Review Article

An examination of attachment styles and dissociation among mental health professionals

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Article Info	Abstract
	This study examines how mental health professionals experience dissociative processes in the context of their attachment styles. The primary objective of the study is to elucidate the relationship between the potential dissociative processes of individuals working in the mental health field—who are frequently exposed to challenging emotions and traumatic experiences due to the nature of their profession—and their attachment styles. The study highlights that dissociative disorders can significantly impact the daily lives and personal relationships of mental health professionals. It underscores the necessity for these professionals to possess awareness and mastery over such processes and emphasizes the importance of preventive measures against potential emotional harm. Furthermore, it suggests that individualized and protective treatment approaches should be developed within clinical practices to address these processes effectively. Attachment theory, initially proposed by John Bowlby and Mary Ainsworth, posits that the emotional bonds children establish with their primary caregivers in early life are critical in shaping their psychological structures in adulthood. From this perspective, early bonds with caregivers significantly influence an individual's psychological framework in adulthood, affecting their ability to interpret and process experiences. Attachment styles, generally categorized into four subtypes—secure, anxious, avoidant, and disorganized—form the fundamental cognitive and emotional frameworks through which individuals perceive and experience the world. Within this theoretical framework, the study explores how dissociative processes interact with attachment styles, the role this interaction plays in the development of dissociative symptoms, and how it ultimately affects individuals working in the mental health field. By investigating these interconnections, this study aims to underscore the significance of the relationship between the dissociative processes mental health professionals experience in their work environments and their attachment styles.

To cite this article

Introduction

Mental health professionals play a crucial role in enhancing the overall well-being of society by addressing individuals' cognitive, social, and emotional needs. Among these professionals are psychiatrists, psychologists, social workers, and psychiatric nurses (Turkish Psychiatric Association, 2024). Each of these professions assumes critical responsibilities in the delivery of mental health services. In particular, these professionals play a significant role in helping individuals navigate challenging psychological conditions.

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Attachment theory is recognized as one of the fundamental frameworks explaining the underlying causes of psychological disorders. This theory posits that early relationships established during childhood have a profound impact on an individual's psychological structure in adulthood. Attachment styles, which are central to this theory, shape an individual's interpersonal relationships throughout their lifetime. Within this framework, four primary attachment styles have been identified: avoidant, secure, anxious, and disorganized (Ainsworth et al., 1978, p. 66).

Dissociation, which is often triggered by attachment disruptions and traumatic experiences, can be defined as an interruption in an individual's memory, identity, consciousness, perception, and emotional state (Scalabrini et al., 2020, p. 29). This condition typically arises in response to extreme stress or traumatic events and manifests through various dissociative symptoms resulting from the loss of emotional regulation. Understanding how dissociative processes interact with attachment styles can enhance the effectiveness of interventions by mental health professionals. In this context, the present study examines the dissociative processes encountered by individuals working in the field of mental health through the lens of attachment styles. By exploring the relationship between dissociative processes and attachment styles in depth, this study aims to evaluate existing literature and contribute to the development of more effective therapeutic interventions. Additionally, it seeks to foster awareness and establish a protective foundation for mental health professionals facing occupational challenges.

Dissociative disorders can significantly impact an individual's daily life and personal relationships. However, ensuring that mental health professionals develop expertise in these processes and implement effective intervention strategies for both themselves and their patients can considerably contribute to patients' recovery processes. Furthermore, elucidating the relationship between attachment styles and dissociative processes can facilitate the development of individualized treatment approaches and preventive strategies within clinical practice. Thus, this study has the potential to serve as a valuable resource in the field.

Attachment Styles of Mental Health Professionals

Clinical observations and neurobiological data emphasize the significance of early attachment foundations. However, it is well-established that attachment processes can occur at any stage of life. The ability to attune to others' needs and emotions functions as a fundamental mechanism for establishing and maintaining relationships across all ages (Rees, 2012, p. 187).

A study conducted by Main, Kaplan, and Cassidy (1985, p. 54) suggests that adults' relationships with their parents during childhood are closely linked to their own children's attachment styles. It has been observed that adults who experience intense and unresolved anger toward their parents tend to have children who exhibit avoidant and anxious attachment styles. The same study found that adults who reported insecurity in their parental relationships had children between the ages of one and six who displayed insecure attachment patterns (Main et al., 1985).

Attachment theory was developed by John Bowlby (1969, 1973) and Mary Salter Ainsworth (Ainsworth & Bowlby, 1991, p. 333). According to Bowlby (1969, 1973, 1988), the primary function of the attachment system is to ensure security by maintaining proximity to the caregiver in the face of danger or threat. In this context, the attachment system is activated in unfamiliar environments or situations involving danger, illness, hunger, fear, and anxiety, leading individuals to exhibit attachment behaviors (Bowlby, 1969, p. 69).

Furthermore, Main and Solomon's 1990 research expanded upon Ainsworth and colleagues' 1978 classification of three attachment styles by adding a fourth: *disorganized attachment* (Ainsworth et al., 1978). According to this study, infants exhibiting disorganized attachment may lie motionless face-down when their mother leaves the room or passively sit under a table without seeking proximity. Such unusual behaviors are thought to stem from the mother's unpredictable, distressing, and disorganized behavior, often associated with unresolved trauma or loss (Granqvist et al., 2017, p. 536). Additionally, the study noted that when children exhibiting attachment-seeking behavior approached their mothers, the mothers often appeared fearful and dissociative (Main & Solomon, 1990). Findings from Rees (2012) suggest that children with disorganized attachment patterns struggle to develop secure independence, which in adulthood may manifest as an increased risk of delinquency without appropriate intervention (Rees, 2012, p. 189).

Hazan and Shaver (1987) examined three primary categories of attachment theory within the context of romantic relationships. The *anxiety dimension* of adult attachment styles encompasses concerns about intimacy and commitment, while the *avoidance dimension* is associated with fear of abandonment (Brennan, Clark, & Shaver, 1998). Simpson and Rholes (1998) linked attachment relationships to patterns of thought, emotion, and behavior in close relationships, while Hazan and Shaver (1987) categorized attachment styles into secure, anxious/ambivalent, and avoidant types. Adults with *secure attachment* typically describe their romantic experiences as friendly, reliable, and fulfilling, accepting their partners despite their flaws. In contrast, adults with *avoidant attachment* tend to avoid closeness and display jealousy, often struggling to reach deep emotional connections. Those with *anxious/ambivalent attachment* are often obsessive, highly expectant of reciprocity, and prone to jealousy (Hazan & Shaver, 1987, p. 511).

Bartholomew and Horowitz (1991) developed a four-category adult attachment model based on individuals' self-perceptions and perceptions of others. This model classifies attachment styles as *secure, preoccupied, dismissing, and fearful*, depending on whether individuals hold positive or negative perceptions of themselves and others. Bartholomew and Horowitz's work is sometimes linked to the broader concepts of avoidance and anxiety. Negative self-perception is closely associated with fear of rejection, while negative perception of others is strongly linked to avoidant behaviors (Brennan et al., 1998, p. 68).

A study by O'Connor and Elklit (2008) suggested that secure attachment can act as a protective buffer against trauma. Additionally, their research indicated that avoidant and disorganized attachment styles pose significant risks when individuals are exposed to traumatic experiences.

Woodhouse et al. (2015) further asserted that individuals with insecure attachment styles are more vulnerable to processing traumatic experiences compared to securely attached individuals.

Mental health professionals, who frequently work with patients who have experienced trauma and are regularly exposed to their clients' distressing narratives, are at risk of developing **secondary traumatic stress**. This concept refers to the psychological burden experienced by individuals who interact with or witness the traumatic experiences of others (Figley, 1998). Based on this concept, recognizing the possible dissociative processes that mental health professionals may develop as a result of indirect exposure to trauma and understanding their associated attachment styles is crucial for maintaining the integrity of the therapeutic relationship. Attachment styles fundamentally shape an individual's internal working model of relationships, influencing their perception, regulation, and response to interpersonal dynamics. This, in turn, significantly affects their decisions, attitudes, and reactions in both professional and personal contexts (Görünmez, 2006).

Attachment and Psychopathology

Recent studies on mother-child relationships highlight the growing significance of attachment themes. The primary reason for this interest lies in the increasing recognition of the parent-child dynamic as a crucial factor affecting both generations. Attachment is considered a process based on mutual interaction, and many experts argue that the continuity of the mother-child relationship serves as a foundational element in shaping an individual's future life (Pearson et al., 1993, p. 608). Additionally, research underscores the central role of parents in human life, emphasizing that a strong parental relationship significantly influences the mental health of both adolescents and adults (LeCroy, 1988, p. 138).

With Bowlby's pioneering work, insecure attachment patterns have been recognized as indicators of future psychopathologies, whereas secure attachment is directly associated with healthy developmental processes (Nakash-Eisikovits et al., 2000, p. 1113). Secure attachment, which represents a natural model of psychological development, is a fundamental component of an individual's emotional well-being. In contrast, *anxious/ambivalent attachment* has been linked to anxiety and depressive disorders, while *avoidant attachment* is associated with behavioral problems and externalizing pathologies. Meanwhile, *disorganized attachment* is predominantly correlated with dissociative disorders (Sümer & Sakman, 2018, p. 59).

Early life experiences and caregiver-child relationships play a critical role in shaping psychological vulnerabilities, with the effects of these dynamics being moderated by environmental support (Mangelsdorf & Frosch, 1999, p. 186). Initial studies in the field compared psychiatric patients with healthy individuals and found that those with psychiatric

disorders were more likely to have had emotionally neglectful parenting styles (Scinto et al., 1999, p. 277). In a study of adolescents with an average age of 15, emotionally indifferent and controlling parental behaviors were linked to an increased risk of suicidal ideation, a threefold increase in self-harm behavior, and a fivefold increase in depression risk (Martin & Waite, 1994, p. 248).

Anxious attachment styles in young children have been associated with a heightened risk of developing anxiety disorders during childhood and adolescence (Warren et al., 1997, p. 639). Additionally, a longitudinal study found that insecure attachment during adolescence, particularly avoidant attachment, was a risk factor for negative relationship patterns in adulthood (Collins et al., 2002, p. 967). Children with avoidant attachment styles often anticipate rejection from others, leading them to distance themselves from interpersonal connections, which in turn reinforces the expected rejection. This cycle demonstrates how early attachment patterns shape an individual's approach to emotional intimacy and interpersonal relationships in adulthood (Von & Zendoom, 1995, p. 391).

At this point, *disorganized attachment* emerges as a concept introduced to describe attachment patterns formed under extreme adverse conditions—patterns that cannot be adequately explained merely as insecure attachment. Studies have shown that high school students' perceptions of their own attachment styles are linked to substance use, depression, personality disorders, and eating disorders (Çetin, 2008, pp. 141–142).

Various studies have established links between insecure attachment and psychological conditions such as social phobia, panic disorder, post-traumatic stress disorder, chronic pain, and obsessive-compulsive disorder (Eng et al., 2001; Myhr et al., 2004; Bifulco et al., 2006; Marazzati et al., 2007; Smith et al., 2009). Insecure attachment styles have also been associated with personality disorders in both adolescents and adults, with *anxious or ambivalent attachment* particularly linked to internalizing pathologies (Fonagy et al., 1996, p. 25). Meanwhile, *avoidant attachment* appears to reflect a combination of both internalizing and externalizing pathologies (Fonagy et al., 2000, p. 105).

A study conducted in primary healthcare settings among women found that individuals with insecure attachment styles exhibited more physical symptoms and incurred higher healthcare costs compared to those with secure attachment styles (Ciechanowski et al., 2002, p. 663). Additionally, a study by Ponizovsky et al. found no significant difference in secure attachment scores between male schizophrenia patients and healthy controls. However, patients with high levels of *avoidant* and *anxious attachment* exhibited strong correlations between their attachment scores and both positive and negative syndrome scores. Furthermore, individuals with insecure attachment styles had an earlier onset of illness and longer hospitalization periods (Ponizovsky et al., 2007, p. 326).

Dissociation Among Mental Health Professionals

Dissociation is defined as a disruption or discontinuity in an individual's consciousness, identity, memory, emotional state, perception, and behavior, leading to a breakdown in normal psychological integration (Balcıoğlu & Balcıoğlu, 2018, p. 13). This phenomenon typically emerges as a response to traumatic events, manifesting in dissociative symptoms due to an inability to regulate emotional intensity. These symptoms include disruptions in consciousness, self-harming behaviors, insecure attachment patterns, and amnesia (Öztürk, 2022, p. 21).

Since Pierre Janet's early studies (1889, as cited in Lynn et al., 2022, p. 261), dissociation has been a focal point in the literature. Dissociative symptoms and experiences range across a spectrum from everyday lapses in attention, mild memory difficulties, and daydreaming to more pathological manifestations such as dissociative disorders, depersonalization/derealization, dissociative amnesia, and dissociative identity disorder (Loewenstein, 2018, p. 234). According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, dissociative disorders are diagnosed when symptoms significantly impact memory, consciousness, perception, motor control, affect, identity fragmentation, and bodily representations (APA, 2013, p. 26).

Janet conceptualized dissociation as an automatic, unconscious coping mechanism (Lynn et al., 2012, p. 52). One of his key observations was that individuals displaying dissociative features were unable to consciously recall traumatic events, yet these memories were repeatedly reproduced at an unconscious level. Janet referred to this phenomenon as *idée fixe* (Soysaltürk, 2020, p. 41).

According to Janet's theory, individuals experiencing fear or intense emotional distress struggle to integrate traumatic events into their conscious thought processes. Consequently, such experiences become disconnected from the individual's subjective life narrative (Lynn et al., 2012, p. 48). In this model, individuals who utilize dissociation as a coping strategy retain the emotional and cognitive impact of trauma while simultaneously preventing these traumatic memories from entering conscious awareness (Şar, 2011, p. 117).

Fairbairn argued that dissociation originates from early developmental difficulties in the child-caregiver relationship (Fairbairn, 1969, p. 207). In an effort to preserve the attachment bond, the child internalizes the harmful aspects of the caregiver, leading to a split between "good" and "bad" representations of the caregiver (Howell, 2005, p. 51).

Traumatic dissociation is regarded as an internal defense mechanism that an individual develops in response to psychologically harmful situations (Lynn et al., 2012, p. 49). Dissociation serves as a biopsychological response to danger, facilitating automatic behavior, pain reduction, emotional detachment, and social isolation (Dalenberg et al., 2012, p. 466).

Dissociation encompasses a broad range of experiences, from mild forgetfulness to profound memory loss known as dissociative fugue. It is influenced by various internal and external stimuli encountered throughout life (American Psychiatric Association, 2013, p. 12).

The emergence of dissociation disrupts the harmony between internal and external reality, leading to impaired reality perception and identity shifts. While initially serving an adaptive function, it can evolve into a maladaptive coping mechanism, resulting in significant psychological disturbances (Öztürk & Şar, 2016, p. 30). Furthermore, dissociation affects the integration of personality structures, functioning as a defense mechanism under the burden of traumatic experiences. However, over time, this process impedes the restructuring of personality, exacerbating the individual's psychological difficulties (Spiegel, 1988, p. 62).

Dissociation Among Mental Health Professionals

Given the definition of dissociation, the way mental health professionals approach this phenomenon is of great significance. Establishing a healthy therapeutic relationship requires awareness of their own dissociative processes, which plays a critical role in both diagnosis and treatment. Dissociative symptoms are often associated with post-traumatic stress disorder (PTSD), requiring mental health professionals to develop a deep understanding of recognizing, identifying, and intervening in these cases. When defining their own dissociative experiences, mental health professionals carefully examine how these processes influence their relationships with patients, affect treatment outcomes, and lead to significant changes in their practice. They also develop strategies to help patients manage their emotional distress while considering the traumas they have experienced. Additionally, mental health professionals adopt protective measures to mitigate the long-term effects of dissociative symptoms, including engaging in supportive therapy sessions to safeguard their own well-being and facilitate their psychological recovery.

Mental health professionals are responsible for protecting and improving individuals' psychological well-being. This group includes psychologists, psychiatrists, psychiatric nurses, and social workers, each fulfilling specific roles within the healthcare system according to their respective training and licenses (Turkish Psychiatric Association, 2024, p. 1).

Dissociation, which can also be observed among mental health professionals due to various factors, frequently arises as a response to traumatic events and manifests through dissociative symptoms resulting from difficulties in regulating emotional intensity. These symptoms, as previously discussed, include disruptions in consciousness, insecure attachment patterns, and memory lapses (Balcıoğlu & Balcıoğlu, 2018, p. 13).

As dissociation, when linked to trauma, disrupts the harmony between internal and external reality, it can also be considered a significant health concern for mental health professionals. Due to the nature of their work, they are exposed to numerous accounts of trauma experienced by their patients. However, some professionals may be particularly affected by the traumatic experiences of the individuals they treat. This exposure not only imposes an emotional burden on them but may also trigger memories of their own past traumatic experiences, making these memories more pronounced. Consequently, dissociative processes can emerge among mental health professionals.

In individuals diagnosed with dissociative disorders, severe histories of abuse and trauma are frequently reported. These past experiences often exacerbate dissociative amnesia, significantly impacting daily life (Öztürk, 2022, p. 24).

To minimize the long-term effects of dissociative symptoms, mental health professionals take an active role in developing plans that consider patients' relationships with their families and social environments, contributing to the establishment of broad support networks. Each profession within this field fulfills specific responsibilities as an integral part of healthcare services. However, mental health professionals who experience dissociation themselves may struggle to effectively manage the treatment process of their patients. In other words, those who face emotional and psychological burdens may become vulnerable to dissociative triggers, making it difficult for them to manage both their own health and that of their patients. Furthermore, these professionals may also encounter attachment-related difficulties in their personal lives.

Conclusion

When the relevant literature is examined, it is observed that there are numerous studies that separately address dissociation and attachment, while the number of studies that evaluate these two concepts together is limited. In this context, this section of the study will discuss studies that consider both concepts simultaneously.

The study conducted by Öztürk (2018) presents an analysis of intergenerational psychohistorically based child-rearing styles in terms of attachment, dissociation, and trauma. The study, which demonstrates that child-rearing styles have evolved over generations toward being more empathetic, supportive, and participatory, also notes that physical discipline practices persist in some cases. Moreover, the findings highlight the continuity of intergenerational dissociative experiences and childhood traumas, emphasizing that these conditions generally remain unchanged. However, the study did not establish a direct link between child-rearing styles and childhood traumas or dissociation. Nevertheless, the study reveals that the intergenerational transmission of child-rearing styles and trauma history primarily occurs through women, stating that this transmission mostly spreads from mother to daughter across generations.

Öztürk's study (2018) underscores that dissociative disorders developing after trauma and childhood traumas are closely related to forensic sciences and psychiatric practices. At the same time, the study, which explores ways to cope with childhood traumas and minimize their consequences, draws attention to the impact of child-rearing styles on the overall health of society.

The study conducted by Okumuş and Nalbant (2021) examines the causes and effects of dissociation in depth, focusing particularly on the impact of childhood traumas on individuals' psychological development. The study demonstrates how dissociative disorders function as a psychological organizer in individuals who have been exposed to multiple trauma-triggering events and have weak self-regulation skills. It emphasizes the crucial roles played by early nonverbal communication and the reflective functions of primary caregivers in developing an individual's ability to regulate emotions and construct internal models.

According to the research findings of Okumuş and Nalbant (2021), childhood traumas—particularly neglect—have been identified as significant factors in the development of insecure attachment and dissociative symptoms. Such experiences can impair an individual's capacity to manage emotions functionally, and the failure to adequately process childhood traumas within the child-caregiver interaction can lead individuals to adopt dissociative defenses.

Both studies mentioned above converge on the common goal of elucidating the complex relationships between dissociation, attachment styles, and development by approaching the topic from different perspectives. However, while Öztürk's study examines how parenting styles have evolved across generations and their effects on childhood traumas, attachment, and dissociation—addressing the relationship between attachment and dissociation indirectly—Okumuş and Nalbant emphasize the role of childhood traumas, particularly neglect and insecure attachment, in the formation of dissociative symptoms.

Okumuş and Nalbant's study highlights how the lack of attachment security creates a foundation for the development of defense mechanisms such as dissociation and demonstrates how this process affects an individual's

emotional regulation abilities. At this point, Okumuş and Nalbant define dissociation as a psychological organizer for coping with traumatic experiences and elaborate on how this process deeply impacts individual psychological structures.

Additionally, both studies share a common feature in emphasizing the relationship between dissociation, attachment styles, and trauma. However, while Öztürk approaches these concepts within the context of intergenerational transmission and parenting styles, Okumuş and Nalbant focus on individual psychological processes and internal world regulations. Furthermore, while Öztürk's study discusses the relationship between attachment and dissociation primarily through parenting practices in an indirect manner, Okumuş and Nalbant directly examine this relationship within the framework of dissociative disorders and trauma responses. This makes Okumuş and Nalbant's study offer a more applied perspective in understanding and treating dissociative symptoms.

Attachment theory aims to examine the emotional interactions that develop between individuals and caregivers and their effects extending into adulthood. Attachment is a phenomenon shaped by the responsiveness of the caregiver to the child's need for security and comfort, significantly influencing the socialization of individuals. While individuals who develop a secure attachment perceive their relationships as safe, avoidant individuals prefer to maintain distance from closeness. In contrast, anxious/ambivalent individuals tend to exhibit inconsistent emotional responses. Adult attachment styles are similarly defined, and in romantic relationships, these styles are associated with the pursuit of intimacy and fear of abandonment. Furthermore, existing attachment styles play a determining role in individuals' emotional well-being and relationship dynamics, affecting them both socially and psychologically. Studies in the relevant literature emphasize that interpersonal interactions have long-term psychological effects on individuals. Accordingly, it can be stated that secure attachment plays a vital role in individuals' emotional, cognitive, and social development. On the other hand, insecure attachment styles can be directly linked to anxiety, depression, dissociation, and other psychopathological conditions.

Dissociation refers to disruptions in individuals' memory, consciousness, emotions, experiences, and identity integration and often emerges as a response to traumatic events. Since Janet's early studies, this subject has been continuously addressed in psychological literature, and significant theories have been developed regarding the diagnosis and treatment of dissociative disorders. Dissociative disorders are generally seen as a result of an individual's effort to keep traumatic memories out of conscious awareness, and this condition can have profound effects on a person's daily functioning.

The relationship between attachment theory and dissociative disorders is particularly associated with childhood traumas and early life experiences, and this connection appears to hold significant importance in understanding psychopathology. Insecure or problematic attachment styles, especially those involving early-life neglect and abuse, can be key determinants in the development of dissociative symptoms. Individuals with such an attachment history often experience a mismatch between their internal and external worlds, creating a foundation for the emergence of dissociative disorders.

Mental health professionals need to have an in-depth understanding of dissociative processes and adopt a multidimensional therapeutic approach. Managing dissociative processes should involve developing supportive strategies to help both their own emotional regulation and attitudes as well as the patient's ability to manage trauma and emotional intensity. Additionally, strengthening the patient's social and familial relationships to establish a broad support network is essential. This approach aims to enhance the therapeutic relationship between the patient and the mental health professional, improve the quality of life for both patients and practitioners, and support the development of healthier personality structures.

Mental health professionals carefully evaluate symptoms such as memory loss, identity disturbances, and perceptual changes in this process, planning individualized interventions tailored to each patient's needs.

Furthermore, attachment theory plays a crucial role in helping mental health professionals understand and manage dissociative processes. Childhood traumas and early life experiences can impact an individual's psychological well-being in adulthood. Particularly, insecure or problematic attachment styles can contribute to the development of dissociative

symptoms. In this context, examining attachment styles in the treatment of dissociative disorders allows for a more effective and personalized therapeutic process.

The treatment of dissociative disorders requires a multidimensional therapeutic approach to help patients manage trauma and emotional intensity, strengthen their social and familial relationships, and establish a broad support network. Mental health professionals assess symptoms such as memory loss, identity disturbances, and perceptual changes to develop treatment plans tailored to each individual's needs. This process aims to improve the patient's quality of life and foster the development of healthier personality structures. However, it is also important to note that during the treatment of patients' traumas, mental health professionals themselves may experience trauma triggers.

In conclusion, the relationship between attachment theory and dissociative disorders emerges as a significant topic in psychological health. Childhood traumas and early life experiences can have lasting effects on the psychological well-being of adults, with insecure or disorganized attachment styles contributing to the development of dissociative symptoms. Mental health professionals play a vital role in understanding and managing the interaction between attachment styles and dissociative processes. In this framework, the effective use of attachment theory in the treatment of dissociative disorders can help both mental health professionals and patients better manage trauma and emotional intensity throughout the therapeutic process.

To gain a better understanding of the relationship between attachment styles and dissociative processes and to manage dissociation more effectively, the following recommendations can be made:

Training programs should be developed for mental health professionals to explore the relationship between attachment theory and dissociative disorders. These programs should aim to enhance the understanding of how different attachment styles influence therapeutic processes and integrate this knowledge into treatment methods. By doing so, both service providers and recipients can play a crucial role in effectively managing dissociation processes.

Patients' attachment styles should be taken into account in treatment planning, ensuring that individualized interventions are designed according to each person's specific needs.

The family and social relationships of both mental health professionals and patients should be regarded as fundamental components of the treatment process. Strengthening support networks that foster secure attachment and enhancing social bonds can positively impact overall well-being.

The emotional and psychological needs of mental health professionals should be regularly assessed and supported, considering the challenges of their field. Preventive measures should be established to address potential dissociative processes that may arise from exposure to traumatic experiences. By increasing their capacity for trauma sensitivity, professionals can engage with patients more effectively.

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