



KARUNA HEALING

Attachment Report

Welcome to your Karuna Healing Attachment report for Sex Addiction Recovery. In this report we will provide an overview of Attachment Theory, as well as give your specific scores, charts, and graphics from your assessment results. The goal is for you to come away from this report with a customized, achievable plan how to heal your attachment to help you in your sex addiction recovery. Your results are embedded throughout this report.

Attachment Theory History:

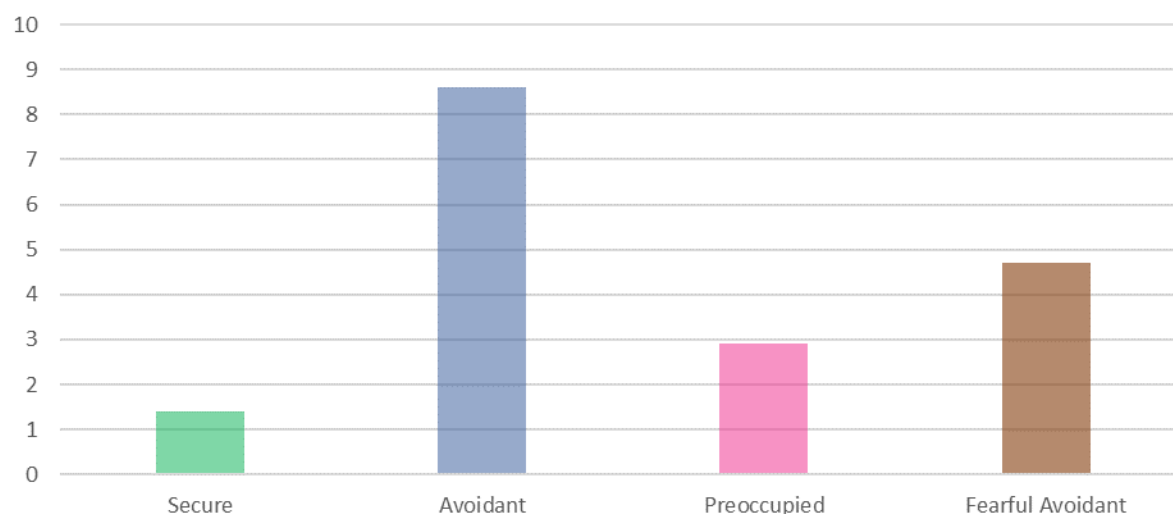
Since John Bowlby and Mary Ainsworth's work in the 1970's, attachment has been an increasing focus generally in all mental health recovery and specifically in healing from addiction. Attachment theory started from an experiment observing children in different scenarios with their parents.

They observed different patterns in children and divided them into four categories (three-- then later other researchers identified a fourth). Securely attached children were able to cope with minor attachment ruptures and could quickly be soothed by parents when dysregulated. Insecurely attached children were divided into three categories based on their styles of maladjusted patterns in trying to get their parent's affection and help. In simplest terms, these maladjusted patterns are 1. Deactivating the attachment system (avoidant) 2. Hyperactivating the attachment system (preoccupied/anxious) 3. Alternating both strategies (fearful avoidant).

This style becomes an "internal working model" (IWM) which is how the child learns to get their needs met and are imprinted deeply in our subconscious automatic memory. As we enter adulthood, we take with us this IWM as a default in relationship style and how we cope with stress in general. IWM's are always adjusting, and we may move from one attachment style to another especially as a reaction to trauma.

Your results:

Avoidant



Secure Attachment:

Stan Tatkin calls these “anchors” because they can be a steadying influence in a relationship. If a person is secure in a relationship, they can more easily give and receive love. They are good at things like honoring boundaries and keeping agreements. They want the best for their partner but don’t sacrifice themselves. They want to be close to their partner but are OK when separated. They can listen and empathize with their partner. They’re willing to be vulnerable. When they experience negative emotions or challenges, they can soothe themselves, calm their nervous system, and figure out the best plan. Secure Attachment represents about 50% of U.S. adults.



Avoidant Attachment:

Stan Tatkin calls these “islands”, because they tend to isolate. If one is extreme avoidant, they often feel suffocated by their partner. They need space. Avoidants want a relationship and they want closeness, but their defense mechanisms might cause them to shut it down if it gets too close or if it’s not the right time for closeness. Avoidants value independence and may mistrust others. Avoidant Attachment (also called “Dismissive”) represents about 22% of U.S. adults.



Preoccupied Attachment:

Stan Tatkin calls these “waves,” because when they come for their partners, they can overwhelm them like a tidal wave. An extreme preoccupied always feels like they love their partner more than their partner loves them. They can become consumed with fears of rejection and abandonment. They might appear needy. They sometimes create conflict as a way to draw the partner in to create a form of perceived intimacy. Preoccupied Attachment (also called Anxious or Ambivalent) represents about 18% of U.S. adults.



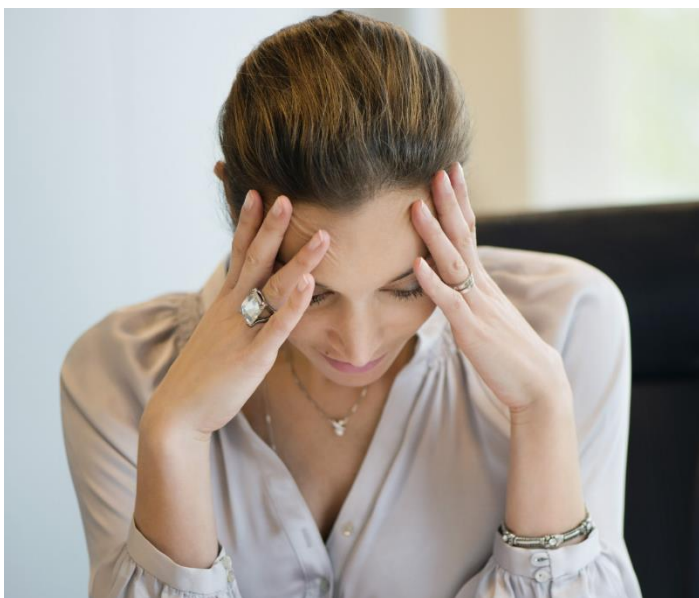
Fearful Avoidant Attachment:

This category is sometimes ignored when discussing attachment styles. It comes into play in two ways. 1) When the person is insecurely attached on both the avoidant and preoccupied scales and uses both patterns as attachment strategies. 2) When significant trauma effects like lack of safety and disassociation are present. Often this is a result of abuse. Fearful Avoidant Attachment (sometimes called Disorganized Attachment) represents about 10% of U.S. adults.



Relationship between trauma, attachment, and addiction:

Gabor Mate believes that addiction is a response to trauma. Trauma is commonly understood as big “T” Trauma, i.e. a major, one-time event such as a death to a loved one or sexual or physical abuse. Another type of trauma is referred to as little “t” trauma, and that’s the more common kind of abuse that many of us experienced: belittling, insults, harsh criticism, neglect, rigidity, lack of support, overly strictness, rejection, unfairly high expectations, disengaged parents or lovers. These little traumas when experienced over and over add up to have a combined impact as serious as big T trauma. This is often referred to as CPTSD (Complex PTSD) or “relational trauma”.



Trauma makes it very difficult to cope with regular stresses and challenges of daily life. The trauma sufferer’s nervous system easily becomes flooded and overwhelmed, triggering fight-or-flight responses. A healthy-attached child learned from her parent how to soothe herself and cope with challenges. When attachment was ruptured (aka trauma experienced), the child failed to learn healthy coping and soothing mechanisms and turned to maladaptive patterns to cope with negative emotions.

Complex relationship trauma is very difficult to treat directly. According to the late Harvard Psychologist, Attachment Expert, and founder of the IPF (Ideal Parent

Figure Protocol) method Dan Brown, CPTSD often gets worse when therapists attempt to process it using CBT or other talk therapy methods. Some of you might have experienced this in therapy. You talk and talk about your childhood but nothing gets resolved. He encourages therapists to focus on healing attachment as a quicker and more effective method to heal from trauma. We believe sexually compulsive behavior is best understood as a maladaptive response to insecure attachment. And treating insecure attachment is absolutely imperative in sex addiction recovery.

Insecure Attachment Symptoms:

- Not trusting ourselves or others
- Toxic shame
- Inability to soothe ourselves when negative emotion surfaces
- Impulsive behavior
- Poor emotion regulation
- Excessive rebelliousness, distrust of authority
- Dissociation, confusion, difficulty understanding our emotions, splitting, extreme polarity, and inner conflict
- Inability to get needs met in relationship
- Easily distracted, procrastination, difficulty organizing
- Idealizing or devaluing others
- Depression and lack of meaning
- Feeling lonely even when with group of people or in a relationship
- Anxiety and excessive fearfulness
- Anger, quick temper
- Excessive reassurance seeking
- Fear of intimacy
- Emotionally distant to others
- Irritability
- Frustration, feeling of discontent
- Internalized, toxic shame and guilt
- Addictive behavior

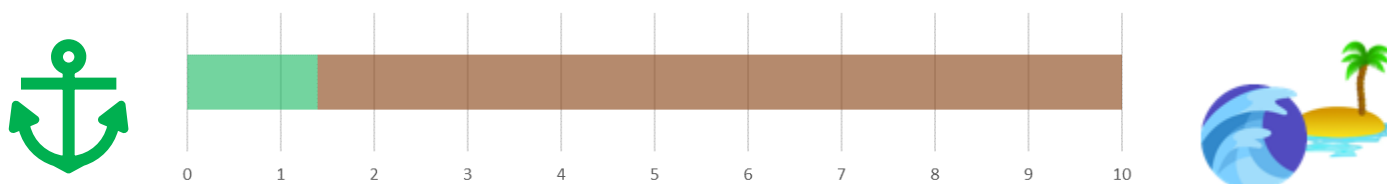
Secure Attachment Benefits:

- Confidence
- Trusts others and self
- Peace and contentment
- Behavior matches values
- Feeling satisfied
- Desires closeness and can be close in a relationship without losing self
- Can show compassion without becoming overwhelmed by others' negative emotions
- Emotion regulation
- Able to connect to the pre-frontal cortex and think through consequences coolly before reacting
- Ability to soothe self
- Strong sense of self
- Able to honor boundaries
- Feel connected to others
- Good at giving and receiving compliments
- Able to meet partner's needs and get needs met
- Willing to be vulnerable but able to protect self when necessary
- Longer window of tolerance before impulsive reaction
- Healing from addiction
- Patient

Secure Attachment Scale:

This next chart shows how you scored in the metric of secure vs insecure attachment. Dan Brown claims that though US adults are about 50-60% secure, if you look at clinical populations for substance abusers, eating disorders, and Cluster B personality disorders, about 90% are insecurely attached. Patrick Carnes found that 92% of sex addicts he tested scored insecure.

Our attachment security changes over time and especially according to our primary romantic relationship or trauma experienced. Our goal is to move further to the right on this spectrum to reduce insecure attachment symptoms and enjoy the peace and stability that comes with secure attachment.



Secure Attachment score: 1.4

Secure Attachment percentile: 14

Roughly 50% of adult Americans are secure and 50% are insecure. This is how you tested today, but attachment security changes. You can heal your attachment! Follow the advice in the “earning secure attachment” section and take this test every six months to see how much you’ve improved.

Earned Secure Attachment, Neuroplasticity, and Healing:

Trauma, depression, anxiety addiction causes our brains to build neural pathways so that we react in a subconscious, automated way to triggers. Neuroplasticity is the scientific explanation of how our brains can heal. We can build new neural pathways that promote a healthier way to live. If we currently suffer from symptoms related to insecure attachment, we can grow and heal and move towards secure attachment. This is called “earned secure attachment.” We can move from very insecure to slightly insecure. We can move from slightly insecure to secure. We can move from secure to very secure. With each step in progress, we will suffer from less of the symptoms of insecure attachment and enjoy more benefits of secure.

Ways to work towards Secure Attachment:

Metacognition (Self-Awareness)

The first step in mental health healing and neuroplasticity is always self-awareness. What we can name, we can tame. Make it a conscious effort “I am working towards more secure attachment.”

When we become aware of our patterns, we move traumatic memory from the limbic system, the reptilian and mammalian parts of our brain (subconscious), to the pre-frontal cortex (conscious) where we can think about different ways to act.



Try to catch yourself when behaving in your known pattern, take time to breathe compassion to yourself, self-care, and then act in an intentional way to fix the attachment rupture.

“My spouse said something that made me feel bad, and I just want to punish her by locking the door of my office and giving her the silent treatment. I can see I’m doing that because of my attachment insecurity. Instead of

doing that, I’m going to soothe myself, and when I’m feeling a little better, I’m going to try to approach my spouse to have a vulnerable, fair conversation.”

Be in a Secure Relationship

Stan Tatkin when asked about how to heal in mental health, his answer is a secure relationship. How to heal an addiction? A secure relationship. How to heal narcissism? A secure relationship. How to heal anxiety? A secure relationship. An ideal, healing relationship consists of two securely attached partners, so that’s not always immediately attainable. But as we work at making our relationship secure, we heal both our partner and ourselves.

We can start by doing our best in each relationship we have to model the five conditions for secure attachment (see that section towards the end of this report). When we model the five conditions of healthy attachment, we can improve relationships with our romantic partner or other close relationships which will help us in our healing. We can improve our relationships with our children and in some cases our parents (if that’s safe to attempt). Even if we can’t control how others are acting in our relationships, by consistently modeling the five conditions for secure attachment we ourselves can heal.

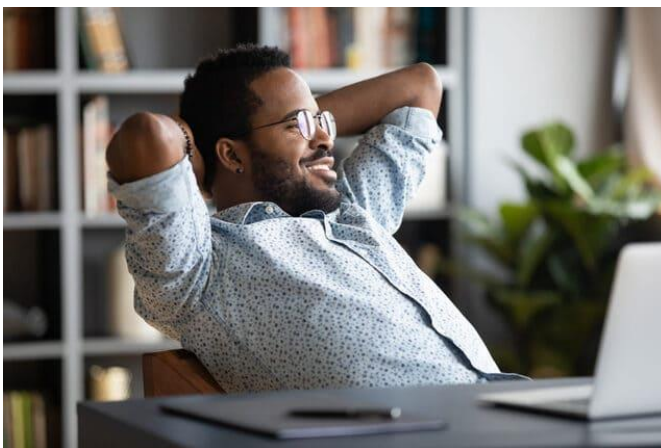
Group therapy or Twelve Step Groups is a great space to foster attachment security and even form new relationships based in secure attachment principles.

Therapy

An objective of every good therapist is to model healthy attachment and build a therapeutic alliance with the client that will be the place to heal attachment wounds and move to secure attachment.

Parts Therapy

Bessel van der Kolk in *The Body Keeps The Score*, recommends IFS (Internal Family Systems) or other therapy modalities that utilize “parts” therapy for healing of trauma. It’s common to develop a severely harsh inner critic that barrages us with messages of shame, and then to develop parts that use addiction, anger, escape, and other insecure attachment strategies to protect us from that shame. IFS is very effective in working with and healing those parts. Healing toxic shame is a vital aspect of moving from insecure to secure attachment.



Reparenting, Inner Child Work

Therapy modalities that emphasize reparenting and self-compassion can be very effective in healing attachment wounds. If therapy is not possible, there are self-help books or online guided meditations for cultivating our “self” or “wise mind” in order to heal and reparent our broken inner parts: see for example IFS, Schema Therapy, DBT, EMDR, Tara Brach’s RAIN meditations.

Ideal Parent Figure Protocol (IPF), EMDR

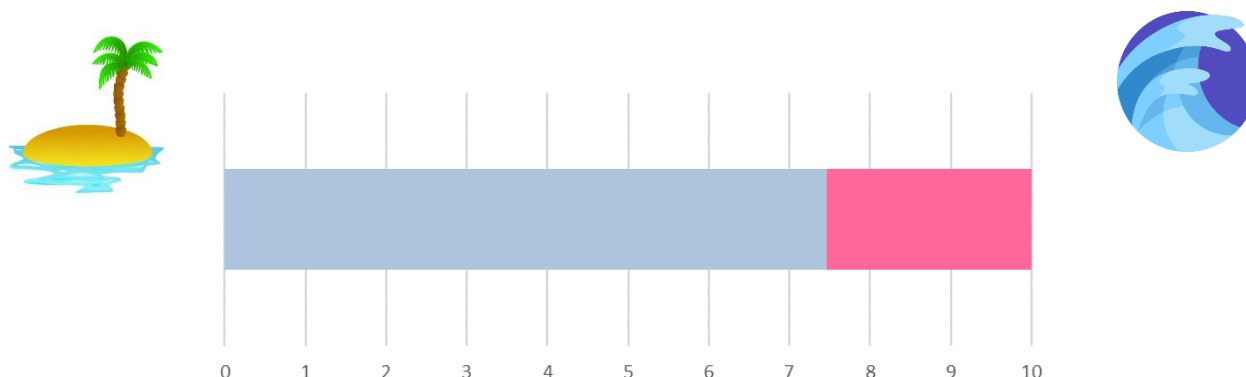
Dan Brown combined decades of research in attachment with his experience in Tibetan Buddhism to create the Ideal Parent Figure Protocol. It is a mentalization therapy, where a practitioner guides a client through a series of guided meditations, mentalizing ideal parents who perfectly meet all the five secure attachment conditions. The client learns she can access the Ideal Parents at any time to help with emotion regulation and new neural pathways are formed, overriding the trauma stored in sub-conscious memory.

Laura Parnell’s attachment-focused EMDR utilizes Ideal Mother and Ideal Father mentalizations as resources to heal attachment. Strengthening these mentalizations with EMDR, tapping, or other somatic methods that make a mind-body connection are very effective at reaching the subcortical implicit memory where trauma and attachment patterns are stored.

Preoccupied vs Avoidant Spectrum:

This next scale will give you insight into whether you have tendency to be avoidant/dismissive in a relationship or preoccupied/anxious. Even if you score as secure or fearful avoidant, this scale will show you your most common insecure attachment strategy.

You scored : Avoidant



Avoidant Scale: 8.6, 91 percentile
Preoccupied Scale: 2.9, 42 percentile

Avoidant

Childhood:

Avoidant Attachment style often develops when a child's attempts to engage the parent result in so many failures or negative experiences so that he gives up. Often, the avoidant's parents were very controlling or very rigid. Parents might not have allowed expression of emotion and punished the child for showing emotion. Even when playing together, the parent might not allow the child to play freely: "I'll show you how to do it". Often, the parent can't deal with the child's problems, so the child is banished and sent away when needing help. The child is forced to be alone and independent and develops a "pseudo-independence" where she would rather be with the parent but is forced into independence from being rejected. Over time when this pattern is repeated, the child learns to deactivate attachment and becomes avoidant. It's also important to know that sometimes we might develop insecure strategies as response to trauma or genetic disposition, even when we had "good enough" parents.

In adult:

The avoidant dismissive sometimes has a cynical perspective. She evaluates others negatively. Classic behaviors are: avoidance of intimacy, dismissing behaviors, aloofness and contempt, mistrust in others. Often the avoidant is very independent and very successful in operating independently. But sometimes this apparent self-sufficiency is an illusion of pseudo-self development, evolving from frustration from lack of success and uncooperation

working with teams and groups. The avoidant might come across to others as cocky or arrogant.

The avoidant craves closeness. All humans do. But he may find it difficult or unattainable to open himself up enough to get close. The avoidant may find herself getting frustrated or suffocated when her partner wants closeness. There is often a deep fear involved with getting too close. The avoidant will keep his emotions hidden from others, and sometimes may even have difficulty understanding his emotions. These internal working models are stored in our sub-conscious, and we may not understand why we're resisting closeness, we just do it. Avoidants might minimize their feelings, and talk about feelings as if they're very remote and not connected. In therapy, the avoidant might be overly analytical, afraid to connect with emotion. The avoidant goes by the mantra: I am a rock I am an island and a rock feels no pain and an island never cries.

Sex addiction in the Avoidant:

Because your deeply held attachment needs are often blocked from consciousness, the Patrick Carnes core belief of the sex addict "sex is my most important need" might ring true for you. Look for clues in your acting out that are related to avoidant themes: fear of intimacy, fear of closeness, being afraid to share feelings. Avoidants are slightly more likely to develop a sex or porn addiction than preoccupied, but preoccupieds are more likely to develop a love addiction or to include aspects of love addiction in their sex addiction.

You might isolate and watch porn as a way to escape the relationship. Anonymity or sex with-a-stranger themes in porn might be exciting. You might prefer anonymous sex over affairs where there is an intimate connection. You might use prostitutes or escorts. You might feel open to sharing romantic feelings and closeness with an acting out partner, knowing you can control it any time you want distance. Or you might have a greater interest in emotion-less sex or porn viewing.

You might feel entitled to breaking relationship agreements related to porn or affairs because your partner has rejected your attempts to connect.

You might feel disconnected from the feelings of the object in porn or your acting out partners. You might feel cynicism or disgust towards the porn object or your acting out partner. Because of the avoidant's tendency to present a false persona to the world, the deception and double life component of sex addiction likely is very natural.

Moving toward secure – specific strategies for the Avoidant:

The avoidant feels shame about needing closeness or depending on a partner in a relationship. Bringing that into consciousness can help. Working with a therapist on that will be very beneficial.

As avoidant-leaning, we probably will always love and possibly even prefer time we spend alone. That's OK. But we need to be mindful of when we are doing this intentionally as a way to avoid or punish our partner or deal with negative emotions. When we start to feel that feeling of being suffocated or smothered by our partner and we just have to escape, we need to lean into this.

The thought that's driving that desire to isolate might be a feeling of shame or insecurity. Don't suppress that thought, don't ruminate on it. Acknowledge it with curiosity and wrap it with compassion, but don't let that thought drive behavior. "I'm doing that thing where I'm feeling uncomfortable and want to bolt. It's OK. It's my avoidant insecurity." Stop. Take some deep breaths. Be mindful. Let our nervous system calm down and see if we can delay or stop the avoiding behavior.

Avoidants learned to be ashamed of showing their emotions and sometimes as a result are out-of-touch with feeling their own emotions. Mindfulness meditations to recognize emotions are very helpful. Loving-kindness (metta) meditations are very good for the avoidant in fostering feelings of empathy and compassion for others.

When we do the Ideal Parent Figure mentalizations, we will focus on the ideal parents being very responsive to your attempts to connect. They hug you and are physically affectionate. Anytime you move close to them, they are right there for you. They love being near you. They love to watch you play. They delight in what you are learning and doing. You may not be doing it "perfect" but it's perfect to them. They love to watch you and support you when you want help. If you are stressed or worried, they make sure you know that is totally OK, it's their job to help you through it. They thank you for sharing your feelings. They probe you and ask you to share even more, open up and tell us everything how bad it is. We want to hear. We're here for you. They are flexible and permissive, not controlling nor strict.

Preoccupied

Though your primary insecure attachment strategy is Avoidant, because you scored in the 42 percentile in Preoccupied, you also likely exhibit some Preoccupied attachment strategies, so it's good to understand both.

Childhood:

Preoccupied attachment occurs sometimes when parents are neglectful or pervasively misattuned—focused on themselves and not the child. In some cases a parent suffered from anxiety, depression, or unresolved trauma, and the child learned to become more concerned with the parent's state of mind than his own. The parent might have relied on the child to regulate their emotions instead of how it should be, vice versa. The child had to calm the adult. This makes the child more focused on the parent's (and later their partner's) emotional state and become disconnected to their own emotional state. A child learned to get the parent's attention by fussing, overachieving, temper tantrums, or acting badly for attention. The child learns an outside-in orientation.

In Adult:

In adult romantic relationships you might feel worried your partner will reject or abandon you. You might be obsessed with "keeping score". "I do this more than you do." You might worry your partner doesn't love you as much as you love them or that they aren't putting as

much effort into the relationship as you are. You sometimes might idealize your partner or be naive about your partner's problems, especially in new relationships. You might be prone to fawning or overpleasing, because you are constantly focused on your partner's state rather than developing your own self. You might be compulsive in care-taking others and feel "put out" or like people are taking advantage of you, or that you're living your life for others and not yourself.

You might feel tempted to fire off a text "What the hell, it's been 20 minutes since I asked you that question, I know you read my text, why aren't you responding??"

You might have an excessive need for approval. You might ignore signs of trouble in a relationship and need the relationship to work so much that you ignore warning signs and then feel rejected when it doesn't work. You might have high levels of anxiety and be worried constantly about whether your partner might leave you or just that life will not work out like you want. You might struggle with feelings of inadequacy. You might recognize your partner as the source of that doubt and lash out at them, demanding more from them. Your partner might view you as clingy or needy. The preoccupied wants to be understood, so she may regularly cross normal boundaries of oversharing intimate things or oversharing of emotions in situations where it is not appropriate.

You might be very reactive to rejection and hypersensitive to criticism or feedback.

Sex addiction in the Preoccupied:

This statement from Patrick Carnes' core beliefs of a sex addict is especially applicable "No one could love me as I am." But you might feel like you're constantly looking for reassurance that someone will.

When starting a new relationship, even it's a temporary online relationship, you might feel like you're falling in love or you're feeling very deeply intimately attached, even after a very short time. It's a thrilling feeling. You might have more difficulty committing to relationships and using your sex addiction to constantly try out new partners.

You might feel entitled to breaking relationship agreements related to porn or affairs as a way to hurt your partner or even the score.

When you use porn, you might be attracted to the way the porn object smiles at you or you may fantasize about a life with the porn object. You might get really into the idea that the fantasy object "accepts you". You might like sexting or trading fantasies with multiple people to feel like they are naughty just like you. You might inject your partner into the porn or sex fantasy. You might feel like that would be a very intimate connection. The preoccupied lacks a limiting boundary of sharing himself so he might be more forward in sexual ways with strangers or in new relationships.

Moving toward secure – specific strategies for the Preoccupied:

Dan Brown suggests to try this exercise regularly. On a scale of 1 to 10, 1 being totally my own, and 10 being totally my partner's, think of to what degree am I focused on my partner's state of mind and how they feel about me vs my own and how I feel about myself. This trains

us to become more aware of our own inner state and to catch ourselves when we are overly focused on our partner.

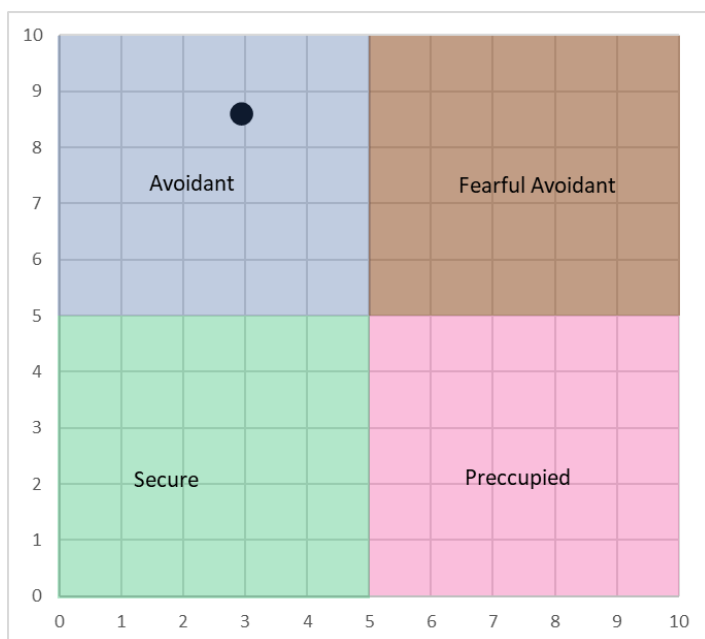
When we feel anxious about the relationship and start to doubt our partner's love, we need to lean into this. Don't suppress it, don't ruminate on it. Acknowledge it with curiosity and wrap it with compassion. "I'm doing that thing where I worry about if my partner loves me. It's OK. It's my attachment insecurity."

When things are stagnant in our relationship, or we feel unsettled, and have that thought to blame our partner, or start a fight. Stop. Take some deep breaths. Be mindful. Let our nervous system calm down and reevaluate the idea with our pre-frontal cortex engaged. Do I still need want to do this? Let's wait a day and see how we feel tomorrow.

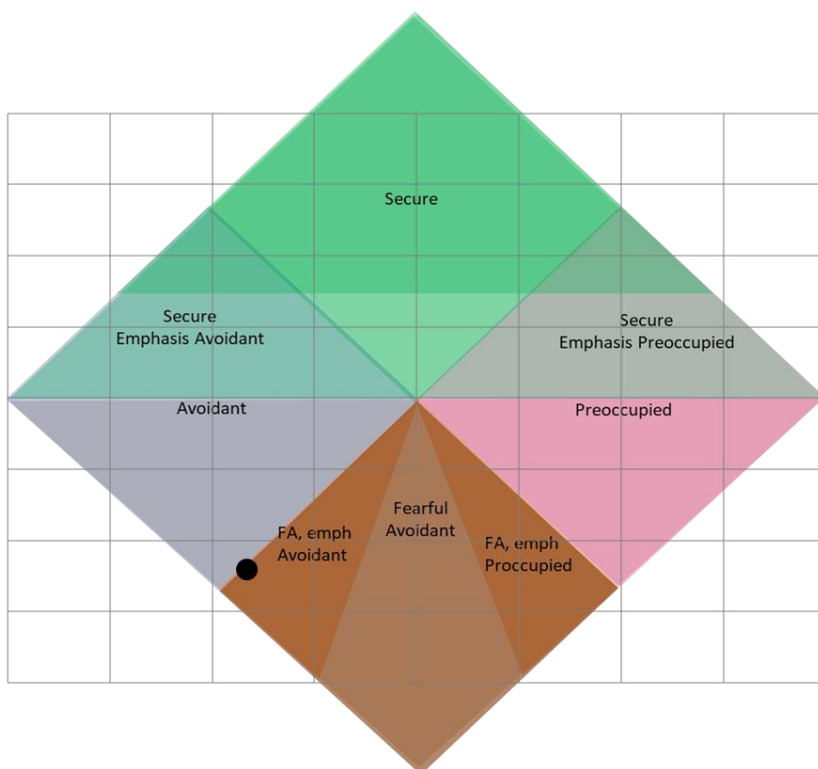
When we do the Ideal Parent Figure mentalization, we will focus on the ideal parents being very attuned to us, they are aware of subtle changes in our emotions, they are really connected to us. We don't need to worry at all about our parents, they are just fine, they are rock solid, if we say something to ask how they are or if they're upset about something, they quickly reassure us. "It's all about you sweetie, you don't need to worry about me at all." You can trust them. They are very calming. Very reassuring.

More Charts:

Here's a four quadrant chart showing where you scored. Keep in mind, these results are considered reliable but not clinically official.



Here's another two-dimensional chart that is more insightful. Everything in the top half which represents 50% of adult Americans is in the secure attachment range. Everything in the bottom half is split between avoidant, preoccupied, and fearful Avoidant. Imagine the categories as not having well-defined borders but blurring together like a spectrum.



Working with your partner's attachment style:

It's helpful to know our partner's, children's, parent's, or close friend's attachment styles, to understand how we react against them sometimes, and to work to improve our relationships. We tend to go into adulthood based on our childhood IWM, and then shift some based on a long-term adult romantic relationship. For example, a person might enter a relationship as slightly preoccupied, but then if the partner is strongly preoccupied and coming at them like a wave, the person might shift to an avoidant style or add avoidant to preoccupied, becoming fearful avoidant. Or more optimistically, with a very secure partner, we will naturally move to secure from avoidant or preoccupied.

If our partner is:

Secure: This will be a healing relationship for you. Trust the love your partner gives you. Your partner can be an anchor for you when you need to regulate your emotions.

Avoidant: Try not to take it too personally when your partner needs space. Be extra careful not to reject the avoidant when she does attempt to connect. Ensure your avoidant partner it's safe to share his feelings but be patient and don't shame him if this is difficult. By modeling the five attuning techniques, you can help your avoidant partner move to secure.

Preoccupied: It may seem exasperating sometimes when she might seek frequent reassurance of your love for her but try to be patient and generous with your expressions of

love and commitment. If his waves feel relentless and you need a break, be sure to reassure your partner you will be right back for him.

Fearful Avoidant: Focus on safety and reassuring messages that you are committed to your partner and that she is safe with you. Be hypersensitive to communications or actions that might be interpreted as aggressive or abusive. Your partner will likely show strategies of both the avoidant and preoccupied at times. Make it a goal to help your partner heal from her insecure attachment.

Five Conditions for Secure Attachment:

Five conditions need to be present for a child to gain secure attachment. As we attempt to model these conditions to our relationship partner or child or close friends, we can heal our relationships and our own selves.

1. Felt Safety. The child feels safe in the parent's presence and feels safe enough to explore outside the parent's presence, knowing she can return at any moment for safety.
2. A sense of being seen and known. A parent is attuned to the child and understands his emotional states perfectly. Any change in emotion is quickly recognized. All emotions are accepted unconditionally. When a child has a need, the parent meets the need.
3. Felt Comfort. The parent can soothe the child when she is upset and bring the child back to feeling comfort. This enables the child to learn to soothe himself as he grows older.
4. Sense of being valued. The parent is delighted in everything the child does and expresses that delight so she feels totally valued in exactly who she is.
5. Felt support for fostering self-development. The child feels supported to explore the world, become independent, and develop into her best self. The child feels unconditional support and encouragement from the parent in this.



Why treat attachment security in addiction recovery?

Betrayal Trauma is a relational problem. You can heal whether or not you are still with your partner and whether or not your partner chooses recovery. The effects of sexual betrayal has

very likely left you with attachment wounds that are causing you distress. Healing attachment security is the path forward to complete healing. We believe that addiction stems from attachment insecurity, and that successful treatment of attachment insecurity will lead to freedom from addiction. When the client moves to secure attachment, even without ever working on sexual sobriety or even talking about sexual behavior, we believe the client will eventually walk away from unwanted sexual behavior along with any other unhealthy coping strategy.

When you combine attachment repair work with behavioral change programs like Twelve Steps, or working with a CSAT or OCSB-trained therapist, progress in aligning sexual behavior with values is optimized and freedom from addiction is expedited.

Disclaimer and Notes

This online assessment tool is reasonably valid, but attachment security can only be officially diagnosed by a certified professional using the Adult Attachment Interview. The methodology used in these calculations is subject to change. If it does, and you want to take the test again in the future, make note of the Assessment ID and use that to score again with the new methodology.

Assessment ID: 152372

Scoring Methodology V1.1

References

- Bartholomew, K., & Moretti, M. (2002). The dynamics of measuring attachment. *Attachment & Human Development, 4*(2), 162–165.
<https://doi.org/10.1080/14616730210157493>
- Brown, D. P., Elliott, D. S., & Morgan-Johnson, P. (2016). *Attachment disturbances in adults: Treatment for comprehensive repair*. W.W. Norton & Company.
- Carnes, P. (1983). *Out of The shadows: Understanding sexual addiction*. CompCare Pub.
- Flores, P. J. (2004). *Addiction as an attachment disorder*. Jason Aronson.
- Maté, G. (2021). *In the realm of hungry ghosts: Close encounters with addiction*. Vintage Canada.
- Morgan, O. J. (2019). *Addiction, attachment, trauma, and recovery: The Power of Connection*. W.W. Norton & Company.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. W.W. Norton & Company.
- Parnell, L. (2013). *Attachment-Focused EMDR: Healing Relational Trauma*. W. W. Norton & Company.
- Tatkin, S. (2012). *Wired for love: How understanding your partner's brain can help you defuse conflicts and Spark Intimacy*. New Harbinger.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Zapf, J. L., Greiner, J., & Carroll, J. (2008). Attachment styles and male sex addiction. *Sexual Addiction & Compulsivity, 15*(2), 158–175.
<https://doi.org/10.1080/10720160802035832>