Practicum: The Case of Kelly – Considering EMS and Attachment Styles

Below you are provided with a brief case history of Kelly. Read this case history and answer the questions that follow.

Kelly is a 24-year-old woman who presents with symptoms of depression, characterised by low mood, feelings of worthlessness, apathy, hopelessness and helplessness. Kelly described lacking confidence, having low self-esteem, feeling different to others, having little friends and a preoccupation with her appearance, specifically concerns with her body image and its connection to her worth.

Kelly described restricting her food and engaging in excessive exercise when she was a young adolescent but did not seek treatment. However, she no longer engages in these behaviours, but she continues to fluctuate in her desire to manage her weight and food intake in this way. When she was younger, Kelly was heavily into sports, and thus, it didn't seem out of the ordinary to those around her with regards to her excessive exercise and thin physique.

Kelly described being bullied throughout high school for having small "breasts", and had little to no friends other than her boyfriend Craig, whom she is still with. Kelly also indicated that her father would make unfavourable comments to her mother regarding her appearance and would warn Kelly that "she should be careful or she too would have a big bum like her mother". Kelly also described a key memory where she noticed her father looking at porn on the computer and was shocked by this and the appearance of the women.

Kelly also indicated that her mother was overtly insecure about her appearance and body image and modelled this way of relating to herself to Kelly, which Kelly found overwhelming. Kelly worked casually in retail, but was frightened to connect with the other employees, feeling different and mistrustful or their intentions. She avoided making friends or being social; Craig on the other hand, had a large network of friends and was quite social. Sometimes Kelly would go with him, but she founds these outings "stressful" as she would become "hurt" if Craig and his friends spoke about girls, porn, or made other references to females who were attractive. Kelly would shut down and withdraw from those around her and sometimes she would leave and go home.

Kelly lived with her family of origin and had two younger brothers. Kelly described her upbringing as negative and conflictual. She stated that her parents argued a lot and were not there to provide support and guidance, she described them as invalidating and "did not get her". Kelly stated that her father was negative, drunk alcohol to cope with work stressors, and was not very available for the kids or for his wife. She described her mum as "weak and avoidant" who would do lots for us but then become "outraged" at not being supported around the house by her husband and kids". Kelly stated that she found herself in the middle of her parent's conflict and was often looking after her younger brothers, mainly the youngest, who suffered from anxiety.

Given Kelly's history, what are the EMS that you may consider as being especially endorsed by Kelly, and why?

How would you describe the caregiving that Kelly experienced from her mother and father?

(*Think about your answer in terms of the deviations from sensitivity and responsiveness that are covered in Module 1*.)

Do you have any sense as to the type of attachment style that Kelly may have developed and is expressed in adulthood.

If yes, what attachment style do you think she evidences, and what justification can you provide for this?

If no, what information would you need to collect (what would you ask or do) to inform you of Kelly's attachment style?