

Attachment, Trauma, and Effectiveness of Narrative Therapy in the Treatment of Trauma

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Abstract: With a focus on the effectiveness of narrative therapy in treating trauma in individuals with insecure attachment styles, this study attempts to investigate the relationship between attachment styles and trauma. Trauma has a profound impact on a person's resilience and psychological growth especially if it results from early attachment injuries. Post-traumatic stress disorder (PTSD) symptoms and maladaptive behaviors are often the result of this impact. The effect that uneven caregiving during childhood can have on insecure attachment styles and an individual's ability to cope with stress and trauma is examined in this study. It also looks at how using Narrative Therapy to rewrite one's trauma narratives can help one become more resilient and reduce symptoms of PTSD while promoting healing and a stable attachment. As a comprehensive approach to treating trauma survivors, the findings emphasize the importance of therapeutic approaches that address attachment dynamics in addition to trauma.

Keywords: narrative therapy, attachment styles and trauma, psychological growth, attachment dynamics.

1. INTRODUCTION

When it comes to traumatic experiences, systemic therapists benefit from shifting the focus off of the event itself and onto the biopsychosocial environment of the person. While there are multiple types of traumas that we will discuss shortly, often what separates victims from survivors is their capacity for resilience and the availability of secure social support. There is also the fact that the trauma could originate from said lack of support in the first place. We look at how children who are dependent on their caregivers may develop insecure attachment styles based on the availability and involvement of their caregivers during their upbringing. This paper explores both sides of the coin; trauma related to attachment injuries as a developing child, and how attachment injuries can lead one to be more susceptible to further trauma.

Problem Statement

The problem that this study addresses is that individuals with an insecure attachment style are more likely to suffer from symptoms of PTSD following a traumatic event. If this problem persists without intervention, it means that individuals with insecure attachment styles will remain less resilient in the face of not only PTSD but also daily stressors following the traumatic event.

Undealt childhood attachment injuries can often lead to the development of maladjusted adults. A known protective factor for different types of psychopathologies is attachment security (Pace & Zappulla, C. 2011). The lack of secure relationships in a survivor's life leaves these traumas unresolved and makes them more susceptible to severe trauma symptoms and/or re-traumatization. Using narrative therapy techniques can help trauma victims have authority over their own stories and create new ones that allow the formation of secure relationships, which help manage trauma symptoms.

Using both Narrative Therapy and Emotionally focused therapy, we would like to address how we can help recover and heal individuals who have undergone trauma and developed PTSD. As they heal from the trauma, they can also learn to repair their attachment style to enhance resilience in the face of future traumatic events and daily stressors.

Attachment

Attachment and relationships

Attachment has shown to be a very significant field of research in psychology. It has aided understanding of how parents' relationships and interactions with their child affect the child's personality and development. It was originally formed by John Bowlby and Mary Ainsworth in the 1940s. John Bowlby believes that children are born with a psycho-biological system that motivates them to seek closeness with their caregiver (Bowlby, 1988). This attachment forms at six weeks of age and changes over time. When children get reliable care that meets their needs, they develop secure attachments. When these needs are not met or met inconsistently, they can form insecure attachments (Jones, 2015). Securely attached children tend to explore better and see the world as safe. Upon separation, they display distress and anxiety, and upon reunion, they can reconnect back without any difficulty. Mary Ainsworth does further research into the insecure attachment styles and can specify them into, ambivalent-insecure and avoidant-insecure. The fourth style is disorganized-insecure (Dutchinsky, 2015). These attachment styles had to be understood and expanded into adulthood and this was done in romantic relationships (Main & Solomon, 1986,1990).

Insecure-ambivalent children tend to be distrusting of the world around them. They display distress upon separation but do not reconnect easily upon reunion. They explore less and cry more. In adulthood, they may be clingy or overdependent on their romantic partner.

Insecure - avoidant children tend to be cold. They do not display distress upon separation or joy upon reunion. They do not seek comfort or support from caregivers or strangers. They also avoid their caregivers upon reunion after long periods of absence.

The fourth style is disorganized-insecure. They display an unclear attachment style, oscillating from being avoidant to resistant. They may approach the caregiver and turn away. They are both comforted and frightened of their caregiver.

In adulthood, these attachment styles translate into their work, friends, and romantic relationships, as well as their relationship with self. Those with secure attachments were more likely to be satisfied and happy in their romantic relationships (Gleeson & Fitzgerald, 2014). Secure relationships in adulthood consist of commitment, trust, satisfaction, and interdependence, Collins & Read,1990; Feeney & Noller, 1990; Simpson, 1990 (as cited in Gleeson & Fitzgerald, 2014). Securely attached individuals were likely to be in longer relationships than anxiously attached and also less likely to divorce, Feeney & Noller (1990, as cited in Gleeson & Fitzgerald, 2014). Avoidantly attached individuals are linked to less gratitude and satisfaction towards their partner (Vollman et al.,2019).

Avoidance attachment according to the study done by (Leiter et al., 2015) shows a negative correlation with positive social constructs (civility, trust, and psychological safety) and more prone to burnout. Anxious attachment was more strongly correlated to these positive social constructs compared to avoidant attachment. The anxiously attached individuals are more closely involved with work relationships but this is unhelpful because they experience more strain in these relationships.

Attachment and resilience

Resilience can be defined as the ability to cope with adversity and adapt to stressful life events. Resilience varies widely between individuals and is dependent on environmental and personal factors (Southwick & Charney, 2012). Research in resilience has shown discrepancies in that, it is either studied with one stressful event or as a psychological trait that is formed through the years in the face of adversity. Rutter (2013) states that resilience must be studied with a clear causal relationship with hardship. Our research, however, will use the term resilience in the context of a continuous variable, as opposed to a trait present in a single situation. An individual who is deemed resilient may not always display it when faced with hardship (Jenkins, 2016).

Resilience is a result of many factors surrounding an individual, not just individual factors. This brings into the picture, the significance of the systems around us. It emphasizes the theory of the systemic lens; every system consists of subsystems that are interconnected and continuously influencing one another. According to researchers like (Luthar et al.,2000; Rutter, 1999), factors such as individual, familial, and community factors are all contributors to resilience. This means that you can either build or lose resilience through these factors. (Shonkoff et al., 2000) identifies individual factors such as positive self-concept, intelligence, easy temperament, and an internal locus of control all promote

resilience. In the family context, cohesion, expressiveness, low conflict, and a balance in parental control, are all the factors that contribute to resilience (Ocean, 2020).

People who are insecurely attached are thought to be less resilient when faced with adversity than those who are securely attached. Studies by Moore et al. 2014; Rasmussen et al., 2016; Jenkins, 2016. 2019 shows that people with a secure attachment are more resilient than people with an anxious or avoidant attachment. Thompson et al. conducted a second study. ,2018 on Canadian medical students found that female students had higher levels of perceived stress, lower resilience, and greater attachment insecurity compared to their male counterparts. Anxiety related to attachment and avoidance predicted higher stress levels, consequently confirming that they lead to low resilience. On adolescents, a study by Sam, 2009 on 1510 14–15-year-olds in British Columbia also confirmed a strong correlation between secure attachment and higher resilience. Mental health is another area that proves or disproves the resilience of an individual. A study by (Jergensen, 2019) proves the fact that the formation of insecure attachment in childhood predicted symptoms of depression and anxiety in adulthood in both men and women.

Most studies inform resilience in the context of perceived stress, depressive disorders, anxiety disorders, and general coping with daily stressors in life. This is not to be redundant of the fact that resilience is only predicted by attachment. Other factors such as environment, social support, and individual personality differences can all contribute to levels of resilience.

Trauma

By standard dictionaries, trauma is commonly defined as a flesh wound or injury. However, the meaning has evolved to include the phenomenon when someone is faced with a threat that overwhelms their ability to cope with it. The threat in question instills emotions of fear and utter helplessness. (Johnson, 2002, pg. 14)

While this definition is a succinct summary, there are various types of traumas which are usually dependent on the nature of the cause of said trauma. Therefore, to understand the types of traumas, we must take a closer look at what causes them.

Type 1 Trauma (what Colin Wastell coins as “circumscribed trauma”) is trauma resulting from a singular event such as a car accident, a physical assault/robbery, or the death of a friend. (Wastell, 2021, pg. 68) goes on to note that the death of a family member is often described as a singular traumatic event, but the treatment of such trauma is often more efficient using models designed for chronic traumatic events.

Type 2 trauma (also known as complex trauma) is trauma that results from a state of captivity. This means that the victim is stuck in a loop of having to experience that trauma for prolonged periods. (Johnson, 2002, pg. 14) also points out that complex trauma leads to the contamination of close relationships, making them unsuitable to act as contexts of healing. Common examples of situations that breed complex trauma include serving jail time, living with domestic violence, and being indoctrinated into a cult. (Wastell, 2021, pg. 100) notes that whilst these traumatic events involve a sense of lack of control and a lasting impact on (loss of) one's identity, similar symptoms occur in situations where the victim may still have control of the situation. That is why he includes serving in the army as a source of complex trauma.

Looking at these two definitions, Singular event trauma (Type 1 trauma) can develop into complex trauma should the event be repeated and generate a sense of helplessness in the victim. One of the central elements of complex trauma is a loss of identity. The survivor takes on a self-concept that revolves around the perpetrator or circumstance, which is commonly witnessed in cases of child sexual abuse and cult fellowship.

2. LITERATURE REVIEW

Introduction

Literature review plays a pivotal role in any academic study. It fundamentally provides background literary works by various scholars which are crucial to the topic being studied. Thus, through a well-grounded scholarly background of the topic under study, the researcher can have a deeper insight into the subject. This chapter, which forms the theoretical works by various scholars, acknowledges work done on trauma, types of trauma, and how different types of trauma manifest themselves in future relationships which can be linked to when they are young. It also addresses the importance of therapy to aid in the healing and detection of these traumas and the literature reviewed under the following areas: Attachment and trauma and theoretical interventions for treating trauma.

Attachment and trauma

Trauma can develop into PTSD in two weeks without intervention. The timeline to prevent it after exposure to a traumatic event is very slim. About 3% of the population has PTSD at any one time (McManus et al., 2017). Most people do not access evidence-based treatment, with the situation being worse in low- and middle-income countries. This leaves a huge gap for psychologists and therapists to fill. To better understand the prevalence of PTSD, associations between childhood attachment and PTSD have been made. During developmental stages, traumatic experiences may make an individual more resilient and better able to deal with other negative life experiences. Or it may make them less resilient and less able to deal with these experiences (Ocean, 2020).

Plenty of research has been conducted on the relationship between attachment and trauma. They cover different types of trauma victims, which increases the efficacy of the research. The idea is that securely attached individuals are less susceptible to forming PTSD symptoms, as established through the link between attachment and resilience. Some studies highlight the difference in PTSD severity in different attachment styles, anxious attachment and avoidant attachment. Other studies also choose to focus on several types of traumas altogether. Elklit et al. (2016) investigated the relationship between attachment orientations, trauma type, and posttraumatic stress disorder (PTSD) severity in a large sample of individuals exposed to multiple traumas (n=3735). Their study, published in the Journal of Psychiatry, found that individuals with secure attachment styles tended to experience lower severity of PTSD symptoms, whereas those with insecure attachment styles showed higher PTSD severity. Specifically, attachment anxiety appeared to have a stronger predictive role in PTSD outcomes compared to attachment avoidance. The study also revealed that the type of traumatic event moderated these relationships, with different attachment styles showing varying impacts on PTSD severity depending on whether the trauma involved family illness, disease, or physical health.

These findings underscore the nuanced interplay between attachment orientations and PTSD outcomes across different types of trauma. The study highlights the adaptive nature of dismissing attachment styles in coping with certain types of trauma, such as disease-related events. Elklit et al. emphasize the importance of considering both attachment orientations and the specific nature of the traumatic event when assessing and understanding posttraumatic reactions, providing valuable insights for clinical practice and intervention strategies aimed at mitigating PTSD in trauma survivors.

Woodhouse et al. (2015) conducted a meta-analysis of 46 studies investigating the relationship between adult attachment styles and PTSD symptoms across various types of traumatic events. Their findings revealed a moderate association where secure attachment was linked to reduced PTSD symptom persistence, while insecure attachment styles, particularly fearful avoidant attachment, were associated with heightened PTSD symptoms. Importantly, this relationship was consistent across different demographic factors and study characteristics, suggesting that attachment styles play a significant role in shaping posttraumatic psychological responses regardless of temporal or situational variables.

These results underscore the enduring influence of attachment orientations on PTSD outcomes and advocate for a renewed focus on understanding how social bonds and attachment dynamics impact posttraumatic psychological well-being. The study supports previous research highlighting the differential impact of attachment styles, particularly anxious attachment, in exacerbating PTSD symptoms beyond the effects of avoidant attachment categories (Mikulincer et al., 1993; Scott & Babcock, 2010; Muller, Sicoli & Lemieux, 2000). Future investigations may benefit from exploring nuanced sub-categories within insecure attachment to enhance insights into their specific contributions to PTSD symptomatology.

Another study by (Ogle et al., 2014) also covers a wide range of traumatic events and concluded with the same results as the study above. They go a step ahead by testing the difference between PTSD symptoms related to early life vs adulthood trauma. They found that in insecure anxious attachment, the link was stronger between attachment and PTSD when suffering from symptoms related to early life traumas compared to those suffering from symptoms of current adulthood traumas. Moreover, insecurely attached individuals show more physical reactions to trauma recall and more frequent revisiting of trauma-related memories. The factor they attribute to the relationship between attachment and trauma is the developmental timing of the traumatic event. This means that the study does not identify a causal relationship between attachment and trauma, but rather identifies a mediator between the two. Despite this, a relationship between attachment and trauma is established.

In young adults, similar findings were made (Elklit & O'Connor, 2008; Sandberg & Refrea). Of particular attention is the fearful attachment style, which is associated with low social support and emotional and coping styles. Dismissive attachment was strongly associated with negative affect and somatization (Elklit & O'Connor, 2008). Avoidant styles are

seen to be more problematic for individuals. Avoidant attachment styles are less likely to express emotions and therefore less likely to elicit responsiveness and accessibility. (Armour et al.,2011) found that the fearful-avoidant style was associated highest with PTSD, anxiety, and depression.

Seedat, S., Nyamai, C., Njenga, F., Vythilingum, B., & Stein, D. J. (2004) conducted a comparative study among grade 10 students from 18 schools in Cape Town, South Africa, and Nairobi, Kenya, during the 2000 school year. The sample included 1140 South African students and 901 Kenyan students, with a mean age of 15.8 years (SD = 0.98, range 14–22 years). The study aimed to assess exposure to severe trauma and its psychological impacts. Results indicated that more than 80% of participants reported exposure to trauma, either as victims or witnesses. Kenyan adolescents showed significantly higher rates of witnessing violence (69% vs. 58%), physical assault by a family member (27% vs. 14%), and sexual assault (18% vs. 14%) compared to their South African counterparts. However, South African students exhibited significantly higher rates of full-symptom post-traumatic stress disorder (PTSD) (22.2% vs. 5%) and partial-symptom PTSD (12% vs. 8%) than Kenyan students.

The findings suggest that despite comparable levels of lifetime trauma exposure across both settings, Kenyan adolescents experience lower rates of PTSD compared to South African adolescents. This difference may be influenced by cultural factors and other trauma-related variables. The study also highlighted the significant occurrence of sexual assault and PTSD among boys, traditionally documented more frequently in girls, emphasizing the need for further research in this area to better understand and address these mental health challenges.

Ward, Flisher, Zissis, Muller, and Lombard (2001) conducted a quantitative study sampling 104 Grade 11 students at private schools in Cape Town, South Africa. The study used assessment tools such as the Harvard Trauma Scale, Beck Depression Inventory, and a Safety Index. The objective was to determine the rates of exposure to violence and its relationship to PTSD and depression among the students. The study found that 30% of the respondents reported being victims of violence perpetrated by a stranger, and 48% by someone known to them. Additionally, 70% had witnessed violence by a known person, and 80% by a stranger. The Harvard Trauma Scale indicated that 6% of respondents might meet the full criteria for PTSD, with nearly 20% endorsing more than 15 PTSD symptoms. About 10% had Beck Depression Inventory scores indicating mild to moderate levels of clinical depression. Interestingly, despite most respondents feeling safe most of the time, the rates of exposure to violence were unacceptably high, suggesting a significant impact of violence on the psychological well-being of these students.

Lindboe's (2014) thesis explores the link between adverse childhood experiences (ACEs) and attachment-related anxiety and avoidance in adult romantic relationships among Norwegian pregnant women. The study, part of the longitudinal "Little in Norway" project, surveyed 1,036 participants using self-report questionnaires. Results indicated a significant positive association between ACEs and higher levels of attachment-related anxiety and avoidance in adulthood, even after adjusting for socio-demographic factors and mental health history. This suggests that childhood adversities may contribute uniquely to shaping insecure attachment patterns that persist into romantic relationships later in life. The findings support a theoretical model positing that early experiences of trauma and adversity influence individuals' internal working models of attachment, impacting their ability to form secure relationships in adulthood. Lindboe underscores the importance of early intervention and support systems to mitigate the long-term effects of ACEs on interpersonal dynamics, particularly within romantic contexts. These insights highlight the need for targeted interventions aimed at fostering secure attachments and improving relationship outcomes for individuals with histories of childhood adversity.

Johnson (2002) synthesizes existing research highlighting significant statistics related to sexual violence and its psychological impacts on victims. According to Johnson, approximately 13% of women in the United States experience forcible rape, a majority of which often goes unreported. Among these victims, 46% are reported to exhibit symptoms of post-traumatic stress disorder (PTSD), with men who experience rape also displaying elevated rates of PTSD. Moreover, the research suggests that up to 20% of female children endure sexual abuse within their own homes, underscoring the pervasive nature of such trauma early in life. Johnson further notes that 12.3% of women report experiencing PTSD symptoms at some point in their lives, indicating the enduring psychological burden of sexual violence across different demographics (Johnson, 2002, p. 15).

This review of findings underscores the profound and widespread impact of sexual violence, highlighting its prevalence among women and children in the United States. The statistics provided by Johnson emphasize not only the high incidence of sexual assault but also the consequential mental health challenges faced by survivors, such as PTSD. The

research serves to illuminate the need for continued efforts in prevention, support, and intervention to address the multifaceted impacts of sexual violence on individuals and communities.

The following table shows secure attachment helps combat the effects of traumatic experiences.

Table 1. The relationship between traumatic experience and secure attachment (Johnson, 2002)

Traumatic experience	Secure Attachment
Evokes fear and helplessness	Soothes and comforts
Shows the world as dangerous/unpredictable	Provides a safe haven
Creates emotional chaos	Promotes emotional regulation
Threatens the sense of self	Promotes personality integration
Assaults self-efficacy and a sense of control	Promotes confidence and trust in self and others
Scrambles the ability to be fully present in new situations	Promotes openness to experience, learning, and risk-taking.

Trauma that is at the hands of attachment figures will unfortunately intensify the traumatic experience on top of contaminating future connections with other attachment figures. It is also noted that if we view relationship distress through the lens of attachment insecurity, then naturally the absence of emotional engagement during a time it is needed will have a significant impact on the definition of the relationship. A stressor in the absence of an attachment figure can develop into a traumatic event or trigger in itself.

Attachment injuries (Johnson et al., 2001) are wounds that are created by the act of being abandoned by an attachment figure/caregiver in a time of urgent need. These are what lead to relationships being defined as insecure or undependable and leave individuals facing the trauma of separateness and isolation (Johnson, 2002, pg. 15). If a spouse were to disclose a personal affliction or a serious ailment such as a terminal illness, and their partner was not available to respond and be present, the spouse faces the trauma of isolation and separateness

A population that is highly susceptible to PTSD is military soldiers. (Williams, 2010; Renaud, 2008; Sciarrino et al., 2020; Bannister et al., 2018) found the same results as all the other studies; PTSD is highly susceptible in people with insecure attachment styles. The avoidant style once again, showed higher chances of developing PTSD (Williams, 2010). (Barton, 2022) states that veterans who are insecure and attached, specifically avoidantly attached are less likely to seek help for behavioral health concerns which explains why they may suffer more. Another dimension they studied was post-traumatic stress severity, which again showed a high association with insecure styles.

It is found that women suffer most from sexual abuse-related trauma according to the PTSD Nation center in USA. 1 in 3 women have experienced sexual violence globally according to the World Health Organization. A study conducted on 189 women who encountered at least one sexual coercion also confirmed the association between attachment and trauma (Bruno et al., 2019). Another study on sexual abuse victims confirmed the same (Granot et al., 2018).

Theoretical interventions for treating trauma

Narrative therapy

Treatment of trauma using narrative therapy is the primary focus of this paper. Narrative therapy is a post-modern theory that focuses on the premise that it is the interpretation of behavior, rather than the significant behavior. "The elements of an experience are understood only through a process that organizes those elements, puts them together, assigns meaning, and prioritizes them" (Nichols & Davis, 2016 pg.239-240). Each experience is interpreted differently and thereby, the meaning assigned to it. Healing can happen through the deconstruction of the unhelpful narrative and reconstructing a healthier narrative by changing the meaning assigned to it. Reauthoring or re-storying is the most significant tool in Narrative therapy because the victim has a chance to change the meaning assigned to this narrative and turn it into something more helpful for their life. To support the effectiveness of narrative therapy, we review articles done by several researchers on the use of narrative therapy for trauma.

Aponte (2017) encourages therapists to work collaboratively with child sexual abuse victims to gain a sense of power by re-authoring their stories of abuse. Plut (2019) also proposes that narrative therapy can be helpful for students in the

school who may have undergone trauma to create space between the problem story and the individual, and consequently appreciate the fullness of life instead of only focusing on the problem story.

Narrative therapy is particularly helpful for trauma because the trauma has happened and has been relived again and again, the experience cannot be changed but the meaning assigned to it can. People can give voice to their traumas, reconsider their identity conclusions, evaluate interpretations re-author their lives from being the victim to a survivor, and so on (Brown & Augusta-Scott, 2006).

A study done by (Erbes et al., 2014) found that narrative therapy on 14 veterans with PTSD found that after treatment, 3 out of 11 no longer suffered from PTSD and 7 out of 11 had decreases in symptomatology. Garo and Lawson, (2019) conceptualize and encourage the use of Narrative therapy for black male youth. They propose integrating trauma-based Narrative Therapy because it is especially effective for race-based trauma. Plut (2019) also proposes that narrative therapy can be helpful for students in the school who may have undergone trauma to create space between the problem story and the individual, and consequently appreciate the fullness of life instead of only focusing on the problem story.

Bryant (2020) on her research with women who went through the trauma of domestic violence found that narrative-based art therapy found that they were able to build resilience and find new outcomes.

Child sexual abuse can make a victim develop complex trauma, which can have a long-term impact on an individual's mental and physical health and their relationships. (Hall & Hall, 2011) state that child sexual abuse is associated with high anxiety, depression, eating disorders, guilt, shame, repression, denial, dissociative patterns, and sexual and relational problems. Depression has the most prominent long-term impact.

(Aponte, 2017) in her paper states that narrative therapy allows for acceptance and a non-blaming stance whilst allowing the client to be the expert of their own lives. This allows victims to tell their stories at their own pace and in their comfort. Sexual abuse takes a toll on identity and Narrative therapy gives the client a chance to retell and reconstruct their story to give it more meaning, instead of it being just a problem story.

Brown (2013) in her research on women who have undergone trauma found that 18 out of 20 of the women in her study had reported trauma. 6 of them were involved in sex work and all of them had a history of trauma. Some were struggling with alcohol abuse, depression, and abuse. Self-blame, fragmentation, and minimization were common, especially in victims of sexual abuse. She proposes that while narrative therapy can be helpful in trauma victims, it is important to understand and respect the client's process of narrating their story and it must be done in a way that does not risk them to re-traumatization or re-victimization. Because of the nature and focus of Narrative Therapy, if it is not done carefully and by a professional, it holds the risk of failing and being counterproductive.

(Faith, 2020) found that in her study to rate the effectiveness of narrative therapy for trauma victims, all participants rated narrative therapy positively. Narrative therapy is a powerful theory to implement in trauma if done right. Despite the little research done on it, it is safe to say that it is extremely effective and helpful for this population. Of course, if done right.

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