

A Relational Approach to Working With Avoidant Attachment

Participant Resource Sheet

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Therapy for Black Sheep & Outside Thinkers

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Guiding Clinical Principle

- **Our task is to support the client in becoming an individual self in relationship — rather than an individual self in isolation.**
- Avoidant attachment is not resistance. It is an adaptive and protective strategy developed to preserve the integrity of the self under conditions where connection felt unsafe, overwhelming, or unavailable.
- Withdrawal is often not a rejection of relationship, but an attempt to preserve continuity, autonomy, and psychological survival

Definition

Avoidant attachment is often a survival adaptation. It's marked by overregulation of emotions which necessitates increased relational and emotional distancing and over-reliance on the self (hyper-independence). There is typically a reluctance to rely on others, and a strong desire for autonomy. Also, there is often lower self-compassion, and diminished relational effectiveness which can feed cycles of isolation and emotional distress. Other traits include:

- Feeling uncomfortable with vulnerability or deep emotional conversations.
- Idealizing self-regulation over co-regulation
- Commonly feeling impinged or intruded upon

An undifferentiated self. Feelings and thoughts can be blurred and there may be difficulty with boundaries. Often, emotional cut off and withdrawal can be, in part attempts to accomplish differentiation from others.

- Pulling away when a relationship becomes too close.
- Struggling to express needs or acknowledge emotional dependency on a partner.
- A tendency to dismiss or downplay emotional needs.
- Discomfort with intense emotions—both their own and other's
- A cycle of pulling away when a relationship feels too intimate
- Traits of perfectionism, harsh self-criticism, and experiences of shame are also common.

Dr. Donald Winnicott - False/True Self & Impingement

Impingement refers to environmental intrusions that interrupt the infant's spontaneous being.

Healthy development requires periods of "going on being," where the infant's spontaneous experience unfolds without intrusion.

When caregivers are intrusive, misattuned, inconsistent, or emotionally unavailable, the infant adapts by suppressing spontaneous experience.

This adaptation may lead to:

- Development of the False Self
 - The true self is the part of the person that emerges from spontaneous, authentic experience when the environment is sufficiently attuned.
 - The false self develops as a protective adaptation when the environment is misattuned, intrusive, or unavailable. Instead of expressing authentic experience, the person learns to adapt to external expectations in order to preserve relational safety.
 - Avoidant attachment often reflects reliance on the false self, where emotional experience is suppressed and replaced by cognition, distance, and self-sufficiency.

Role of Therapy

Therapy provides conditions where the true self can gradually emerge.

Not through confrontation, but through:

- Consistent relational safety
- Non-intrusive presence
- Attunement
- Respect for pacing
- Repair after misattunement

Over time, the client learns: "I can exist authentically in relationship and remain safe."

The goal is not to eliminate the false self, but to reduce the need for its protective dominance.

Ways of Viewing Countertransference

Understanding and managing one's own countertransference is important and useful in any treatment. This is certainly the case when working with people who tend toward emotional withdrawal and/or avoidant attachment style. With self-awareness on the behalf of the clinician, countertransference can be used as important information at times of case formulation, enactments, and otherwise.

Heinrich Racker coined the terms "concordant" and "complementary" countertransference in his 1957 paper, "The Meanings and Uses of Countertransference," originally published in *The Psychoanalytic Quarterly*. This foundational work described how therapists identify with patients' internal worlds

There are different forms of countertransference a therapist may experience. Sometimes you may emotionally resonate with the client's internal state — if they feel lost, you may feel lost as well. Other times, you may find yourself experiencing the client in ways others have before — perhaps feeling frustrated, distant, or unable to reach them. These responses offer important insight into the client's relational world.

- Concordant countertransference: The therapist emotionally identifies with the patient's internal state. The therapist feels what the patient is feeling (e.g., despair, fear, shame) because they are resonating with the patient's ego experience.
- Complementary countertransference: The therapist emotionally identifies with the patient's internal object or relational position. The therapist feels or behaves the way a significant other in the patient's past did (e.g., critical, rejecting, rescuing), enacting the patient's internalized relationship pattern

The Four Aspects of Differentiation of Self

Much of the academic literature shows that those with more active avoidant attachment styles tend to have less differentiation of self. Often, emotional cut off or withdrawal can be an attempt to preserve the self or differentiate (so as not to lose oneself in the other)

Skowron and Schmidt (2003) identified four aspects of Differentiation of Self:

1. emotional reactivity, one's level of automatic emotional response, Here you want to co-regulate with them.
2. I-position, the ability to make one's own decisions despite external pressure.
3. Fusion, the degree to which one develops a stable sense of self that is separate from others;
4. Emotional cut-off, how much one emotionally distances oneself from others.

These are good concepts to keep in mind while working with someone who is currently more avoidant.

Clinical Interventions

Engaging the Protective System

When working with avoidant attachment, withdrawal, minimization, intellectualization, or sudden defensiveness are not problems to eliminate. They are protective responses.

Rather than challenging them, we can become curious about them.

Instead of confronting the defense, we engage it.

Gentle Clinical Language

- “I would never want that part to go away. It’s important. I’m interested in learning more about it.”
- “Let’s honor the backing up/the no, what is it like to acknowledge and respect the boundary here.”“Something just shifted — can we slow that down together?”
- “I wonder if a part of you stepped in right there.”
- “That move to pull back makes a lot of sense.”
- “What might that part be trying to protect?”
- “If that protective part could speak, what would it say about what just happened?”

Validating the Wisdom of Withdrawal

Avoidant defenses often developed in environments where:

- Emotional needs were dismissed or intruded upon
- Vulnerability was met with criticism or unpredictability
- Autonomy was threatened

Naming this gently helps reduce shame:

- “Given what you’ve lived through, it makes sense that closeness can feel risky.”
- “It sounds like staying self-reliant has helped you survive.”
- “It sounds like from an early age you learned that you can’t rely upon the people around you. Given all you’ve shared, that makes sense.”
- “That instinct to shut it down probably kept you safe at some point.”

Working With the Protective Move in Real Time

When vulnerability is followed by:

- Minimization (“It’s not a big deal.”)
- Humor
- Cognitive analysis
- Defensiveness
- Emotional flattening

You might say:

- “I noticed something tender just came up — and then it got pushed away.”
- “Can we stay with that moment before it disappears?”
- “I respect the part that wants to move on. I’m just curious what it’s worried might happen if we didn’t.”

Incorporating Mindful Self-Compassion

Mindful Self-Compassion (MSC) is an evidence-based program developed by Kristin Neff and Christopher Germer that combines mindfulness and self-compassion to foster emotional resilience. It teaches individuals to recognize personal suffering without judgment and respond with kindness, reducing self-criticism, anxiety, and burnout.

According to research, people who exhibit more avoidant attachment styles often have lower self-compassion. With this comes diminished relational effectiveness which can feed cycles of isolation and emotional distress.

Simple Mindful Self-Compassion Practices

The STOP Practice: A 20-Second Reset

The STOP practice is a quick mindfulness tool for stressful moments. You can do it anytime:

- Stop what you're doing.
- Take three deep breaths.
- Observe what you're feeling—your body, emotions, and thoughts.
- Proceed with intention and care.

Even in a few seconds, this practice helps you return to yourself with awareness and compassion.

Resourcing: Reconnecting with Inner Strength

When trauma disconnects us from safety and joy, “resourcing” can help us reconnect. A resource might be a memory, place, person, animal, or belief that brings comfort or strength.

Try this:

- Think of something or someone that brings you peace or joy.
- Name three things you love about it.
- Notice how your body responds as you reflect—your breath, heart rate, or any sense of ease.
- Let yourself rest there for a moment.

This practice builds your capacity to soothe your nervous system and hold difficult emotions with more ease.
