s. I like books that give me a sense of hope and optimism.

Internet

The world wide web is a fantastic source of information and advice. It’s hard to remember what it was like to be deprived of all the information we now have at our fingertips. However, there is a lot of information on the Internet and it is of

variable quality. You can take a sensible shortcut by consulting the NHS website or those of major mental health charities, such as MIND, Relate, Dove or Cruse. You can also look at websites of online self-help groups. Some UK examples are Anxiety UK, Rethink, Mumsnet and The Survivors Trust (for survivors of rape and sexual abuse). In the USA there are many more, such as Psych Central, Health World, Option B and Mental Health America. You may need to join a group in order to gain the information and support you want. If you decide to join an online support group make sure it is well managed. Option B provides a comprehensive set of 'ground rules' in their Community Guidelines. I recommend reading these and checking whether your preferred group has a similar set of safeguarding principles.

It is also a good idea to read several online sites on any particular topic to check that what you are reading is widely accepted mainstream advice. You can also use Google scholar which shows articles that have been published and probably have been refereed (quality checked) by experts on the topic. A good source of expert information on the Internet is TED talks. They started being made in the 1980s and originally TED stood for Technology Entertainment and Design. They are short films, mostly ranging from 5 to 30 minutes long, which provide brief introductions to a wide range of topics. They are very slick and usually entertaining or amusing in some way. You could start by searching for the Ten best Ted Talks on Mental Health. My favourites in this list are Temple Grandin and Martin Seligman.

Another Internet option to consider is therapy online, which provides computerised therapy programmes. The NHS website provides information about On Line Help, which is mostly accessed via a GP referral. It currently offers Computerised Cognitive Behavioural Therapy (CCBT) programmes for:

- Agoraphobia or Social Anxiety
- Anxiety
- Depression
- Eating issues
- Pain management

- Panic
- Phobias
- OCD (Obsessive Compulsive Disorder)
- Sleep difficulties
- Stress.

An online mentor guides you through most of these therapy programmes.

Activities

Some activities can be expensive, but walking, which seems to be good for everything from back troubles to depression, costs nothing except your time and the price of a sensible pair of shoes. Getting a pet dog would ensure that you undertake your walking therapy regardless of the weather or how you feel. Dogs and other pets are generally considered to be good for our health, lowering blood pressure, alleviating depression and possibly helping to modify our attachment styles. However, having a pet, particularly a dog, is a big commitment, and unless you are keen for other reasons, an electronic device such as a 'fitbit' can encourage adherence to an activity programme without needing time consuming and expensive maintenance. Aim for the recommended goal of 10,000 steps a day. This certainly helped to improve my bone density after the menopause.

Walking may be solitary but if you join a rambling group you get the added benefit of companionship, which is good for well-being and mental health. Other ways of combining activity and social networks are team sports, exercise classes or joining a gym. Ballroom dancing has regained popularity and provides an excellent physical and mental workout, as well as glamorous social opportunities. Everyone has their own preferences. Take heed of yours, this will help to ensure you persist. Your taste may change over time, so don't be afraid to change what you do. When I was younger I enjoyed a running group that ended up in the pub. Now I look forward to a cup of tea with friends after our Pilates class.

Finding a therapist

Using your own resources may be sufficient to deal with your issues or you may decide that you need some extra input. This can be light touch or more intensive and may be accessed from people you know through to expert mental health professionals. Signs that you could benefit from therapy include:

- Despite your best efforts and help from family and friends, you don't feel good
- Your emotions are easily triggered and you struggle to manage them
- You find yourself repeating patterns of behaviour, even though you try not to
- You worry constantly, even when there's nothing obvious to worry about
- You are using harmful ways to cope such as alcohol, drugs or anger
- You have very low mood, eating difficulties or unpleasant psychological phenomena such as hallucinations or hearing voices.

You may be able to turn to a trusted friend or colleague for help. If you belong to a religious group, your leader, whether priest, rabbi or imam, may offer support. Some faith groups organise counselling, such as the Muslim Women's Network and the Muslim Community Helpline; Jami and Raphael (Jewish Mental Health Services); or Acorn Christian Listeners. Charities such as Mind (mental health problems), Relate (relationship counselling), Dove and Cruse (bereavement care) provide low cost or free therapy. Other specialist charities such as CAP (Christians Against Poverty, but you don't have to be a Christian to get their help) Crisis and Shelter (homelessness) provide free help, advice and counselling related to their expertise.

In the UK, your GP can refer you to primary care services such as IAPT (Increasing Access to Psychological Therapies), which provides CBT based therapies for anxiety and depression. For more complex difficulties, your GP can refer you

to an adult mental health (AMH) service where you may see a mental health nurse, a practitioner psychologist or a psychiatrist. You do not have to pay for any of these services.

In the USA and Canada, there are many websites that provide helpful information on all aspects of well-being, including advice on finding a therapist for psychological difficulties.

Some employers provide counselling for their employees through Employee Assistance Programs (EAPs) or in-house counselling services. Colleges and universities provide counselling services for their students, which in the UK are free of charge.

If you have the resources to pay for therapy, or you have health insurance, you can increase your choice, though your insurer may decide who you are allowed to see for your particular health issue. Currently, the cost for a one-hour session in UK is between £50 and £100 per hour, with the most highly trained and skilled therapists, such as practitioner psychologists being the most expensive.

Choosing a therapist

Ensure that your therapist is fully qualified. In the USA and Canada, therapists will be State Licensed or Certified. In the UK, the best way to check whether a therapist is qualified is to see whether they are members of their relevant professional or regulatory body. By law, medical practitioners must be registered by the General Medical Council (GMC) and Practitioner Psychologists must be registered by the Health and Care Professions Council (HCPC). Other relevant professional associations that check their members' qualifications include:

- ACAT (Association for Cognitive Analytic Therapy)
- AFT (Association for Family Therapy)
- BABCP (British Association for Behavioural and Cognitive Psychotherapies)
- BACP (British Association for Counselling and Psychotherapy)
- BPC (British Psychoanalytic Council)

- BPS (British Psychological Society)
- NCS (National Counselling Society)
- UKCP (UK Council for Psychotherapy).

You may have some choice over the type of therapy you want to receive. In general, CBT has a more practical focus with homework and practical exercises to undertake. Humanistic, systemic and psychoanalytic therapies consist mainly of talking. However, many therapists use more than one theoretical model and will tailor their intervention to your needs. You may wish to have some form of animal assisted therapy, such as Equine Assisted Therapy with horses or Pets As Therapy (PAT), which have been found to be effective for many types of psychological difficulties. You would need to search online as these forms of therapy are not available everywhere.

When you have found a therapist you think might help you, there are still some preliminary questions you might like to ask, but only ask the ones that are relevant to your situation:

- How long is your waiting list?
- Do you work with men/women/children/couples/families? (Whatever group you are looking for)
- Are you a licensed psychologist in the state where I live? (USA)
- Which professional body are you registered with? (UK)
- How many years have you been practising?
- Do you help people with problems like mine?
- What therapeutic approaches do you offer?
- What are your fees?
- Do you have a sliding-scale policy if I can't afford your regular fees?
- How do you accept payment?
- Do you accept Medicare or Medicaid (USA), BUPA or AXA (UK)?
- Will you accept direct payment from my insurance company?
- What is your policy on paying for missed appointments?

Seeing a therapist

When you're satisfied and are ready to make your first appointment, remember to arrange it for a time that is convenient for you and to check how long it will be. You might also like to ask for directions and, if driving, ask about parking.

At your first appointment, your therapist should explain issues such as confidentiality and safeguarding. Ask if you don't understand anything. It is a good idea to take a notebook with you, in which you can write down things you want to ask or tell your therapist. You can also take notes in your session if you wish to ensure you remember important points.

Your therapist will need to take a full history from you and assess your difficulties. They'll be interested in your strengths as well. It is an important time of getting to know each other and for you to get used to your therapist's style and decide if you can trust them enough to work openly with them. Follow your instincts and go at your own pace.

Once you feel confident, be as open and honest as you can. The more you collaborate, the better it will go. Despite popular mythology, psychologists can't read minds.

At the end of your first session you may be given immediate suggestions to help you, or homework to do, depending on the approach your therapist uses. At some point during the first four sessions, you should be discussing a formulation and an intervention plan. If your therapist does not seem to be doing this, ask them about it. This will enable you to understand and feel more in control of what is happening.

Safety and well-being in therapy

Even though you are seeing a professional, you must still retain responsibility for your own safety and well-being. As I'm sure you're aware there have been cases, some high profile, of therapist abuse. As recently as January 2018, the horrific details of Dr Larry Nassar's sexual abuse of young patients during massage therapy were revealed in the courtroom.

Never do anything that makes you feel uncomfortable unless your therapist gives a good reason, and explains in a way that you can understand, how this will help you. Tell your therapist if you're not sure, they should be able to explain more clearly or if necessary adapt their approach so you feel comfortable with it.

There may be occasions when it is therapeutically justified to push you out of your comfort zone. For example, as I explained in Chapter 14, when we avoid something harmless that frightens us, we make the fear grow. So your therapist may encourage you to stop avoiding your feared object or situation. This may be a spider, walking down the street or speaking honestly to your boss. Doing or even talking about something you fear will cause you discomfort, but there is an excellent therapeutic reason for doing this. Your therapist should make it as easy as possible for you to face your fear.

Don't stay if you feel unsafe. Trust your instincts on this. Our brains are good at pattern recognition and will signal immediately if there is an unexpected change in patterns that may signal a threat. A good therapist will respect your wish to leave and will treat it as additional data to help improve their understanding of your difficulties. If your therapist tries to stop you leaving without good cause, or is angry or punitive in some way at your decision to leave, then you should not go back to them.

Make sure you're comfortable with the venue for the therapy. If it is taking place in someone's private home, do you feel safe there? A wise therapist will choose a seating plan that does not block your route to the exit. Ensure you have your phone with you. If possible, choose a therapist who operates from a clinic with a receptionist, or where other people are working in the building.

Therapy is a collaborative process, and you will be revealing a lot of delicate personal material. If you like your therapist and they make you feel good about yourself, this will help your progress in therapy. Many research trials have shown that the quality of the relationship with a therapist facilitates improvement. However, your therapist should not step over

the boundary of the professional relationship. Ethical codes of conduct state that your therapist should never date you or have any form of intimate relationship with you.

Therapy is all about your needs, in that respect it is a one sided relationship, and so in my opinion it is incompatible with friendship for the duration of the therapy. This does not mean, though, that your therapist may not behave in a friendly manner. It means that they should not expect you to listen to their worries, or to meet up with them except for bona fide therapeutic purposes. In fact your therapist should not make any demands of you whatsoever, other than to co-operate with the therapeutic process and, if it is in the contract, to pay for their time.

Your therapist should respect you as the expert on your own difficulties and as the expert on what you feel you can manage. Briere, a specialist in working with deep and complex trauma, recommends that therapists should work with strategies their clients have developed to help themselves, rather than introducing unfamiliar and uncomfortable techniques.¹ Though they may encourage you not to engage in harmful avoidance, they should not push you further out of your comfort zone than feels right to you. Your therapist should not make you feel that your troubles are your fault, or that you are to blame for any lack of progress or therapeutic change.

How to assess whether your therapy is helping you

Interventions are evidence based, usually underpinned by psychological theory. If you ask you should get a clear explanation of the theory and evidence guiding the therapist's formulation of your difficulties and intervention plan. Your understanding of this theory will help you to start to manage difficulties independently in the future. During therapy, a therapist should be helping you to develop new skills to facilitate and encourage your emotional development. Like a good parent, your therapist will be preparing you for life without them.

Your therapist may check your progress at regular intervals, if they don't you can ask them how they think you are getting on and how much longer they estimate you will need in therapy. If you're paying privately don't feel pressured into having more sessions than you think you need.

You can assess your own progress with a commonly used psychological method called SUDs or Subjective Units of Distress. Using this method you can consistently measure how you feel after each session, and collect a record of your progress over time. It is very simple, just draw some lines approximately ten centimetres long and put the numbers 0 to 10 along the line. Then label each end of the line with a brief description of the problem you are working on so that at one end the label indicates no problem and at the other end that the problem is severe. You may prefer to be positive and measure how good you are feeling after each therapy session. Here's a couple of examples:

| | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|---|---|----|---------------|
| Calm | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very anxious |
| Feeling Bad | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Feeling Great |

Exercise 16.1 Subjective units of distress for measuring progress

At the end of each therapy session, circle a number to indicate your level of anxiety, well-being or whatever you are measuring. Make sure you include the date and, if you wish, any other information relevant to how you are feeling. You may want to give a reason if your emotion is unusually elevated, such as having an exam, or receiving bad news. Such information will be helpful and you will produce a useful chart of your progress.

Assessing your progress enables you to see whether the therapy is working. However, don't expect a continuous increase in well-being, there will be times when your progress remains static or even goes backward. Indeed going backward may be a good sign that you have become ready to tackle deeper hurts. Overall, there should be progress towards your goal.

Another good reason for recording your progress is to enable you to appreciate how well you are doing. When our mood or health improves, we quickly treat this as the norm and forget how bad we were feeling. It is good for our self-esteem to recognise the progress we have made.

The length of therapy will vary. Many people feel better after 6 to 12 sessions, but you may need more. It is fine to stop having therapy when you want to. You may feel you've done enough or that you'd like to enjoy the new found sense of well-being before resuming therapy at a later date. You may feel you need to stop for a while because of personal circumstances, or you may need a temporary break from focusing on painful issues. In any form of skill development, including psychotherapy, in which you are learning new emotional and behavioural skills, it is often a good idea to have periods of consolidation between times of active learning.

I have focused rather a lot on the potential dangers and pitfalls of therapy, but let me assure you that my own experiences of therapy, both as client and therapist, have been very positive. Unpleasant experiences have been rare.

Working with your attachment style

Remember all you have learned about your attachment style, the ways in which it affects your relationships and impacts upon your sense of well-being. Remember that once you understand about the hidden motivations to behave in certain ways, you have a choice about what to do. It may feel scary to change, but there are a lot of people out there who can help you, if you reach out to them.

Feeling good

In whatever way you have chosen to use this book, I hope it has been helpful to you. Most of all I want you to have a greater understanding of why you don't feel good enough and what you can do about it.

Notes

- 1 Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, T. Reid & C. Jenny (eds) *The APSAC Handbook on Child Maltreatment*, 2nd edition. Newbury Park, CA: Sage Publications.



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PART 5

Additional information



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Strengths and limitations of research evidence

Psychological research has been published since the nineteenth century, quite possibly much earlier, depending on how wide a definition of psychology you use. Although research has increased our knowledge of human behaviour and has produced some robust findings, it is important to be cautious about claims made from even the most rigorously conducted research.

The number problem

As someone once wrote, ‘There are three kinds of lies: lies, damned lies and statistics’. There is certainly some truth in this. Research is almost always based on a small sample of the whole population in which the researcher is interested. For example, if you want to find out why people become depressed the methods you might choose could be Observation, Interview or Questionnaire. It would be impossible to observe, interview or send questionnaires to all the people suffering from depression in the world, or even in the UK or the USA. This is partly because the researcher would not know who all these people are and partly because the task would take too long and be too expensive.

The largest research trials only have thousands of research participants; more commonly tens or hundreds of people are selected to be a ‘representative sample’ of a larger population of interest. This research will provide useful information about depression in general, and depression as experienced by that particular sample and people similar to

them. However, if you are reading the results of research to discover explanations about your own experience of depression, the findings may not help if the people in the sample are very different from you.

A second number problem comes from the statistical analysis of the research data. If a research trial shows that cognitive behaviour therapy (CBT) gives the best results for helping people recover from depression, there will be a few research participants who do not benefit from CBT. Within statistical analysis, trends are identified in data, which means that most participants behave in a certain way, but not all of them. Research publications do not always report outlying data very clearly, and these data may get left out of second hand reports of the research in the media. So, research often provides data that is more useful for making decisions about the provision of services in general than for the individual. You may be more like the people who benefit from CBT or you may be more like those who don't.

One potential solution to the number problem is for several different researchers to ask the same question in different countries and with research participants taken from different populations. This does happen and can sometimes provide very robust answers to a research question. However, researchers often use different methodologies, or ask different questions, so that the results cannot easily be compared.

Cause and correlation

For practical and ethical reasons, most research carried out with people can only produce correlational data, not causative data. This means that the research can only find that there is a strong association between two variables, rather than proving that one causes the other, for example between having three children under five years of age and experiencing depression.¹ The research cannot say that having those children caused the depression. In order to find out whether having three children under five causes depression, the researchers would need to identify a large group of women who are not at risk of suffering from depression and ask half of them to have three children in quick succession. The other

women would all have to avoid having three children under five years of age. The researchers could then measure the levels of depression in each group of women and see whether those women with three children under five were more likely to suffer from depression.

Randomised control trials, like the ones used to test new medical drugs, take large groups of patients suffering from the same disease and for example may give half of them a new drug, while the other half receive the current best treatment option. If the new drug produces significantly better outcomes than the current treatment, it is considered that the drug has caused the improvement. Such research is very expensive and can only be carried out in limited circumstances.

Nevertheless, correlational data, which shows an association between variables, is informative and can be very powerful. If the same type of study is repeated with many different populations, and if the same results occur despite variations of, for example, gender, health and socio-economic status, it may be accepted that a causal relationship actually exists. This is indeed how we discovered that smoking is a major cause of lung cancer.

Asking the right question

Discovering useful information depends on asking the right question. Sometimes researchers get lucky and ask good questions early on, but it can take a long time for a useful question to be asked. There's a good example in the field of child witness research, in which I used to work. For almost a century, research focused on looking at the unreliability of children's evidence and experiments were conducted to show how suggestible they were. This backed up our legal system, which did not permit children's evidence unless it was corroborated by physical evidence or the testimony of an adult. This meant that many child victims were deprived of the protection of the law, because, apart from their abuser, they were the only witness to an assault. Physical evidence is not always available or reliably collected. It wasn't until the 1970s that researchers asked whether children could provide accurate

recall of events they had witnessed, and how to avoid using suggestion when interviewing them.² This research led to a change in the law, making children's evidence admissible without the previous restrictions.

Researcher bias

Another problem occurs because we often find what we are looking for. Without meaning to be biased, we nevertheless tend to see information that is consistent with our beliefs and opinions. For example, most of us have an implicit belief that scientists are men, so female scientists are generally less well known than their male colleagues. In the past, they even went unacknowledged because of a general view that women weren't, shouldn't or couldn't be scientists. For example, if I asked you who discovered DNA, you would either know it was Francis Crick and James Watson, or you'd find that out by doing an Internet search. You're much less likely to have heard of Rosalind Franklin, whose research was pivotal in enabling Crick and Watson to make their discovery. The whole story is quite shocking. It seems that Franklin's team ostracised her and showed her data without permission to Crick and Watson. Had her own team collaborated properly with Franklin, they would probably have been first to identify the structure of DNA.

In the child witness research I have already mentioned, people believed that children were not reliable witnesses and so did research which confirmed this opinion rather than designing research to find out if their opinion was correct.

It isn't just researchers who may be biased. Participants may also try to work out what they think the researcher wants them to do, rather than responding in a more authentic way. This is a particular risk in self-report questionnaires, where there is always a possibility that participants will respond in a 'socially desirable' way. In other words that they may portray themselves as 'nicer' or their feelings as more positive than is truly the case. Many questionnaires incorporate a validity scale to detect such biased responding.

Is research any use at all?

Yes, it is! It can be life saving, as in much medical and biochemical research. It also improves our general understanding of the world. For our purpose here, looking at why you don't feel good enough and what to do about it, research provides some very helpful answers, as long as you are aware that research evidence has its limitations, both in general and for applications to individuals, such as you and me.

Why doesn't the Advertising Standards Authority (ASA) protect us from research claims?

The ASA has created a code of conduct for advertisers, agencies and the media, in other words people who will make money out of the claims they make. There are many checks and balances to prevent researchers making inappropriate claims about their research findings, for example, research that is published in scientific journals has been reviewed by experts in the field to check it is reliable and valid, but these checks don't always work. Do you remember the medical doctor who published research claiming that the MMR (measles, mumps and rubella) vaccine caused autism?

In 1998, Andrew Wakefield and some colleagues published a paper in *The Lancet* (a prestigious medical journal) that described eight children whose first symptoms of autism appeared within one month after receiving an MMR vaccine.³ Post publication reviews of Wakefield's paper have identified five elementary flaws in the research, such as the absence of any control data. Subsequently, a journalist, Brian Deer, helped to uncover fraudulent activity by Wakefield in the conduct of his research. It is surprising that the editors of *The Lancet* published a paper of such poor quality. Eventually in 2010, the General Medical Council took action to protect the public by striking Wakefield off the medical register.

Researchers and regulators are not primarily concerned with how a non-scientist might interpret their findings. So, a paper may be published which is properly understood by those in the field, but could be misleading to a non-expert.

For example, a paper publishing findings that being generous is associated with happiness might lead you to think that if you become more generous towards other people you will become happier. Remember the number problem? Some of the people in the research did not become happier as a result of being generous. If you don't know that, you may think you're a freak for not becoming happier like 'everyone else' as a result of being generous.

Read the original paper

Another problem with research findings is that we often accept what the media tell us about the research, without going back to check the original paper. Journalists are generally pretty good at summarising research findings and presenting them in an accessible form, but they have their own biases, which might affect how they present the research. Their primary purpose is to attract readers and sell papers, not to educate the public. They may omit details which are irrelevant to their story, but which could be important to your situation. Some media reports are simply inaccurate. If you read a daily paper, be wary of those whose features reflect the opinions of the owner or an intrusive editorial agenda.

Anyone can put information on the web. Check who the author is and decide if they are a credible source, then cross check the information they provide with at least three other posts on the web. I have found that in general, blogs from professional organisations or charities provide an accurate and accessible summary of complex issues. They usually give reference lists so you can look up the original research they are summarising.

In summary

Overall, have a healthy scepticism about research findings. Remember the limitations of research methods as well as the potential biases entailed in reporting their outcomes. Use your common sense and read more widely, particularly the original paper, if the findings are important to you.

Notes

- 1 Brown, G. W. & Harris, T. O. (1978). *Social Origins of Depression*. London: Free Press.
- 2 Dent, H. R. & Stephenson, G. M. (1979). An experimental study of the effectiveness of different techniques of questioning child witnesses. *British Journal of Social and Clinical Psychology*, 18, 41–51.
- 3 Wakefield, A. J., Murch, S., Anthony, A. *et al.* (1998) Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*, 351, 637–641.



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Afterword on Eva, Dan, Jas and Zac

Eva consulted her family about what they would like to do if she took some time off work. They were unanimous in wanting a really good holiday but it took a while before they could agree on a destination that pleased everyone. Eventually they agreed on a long driving holiday in the USA, visiting different places to please each person. Eva was delighted with how the negotiations went and felt that her children were very mature in their ability to take on board each person's different preferences and to agree a schedule that only partly met their individual wishes.

Eva has booked extended annual leave to cover the school summer holidays. They are flying to New York (everyone's choice) then driving to Philadelphia (for Eva), Nashville, and Memphis (for Mark and James), a riding holiday in a ranch in Texas (for Jess) then New Orleans (for everyone) and ending up in Disney World, Florida (for Jess and James). Guy and Nina are back together and thrilled that Nina is pregnant. They are coming to join Eva and family, bringing Leroy (Grandad), for the visit to Disney World. Fleet the dog will stay with Guy and Nina until they join the family, then he will go on holiday to his favourite kennels.

Eva is going to talk to the family again after this holiday to discuss whether a longer career break would be a good idea. Meanwhile she is really looking forward to having an extended time with the family, doing something they will all enjoy and which she hopes will be educational in various ways.

Dan and Erik really enjoyed their weekend in London and had a great time sightseeing, relaxing in coffee shops, going to see the Lion King and watching a band in a pub near their hotel. Being happy spending continuous time with Erik enabled Dan to contemplate seeing more of him when they got back home,

Dan is now seeing Erik more often and he has proved to be an asset on darts night, especially when he's had a drink to unwind. Dan has not found the increase in closeness difficult so far, partly because of his increasing self-knowledge and partly because Erik is content to move at his pace. It helps that they both enjoy gaming, and though they don't play together, they compare notes on various games. They have started talking about what will happen when Erik graduates and gets a job.

Dan's positive experience of collaborating with Ryan, and his observations of others at work, particularly 'nice Gary', have led to a changed attitude. He has become more positive and helpful towards his colleagues and has learned what they do and what their strengths are. Dan has always been very good at his job and now he is working in a more collaborative manner, his line manager is pleased and is putting him forward for a promotion.

Jas has decided to pursue teacher training because she realises that she is now quite frustrated at being told what to do with the children. Her recent reflections have enabled her to see that her mother's intrusive style of telling her what to do instead of helping her to learn, has made her anxious starting anything new or taking on responsibilities. She therefore decided to commit herself by telling her head teacher what she planned to

do. The head was very pleased and has told Jas she will look into some form of sponsorship once Jas has a degree.

Rob really appreciates the support that Jas gives him in his rugby coaching and has suggested that they move in together so he can provide more support while she is studying. Jas is delighted and because she is feeling more self-sufficient, with choir and her career goal to occupy her, she does not make excessive demands of Rob. She does still hope to have children one day, but has enough insight to realise that she will make a better mother when she is more secure in her ability to put others first.

Jas and her sisters have helped their mother to access a carer's allowance, which enables her to pay for some home help. Their collaboration over this shared responsibility has improved their relationship and they have arranged to go out for another meal together, this time with no particular agenda, just an opportunity to spend time together as adults.

Zac is now an official volunteer at the hostel. Mandy has provided support and a listening ear as well as giving Zac good advice and pointing him towards helpful resources. She encouraged him to talk to the charity's employment counsellors and with their help Zac has found part time work in a bicycle repair shop. It offers employment to people who have come out of prison or have mental health difficulties, so there is inbuilt support to help Zac learn about how to be a good employee. He really enjoys the work and has found he has an aptitude for it.

Zac hopes one day to find some more permanent accommodation where he can keep Bruno, his dog, but

affording the rent is a problem. He has felt tempted to go back to drug dealing, but so far has managed to resist, thanks to the improved quality of life he now enjoys, and which he realises would be put at risk if he went back to his old ways.

He still spends time helping in the community garden project, where he sees Sky and where his skills are often helpful, mending equipment. Now that they spend time together in the safe space of the community garden project, Sky has become quite friendly with Zac. He is privately hoping for a closer relationship, but realises that Sky is not ready yet to make such a move.

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