



Original Article

Effectiveness of Eidetic Psychotherapy on Psychosomatic Symptoms in Adults with Anxious Attachment Style

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Abstract

Background: Individuals exhibiting an Anxious Attachment Style often experience more severe Psychosomatic Symptoms compared to those with other insecure attachment styles. These symptoms can lead to a diminished quality of life and impaired functioning. This study aimed to investigate the efficacy of Eidetic Psychotherapy as a psychological intervention for managing Psychosomatic Symptoms in Adults with Anxious Attachment Style. We hypothesized that there would be a significant reduction in Psychosomatic Symptoms following therapeutic intervention sessions.

Methodology: The sample consisted of 15 adults, including 7 males and 8 females (Mean Age = 20.27, SD = 1.36), recruited from academic institutes in Islamabad, Pakistan, using purposive sampling. A pre-and post-experimental design was employed, with the Revised Adult Attachment Scale - Close Relationship Version (RAAS; Collins, 1996) used for initial screening. The Psychosomatic Symptoms Scale (PSS-35; Vulić-Prtorić, 2021) was administered at the baseline. Eight to twelve individual therapy sessions were conducted with the participants, and levels of Psychosomatic Symptoms were reassessed post-intervention using PSS-35. Paired-sample t-tests were employed to compare mean differences.

Results: The analysis of pre-test and post-test scores revealed a significant decrease in both the frequency ($t = 3.20, p = .006$) and severity ($t = 3.09, p = .008$) of Psychosomatic Symptoms among the study participants.

Conclusion: Consequently, Eidetic Psychotherapy emerges as a promising therapeutic approach for enhancing the well-being of individuals suffering from Psychosomatic Symptoms associated with anxious attachment.

Keywords

Anxious Attachment Style, Psychosomatic Symptoms, Eidetic Psychotherapy, Adults, Academic Institutes.



Citation: Ali S, Ali SM, Zia A. The Relationship of Emotional Intelligence and Life Satisfaction with Resilience in Students. *APP*. 2023; 10(1): 21-34

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DOI: 10.29052/2412-3188.v10.i1.2022.21-33

Received 16/03/2023

Accepted 26/05/2023

Published 01/06/2023

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Funding: The author(s) received no specific funding for this work.

Conflicts of Interests: The authors have declared that no competing interests exist.



Introduction

Attachment style refers to how an individual forms relationships with others, involving their confidence in the availability of a caregiver to serve as a secure base¹. These attachment styles are shaped by a person's early experiences, particularly the type of care they received during infancy². Early attachments established during childhood play a crucial role in an individual's ability to form emotional bonds, contributing significantly to their survival³. When children experience inconsistent emotional communication during infancy, and their needs are not met consistently, they are more likely to develop unsuccessful or insecure attachment styles, adversely affecting their capacity to maintain stable relationships. Conversely, secure bonds between caregivers and children can positively impact mental health and resilience⁴.

John Bowlby, the founder of attachment theory, emphasized the critical nature of attachment formation during the first 2.5-5 years of life. He suggested that if attachment does not develop during this early period, it may not develop at all, potentially leading to social, emotional, and cognitive challenges later in life. These early attachments form an internal working model that shapes an individual's understanding of themselves, the world, and others. This internal model, known as the continuity hypothesis, continues to influence a person's behavior and relationships throughout their life¹.

Anxious Attachment Style is characterized by a pattern of attachment marked by a strong fear of being left alone, diminished self-confidence, and extreme dependence on loved ones. Individuals with this insecure attachment pattern tend to be highly emotional, reliant on others for emotional needs, and seek closeness and intimacy to

remedy their emotional distress⁵. Research has shown that traumatic incidents in early life can be correlated with attachment anxiety and somatic symptoms⁶. Attachment patterns have also been linked to various aspects of life, including physical and mental health, social relationships, and work⁷.

Psychosomatic Symptoms, also known as medically unexplained somatic symptoms (MUSS), refer to physical symptoms for which no physical cause can be found, and they are often attributed to stress or anxiety. These symptoms are concerning and are frequently associated with concurrent mental health problems⁸. Childhood trauma and adversity have been identified as risk factors for compromised physical well-being and the development of Psychosomatic Symptoms. Insecure attachment styles have also been found to be associated with childhood adversity. Prolonged stress and hyperarousal can disrupt typical development, affecting bodily responses to stress and disrupting emotional and cognitive responses to somatic stimuli⁹.

One explanation for the development of Psychosomatic Symptoms is the concept of mentalization, a mechanism that evolves through the relationship between a child and their caregiver. The ability to mentalize is learned and is more developed in individuals with secure attachments. Insecurely attached individuals tend to have poor mentalization skills and are highly sensitive to the mental states of others. Anxious attachment individuals often struggle to identify their emotions, resulting in somatic experiences of emotional distress¹⁰. Additionally, exposure to stress and trauma, which often involves the development of unhealthy or insecure attachments, can hinder the development of the frontal cortical executive function

responsible for managing involuntary signals from the parasympathetic nervous system, affecting various bodily systems such as the gastrointestinal, endocrine, and cardiovascular systems. The frontal cortex plays a critical role in organizing and managing bodily symptoms, and this function is disrupted in individuals with insecure attachment styles¹¹.

Furthermore, the literature suggests a connection between anxiety and somatic symptoms, indicating that negative affect can suppress the immune system and increase disease susceptibility, leading to somatic complaints¹². Numerous studies have reported that somatic complaints are common in individuals with psychiatric distress. Prolonged exposure to stress has also been linked to somatic symptoms such as palpitations, gastrointestinal complaints, and headaches. This situation poses a significant risk to young people's mental and physical health and future generations¹³. Mental stress has been associated with various Psychosomatic Symptoms, including sleep problems, gastrointestinal issues, and muscular pain. Stress is also a primary contributor to headaches and can lead to the development of disorders such as irritable bowel syndrome, fibromyalgia, and chronic fatigue⁹. Somatic symptoms often indicate emotional distress in an individual's life and can progress to somatic symptom disorder and other severe illnesses. Additionally, health anxiety, characterized by heightened anxiety about one's bodily symptoms, can develop due to these symptoms, further exacerbating the situation¹⁴.

A descriptive-correlational study investigated the relationship between attachment styles and somatic symptoms, with the mediating role of emotional processing. The study included 220 participants aged 18-59, and data were

collected using the Adult Attachment Scale (AAS), Baker's Emotional Processing Scale, and the Patient Health Questionnaire (PHQ-15). Correlation and t-test analyses revealed that the predominant attachment style among participants was anxiety-based, leading to deficits in emotional processing and severe somatic symptoms. Conversely, secure attachment was a protective factor against emotional deficits and the somatization of negative emotions¹⁵.

Treating Psychosomatic Symptoms typically involves raising awareness of underlying core issues and addressing negative events and emotions that impact an individual's emotional well-being¹⁶. Evidence-based therapies such as Cognitive Behavior Therapy (CBT), Mindfulness, and Hypnotherapy have effectively treated these symptoms. Another therapeutic approach, Eidetic Psychotherapy, has demonstrated promise in addressing various psychological conditions. Eidetic Psychotherapy involves eliciting and manipulating mental images known as 'Eidetic' images, and Akhter Ahsen introduced it in Pakistan during the 1960s¹⁷. According to Eidetic Psychotherapy, images play a central role in psychological resolution, personal growth, learning, and enlightenment. These images are multi-leveled, multisensory, and experiential, comprising three main components: 'I' (visual), 'S' (somatic, including physical and emotional states associated with the image), and 'M' (meaning or significance of the experience), collectively known as ISM. The somatic component, situated between the image and its meaning, is of particular importance, as it provides the physical triggers in the brain that lend relevance to the Eidetic image¹⁸.

ISM serves as the fundamental storage unit, with experiences naturally stored in an individual's consciousness as they occur. The development of a psychological

disorder occurs when there is a fixation on the negative aspects of an experience or when there is a pseudo-separation of the visual core of the image from its meaning. Eidetic Psychotherapy addresses this by repetitively visualizing the image, leading to a resolution of its associated effect. Substantial evidence of the effectiveness of eidetic imagery in neuropsychology suggests that different brain regions, including the middle temporal (MT) and middle superior temporal (MST) areas, respond to the visualization of these images. These regions subsequently impact the emotional system of the subject, connecting with perception, sensory signals, and memory¹⁹. Eidetic images are akin to mental pictures and movies used by the brain to remember and record life events. When remembered, these images recreate vivid experiences with details and clarity. This type of imagery allows individuals to revisit and recall life events, including all the physical and emotional aspects associated with them and their significance in the subject's life²⁰.

Eidetic images are distinct from ordinary mental imagery, occupying a space between imagination and physiological after-images. These images can overcome intellectual resistance, separating them from talk therapy and verbal therapeutic approaches. Additionally, eidetic images have the potential to alter aspects of personality through a repetitive process that intentionally projects critical eidetic until the associated effect is exhausted. As a result, problematic fantasies and experiences related to these images can be effectively addressed. Eidetic Psychotherapy has been effective in treating conditions such as psychosomatic complaints, acute neurosis, hysteria, and schizophrenia²¹.

The process of eidetic therapy involves three levels, with the first level addressing

Psychosomatic Symptoms, the second level focusing on developmental themes related to parents, and the third level delving into the subject's integration and deeper psychological meanings. Two valuable assessment instruments, the Age Projection Test (APT) and the Eidetic Parents Test (EPT), were developed for this purpose. The APT is designed to extract information about a series of events related to the subject's current symptoms, exposing them to experiences responsible for forming their disorder. Test items trigger different images associated with various life events, revealing experiences related to the symptoms and helping to uncover quasi-somatic symptoms and their meanings. During the APT, clients are asked to visualize an image of themselves and identify the clearest image, after which they provide details such as location and Age-related to that image. This technique contributes to the construction of therapeutic images. On the other hand, the EPT places significant emphasis on the parent-child relationship and explores various dimensions of pathological development in the subject. Comprising 30 items, the EPT also aims to construct therapeutic images, similar to the APT¹⁹.

Imagery is a multisensory technique, often described as "seeing with the mind's eye" or "hearing with the mind's ear." Eidetic imagery combines sensory, affective, and cognitive aspects of an individual's consciousness²². It is a powerful and rapidly effective therapeutic intervention that can be applied in clinical settings. The therapy encourages individuals to rely on themselves, enabling them to identify and recognize sensory and affective components and consciousness gaps. Eidetic Psychotherapy can treat various disorders and conditions, including pain, anxiety, phobias, eating disorders, sexual concerns, and substance abuse²³.

The effectiveness of Eidetic Psychotherapy has been demonstrated in the treatment of depression. A study in Islamabad, Pakistan, involved ten men and women with high scores on the Beck Depression Inventory (BDI-II), referred from local hospitals. The study consisted of three phases: pre-intervention, intervention, and post-intervention. Therapy was administered for 5-7 weeks, resulting in significantly lower depressive symptoms post-intervention. Demographics, such as Age, marital status, and income, were associated with improvements in depressive symptoms²⁴. Another pre-post study explored the impact of Eidetic Psychotherapy on women suffering from PTSD due to spousal domestic violence in Pakistan. The sample included forty women referred from outpatient clinics who met specific criteria. Clients received Eidetic Therapy sessions for 10-12 weeks, resulting in reduced PTSD symptoms, as measured using the General Health Questionnaire (GHQ) and the PTSD-Checklist Civilian Version (PCL-C)²³.

Individuals with Anxious Attachment Style often experience distressing Psychosomatic Symptoms that significantly diminish their quality of life and overall functioning. These symptoms can affect various bodily systems, from gastrointestinal to cardiovascular, causing considerable discomfort. Moreover, individuals with an Anxious Attachment Style frequently endure distress and interpersonal conflicts, further exacerbating their Psychosomatic Symptoms. Importantly, a notable research gap exists, as few attachment-focused therapies have specifically addressed the psychosomatic aspects of insecure attachment patterns. Consequently, this study prioritizes managing and treating these symptoms, serving as a preventive measure to help individuals improve their Psychosomatic Symptoms during the pre-marital stage of life.

Methodology

The study was conducted in Islamabad, Pakistan, and received approval from the Air University Human Research Ethics Committee, which also adheres to the rules of the World Medical Association Declaration of Helsinki and meets its requirements.

Sample Size

A sample of 50 individuals was conveniently selected. These individuals were aged between 19 and 30 years and were recruited from academic institutes in Islamabad, Pakistan. These individuals were administered the Revised Adult Attachment Scale - Close Relationships Version (Collins, 1996) and the Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021). Among them, 15 individuals who exhibited an Anxious Attachment Style and Psychosomatic Symptoms were purposively selected.

Inclusion / Exclusion Criteria

Individuals with an Anxious Attachment Style and Psychosomatic Symptoms aged between 19 and 30 years were included in the study.

Married individuals were excluded from the study. Individuals outside the age range of 19-30 years were also excluded. Additionally, adults suffering from parental bereavement and diagnosed with any psychological condition were not part of this study.

Research Instruments

Informed Consent

Written consent was obtained from all participants willing to participate in the study using an informed consent sheet.

Demographic Sheet

The demographic sheet was used to collect basic socio-demographic information, such

as Age, gender, qualification, occupation, marital status, socioeconomic status, family system, number of siblings, birth order, earning members, presence of any psychological condition, and the head of the family.

Revised Adult Attachment Scale - Close Relationships Version (Collins, 1996)

To assess the levels of Anxious Attachment Style in adults, the Revised Adult Attachment Scale-Close Relationships Version was used. This 18-item scale comprises three subscales: "Close" (6 items), "Depend" (6 items), and "Anxiety" (6 items). It uses a 5-point Likert scale ranging from 1 ("Not at all characteristic of me") to 5 ("Very characteristic of me"). The Revised Adult Attachment Scale measures attachment in three dimensions: closeness, dependence, and anxiety. Individuals scoring high on the anxiety subscale and moderately on the others were considered to exhibit an Anxious Attachment Style. The Revised Adult Attachment Scale demonstrates acceptable internal consistency (Cronbach's coefficient alpha of .87 in anxiety, .73 in close, and .80 in depend subscales).

Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021)

To assess the level of Psychosomatic Symptoms in participants, the Psychosomatic Symptoms Scale was used. This 42-item scale comprises seven subscales: "Pseudoneurological" (9 items), "Cardiovascular" (3 items), "Musculoskeletal" (2 items), "Respiratory" (3 items), "Gastrointestinal" (9 items), "Dermatological" (3 items), and "Pain/Weakness" (6 items). Items are scored on two scales: a frequency scale (ranging from 1, "Never," to 4, "Almost Every day") and a severity scale (ranging from 1, "Not at all," to 3, "A lot"). Scores on both scales are converted to deciles to identify individuals with Psychosomatic Symptoms. The scale is

a reliable instrument for assessing somatic symptoms in individuals, demonstrating high internal consistency (Cronbach's alpha coefficient of .89 for frequency and .91 for severity scale). It is recommended for use.

Procedure

The research study began by selecting 50 individuals (adults) aged 19-30 years using a convenient sampling method from academic institutes in Islamabad, Pakistan. The Revised Adult Attachment Scale-Close Relationships Version (Collins, 1996) and the Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021) were administered. After scoring and interpreting the scales, 15 participants exhibiting an Anxious Attachment Style and Psychosomatic Symptoms were selected through purposive sampling. Selected participants were informed about the study's purpose, and written informed consent was obtained. Dates were scheduled for the pretest, intervention, and posttest in agreement with the participants.

Pre-test

The pretest included scores from the Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021), as well as the House Tree Person test (Buck, 1948) and the Thematic Apperception Test (Murray & Morgan, 1935). Empirical testing was conducted on a sample of 2 participants. Eidetic Psychotherapy (8-12 sessions) was individually conducted with each participant. Following the intervention, a posttest was conducted using the Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021), the House Tree Person test (Buck, 1948), and the Thematic Apperception Test (Murray & Morgan, 1935).

Treatment Plan

The study was conducted in four phases: pre-assessment, pre-intervention, intervention, and post-assessment.

Phase I - Pre-assessment

During this phase, participants were screened for Anxious Attachment Style. Demographic information was recorded using a Demographic Sheet, and two instruments, the Revised Adult Attachment Scale-Close Relationships Version (Collins, 1996) and the Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021), were used. Participants were briefed about the study's objectives, informed of their right to withdraw, and assured of confidentiality. Participants exhibiting Anxious Attachment Style along with Psychosomatic Symptoms were included.

Phase II - Pre-Intervention

In this phase, Eidetic Psychotherapy was applied to participants based on the nature and intensity of their symptoms.

Step 1

During the initial phase, participants' intake was conducted individually. Rapport building, trust establishment, active listening, and a non-judgmental and supportive attitude were emphasized. Open-ended questions were used to encourage participants to express their concerns. Therapeutic sessions were paced to align with the study's time frame.

After the initial phase, protocols of Eidetic Psychotherapy were implemented. This included recording participants' presenting complaints, worries related to their symptoms, bodily feelings related to each symptom, and other names of the participants.

Step 2

In the next step, the Eidetic Parents Test (EPT) was administered. Participants were introduced to Eidetics and asked to recall the first session as an image. Items from the EPT were administered to explore and identify problematic areas in participants' lives. Responses, including somatic symptoms, were recorded. Resistances and participants' reactions were observed to ensure an accurate experience.

Key images related to Anxious Attachment Style and associated Psychosomatic Symptoms were selected for intervention in the next phase.

Phase III - Intervention

During this phase, relevant images were maneuvered to reduce the intensity and improve the Psychosomatic Symptoms associated with each participant.

Phase IV - Post-assessment

The post-assessment phase involved using the Psychosomatic Symptoms Scale (Vulić-Prtorić, 2021) again to assess participants' levels of Psychosomatic Symptoms. Posttest scores were compared with pretest scores to evaluate the efficacy of Eidetic Psychotherapy.

Fidelity of the Intervention

Treatment Fidelity Checklist was assessed at the end of the intervention. Fidelity was ensured by following specific modules in the treatment manual, sufficient briefing, and training on the intervention by a clinical supervisor. This included the completion of practice cases and intervention-specific case consultation, along with expert review of intervention notes.

Table 1: Steps of Therapeutic Sessions of Eidetic Psychotherapy

Phases	Therapy Plan	Details	Description
Phase 1	<i>Pre-assessment</i>	RAAS-CRV, PSS-35, Briefing, Informed Consent, Confidentiality and Demographics	Screening was done through RAAS-CRV and PSS-35. Scores of RAAS-CRV and PSS-35 were recorded. Participants were briefed about the purpose of the study, informed consent was taken, confidentiality was assured, and demographics were recorded.
Phase 2	<i>Pre-Intervention (Step 1)</i>	Intake sessions, Rapport Building, Eidetic Preliminaries, and Psychoeducation	A detailed history was taken, a therapeutic relationship was established by the providence of a safe environment, and rapport was built. The four preliminaries of Eidetic were fulfilled, and psychoeducation was done to increase and improve awareness and insight into the issues and associated symptoms.
	<i>(Step 2)</i>	Introduction to Eidetics, Administration of EPT, Relevant Setting, Resistances, and Overt Behavior	The participants were introduced to Eidetics practically in a comfortable setting. The Eidetic instructions were given as per the items, and images were repeatedly projected to maximize the authenticity of the experience. The associated ISM was noted down. Moreover, the resistances were catered with the required guidance, and overt behavior like body language, facial expressions, and mood were taken into observation. The key (triggering images) related to Anxious Attachment Style and associated Psychosomatic Symptoms were selected for maneuvering (Intervention).
Phase 3	<i>Intervention</i>	Maneuvering of the images was done.	The identified images associated with Anxious Attachment Style and related Psychosomatic Symptoms were maneuvered for about 8-12 sessions depending upon the requirement of each participant.
Phase 4	<i>Post-assessment</i>	PSS-35	PSS-35 was administered, and pretest scores on Psychosomatic Symptoms were compared to the posttest scores after therapeutic sessions.

*4 steps of preliminaries:

- 1) First report of symptoms. 2) Worry and concern about the symptoms. 3) Review of systems.
- 4) Patient's various names. **Step 2 and onwards were used interchangeably, depending upon the situation.

Ethical Consideration

Ethical considerations included obtaining informed consent from all participants, ensuring confidentiality, and informing participants about the potential repercussions of therapy. Participants not selected for the intervention were referred to a psychotherapist if interested in exploring

their Anxious Attachment Style and associated Psychosomatic Symptoms.

Statistical Analysis

Data analysis was conducted using SPSS 22. Paired sample t-tests were used to analyze data collected through instruments.

Result

We compared the scores on the pretest with the posttest scores using the PSS-35 scale. Table 2 presents the mean comparison of adults with Anxious Attachment Style before and after Eidetic Psychotherapy on Psychosomatic Symptoms. The findings indicate significant mean differences in Psychosomatic Symptoms frequency. The results show that mean scores on

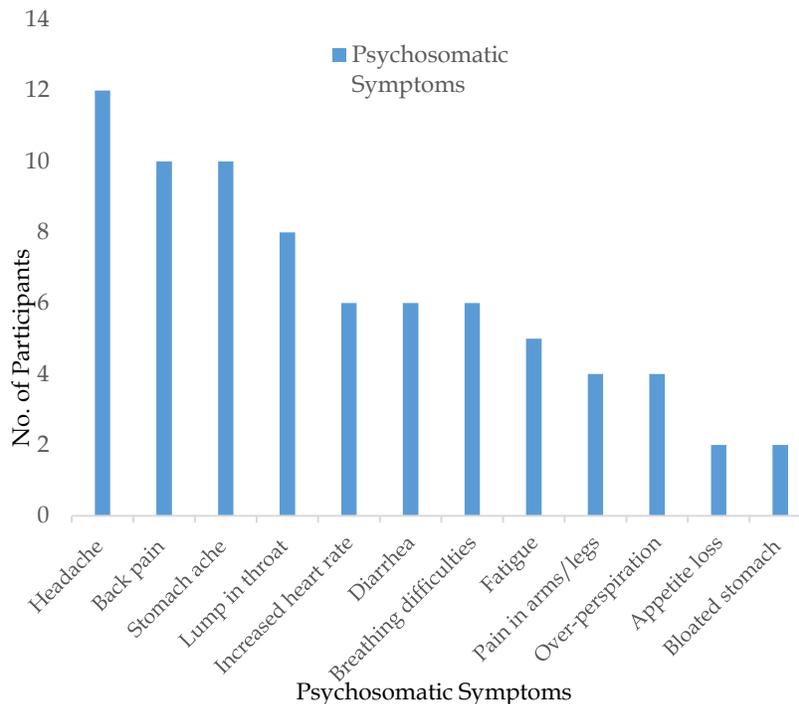
Psychosomatic Symptoms frequency decreased after Eidetic Psychotherapy. The Cohen's d value indicates a small effect size. Moreover, the results also indicate significant mean differences in Psychosomatic Symptoms severity. The mean scores on Psychosomatic Symptoms severity also decreased after Eidetic Psychotherapy, with a Cohen's d value indicating a medium effect size.

Table 2: Mean Comparison of Individuals Before and After Eidetic Psychotherapy on Psychosomatic Symptoms.

Variables	Before Eidetic Psychotherapy	After Eidetic Psychotherapy	t (14)	p	Cohen's d
	Mean ± SD	Mean ± SD			
Psychosomatic Symptoms (Frequency)	75.20 ± 13.68	72.33 ± 14.80	3.20	.006**	0.20
Psychosomatic Symptoms (Severity)	73.00 ± 6.64	68.86 ± 9.32	3.09	.008**	0.51

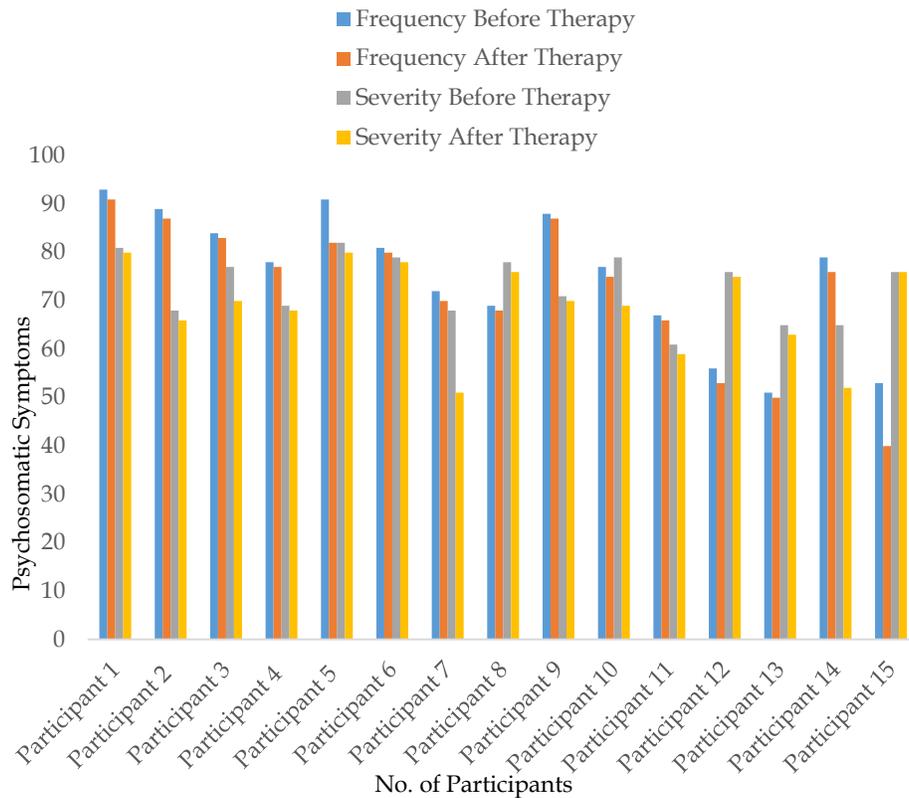
**p<.01

Figure 1: Common Psychosomatic Symptoms Found in Participants.



**The figure is based on the non-clinical sample.

Figure 2: Psychosomatic Symptoms Before and After Eidetic Psychotherapy.



**The figure is based on the non-clinical sample.

These figures provide visual representations of the common psychosomatic symptoms found in the participants and the changes in psychosomatic symptoms before and after Eidetic Psychotherapy.

Discussion

The results of this study indicate a significant reduction in both the frequency and severity of Psychosomatic Symptoms following Eidetic Psychotherapy sessions, with small and medium effect sizes. These findings align with previous research, demonstrating the effectiveness of eidetic imagery as a self-regulatory process for dealing with specific patients' situations within their conscious state of mind, ultimately addressing traumatic mental images through repetitive visualization trials¹⁹.

Eidetic Psychotherapy has been successfully employed to treat various conditions, including pain, phobias, eating disorders, and depression. Notably, it has shown promise in treating Posttraumatic Stress Disorder (PTSD), as evidenced by the 30 case histories reported by Ahsen. Trauma-based disorders or symptoms often trigger imagery-based recall of events. The resolution of clients' problems and symptoms encourages the exploration of images associated with traumatic events. Through therapy, clients learn to interact with these images, gaining insight and recognizing somatic and emotional reactions²³.

A related study applied Eidetic Psychotherapy to individuals with Generalized Anxiety Disorder (GAD) and observed improvements in physiological and psychological symptoms. This further supports the effectiveness of this therapy in treating various conditions²⁵.

In our study, several therapeutic techniques were employed, likely contributing to the variance in the Psychosomatic Symptoms of adults with Anxious Attachment Style. The process began with building rapport, gradually allowing participants to relax and trust the researcher. Personality measures like HTP and TAT provided valuable insights into participants' personality traits, attachment, family dynamics, self-esteem, resilience, and coping strategies.

Eidetic Psychotherapy's preliminary phases helped participants become consciously aware of their issues and bodily symptoms, which they might not have fully recognized before. These phases unveiled their worries and concerns, raising awareness and acceptance of the need for therapy. Participants learned to locate painful emotions in their bodies understanding the impact of Psychosomatic Symptoms on their physical well-being.

The Eidetic Parents Test (EPT) provided insights into participants' unconscious, revealing hurtful personal experiences and their connection to behaviors, cognitions, and Psychosomatic Symptoms. This phase identified problematic images, emotions, and somatic symptoms, helping to target specific areas for intervention.

During the Eidetic Psychotherapy sessions, the focus was on manipulating and restructuring problematic images identified in the EPT. This process gradually led to cognitive restructuring, reducing Psychosomatic Symptoms and emotional

distress associated with the targeted images. Additionally, participants gained insight into their irrational thought patterns and unhealthy coping strategies²⁶.

Mental imagery plays a pivotal role in the treatment of psychological and neurological disorders. For example, in PTSD, intrusive memories and nightmares involve vivid visual and auditory mental images of traumatic events. These intrusive images significantly impact behavior and physiology. Studies have shown that mental imagery elicits stronger emotions than verbal processing of the same content, intensifying anxiety with negative scenarios and amplifying positive emotions with positive scenarios.

Conclusion

In conclusion, the therapeutic intervention provided in this study facilitated participants' recognition of emotions and meanings associated with their mental images. By repeatedly projecting these images, the therapy also led to changes in bodily symptoms and their associated meanings. The findings of this study support the hypothesis that Eidetic Psychotherapy is a valuable intervention for addressing Psychosomatic Symptoms in Individuals with Anxious Attachment Style. Psychosomatic symptoms can significantly affect an individual's quality of life and may lead to other physical and psychological conditions. Therefore, this study underscores the importance of prioritizing the treatment of these symptoms, similar to any other medical condition.

The use of Eidetic Psychotherapy as a therapeutic tool opens up possibilities for effectively addressing psychosomatic symptoms and improving the overall well-being of individuals with Anxious Attachment Style. Further research and

clinical applications of this therapy may yield valuable insights into its broader utility and effectiveness.

Acknowledgment

I am greatly indebted to my supervisor, Dr. Asghar Ali Shah, and Co-supervisor, Dr. Saima Masoom Ali and Manzoor Ahmed, for their contributions and valuable suggestions, and without their support, this work would not have been possible.

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