

# Attachment, trauma and homelessness

Elias Barreto and Peter Cockersell

## Abstract

**Purpose** – *The purpose of this paper is to describe research into attachment styles of rough sleepers and consider the implications for practice.*

**Design/methodology/approach** – *The research was structured interviews with a cohort of rough sleepers analysed through evidence-based techniques, and the implications were drawn out with reference to current best practice.*

**Findings** – *The rough sleepers in the cohort had a very different pattern of attachment styles to the housed population, with 100% insecure vs c35%, and 50% insecure disorganised vs > 15%.*

**Research limitations/implications** – *The limitation is that the cohort was relatively small, n = 22 and was a sample of convenience. The implications are that homelessness services working with rough sleepers need to be attachment-informed as much as trauma-informed.*

**Practical implications** – *Practical implications are that homelessness services need to have a more rounded psychological perspective such as psychologically informed environments rather than just a trauma-informed approach.*

**Social implications** – *Rough sleepers suffer from deeply pervasive and severe attachment disorders, and this may be causal to their becoming rough sleepers and is certainly a factor in whether or not they are successfully rehoused.*

**Originality/value** – *There is almost no other original research published into the attachment styles of rough sleepers or homeless people. The current trend is for trauma-informed services: the call for attachment-informed ones is original.*

**Keywords** *Psychologically informed environments, Homelessness, Attachment, Rough sleepers, PIE, Trauma-informed*

**Paper type** *Research paper*

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## Introduction

The common use of the term “homeless”, instead of “houseless”, recognizes implicitly that there is more to the situation of homelessness than lack of housing. Homelessness may be associated with the disruption of those kinds of relations that help to define identity: family, friendship, neighbourhood and work relations. It is also a situation often perceived as a descent in social hierarchy, with the arousal of feelings of unworthiness and rejection.

Feeling “at home” implies being able to feel in a familiar, comfortable, safe space. It involves a state of emotional connection with key figures, felt to be trustworthy and supportive. Conversely, to be homeless is to lack a space of familiarity, security and belonging. It is also to occupy an uncomfortable, disconnected position, in which one feels like a stranger, an outsider, ignored or denigrated by society.

It has long been recognised within the field of homelessness, and increasingly beyond it, that chronic homelessness especially is associated with long and repeated experiences of trauma (Maguire *et al.*, 2009; Feantsa, 2017) in unsupportive contexts: what Cockersell called “compound trauma” (Cockersell, 2018). The correlation between adverse childhood experiences (Felitti *et al.*, 1998) and homelessness has also been documented (Roos *et al.*, 2013). It was because of this recognition of the links between trauma and homelessness that Helen Keats, special advisor on rough sleeping at what was then the UK’s Department

*Corrigendum:* It has come to the attention of the publisher of the article Cockersell, P. and Barreto, E. (2023), “Attachment, trauma and homelessness”, *Mental Health and Social Inclusion*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/MHSI-06-2023-0066>, that the order of authors and the affiliation of Peter Cockersell have been submitted incorrectly. The author order has been changed from Peter Cockersell and Elias Barreto to Elias Barreto and Peter Cockersell. The affiliation of Peter Cockersell has been changed from “Surrey University, Winchester, UK” to “Community Housing and Therapy, London, UK”.

of Communities and Local Government, led on the development and publication of “Psychologically informed services for homeless people: a good practice guide” (Keats *et al.*, 2012) which became known as “the PIE guidance” and marked the “official” start of Psychologically Informed Environments (PIE) in homelessness.

The recognition of the very high prevalence of trauma in populations accessing social care, homelessness services, substance dependency treatment, criminal justice systems and psychiatric services has led to an intensification of focus on trauma and its wide-ranging impacts, and “trauma-informed care” (TIC) has become something of a dominant theme in the provision of all kinds of treatment and support services (c.f., Hopper *et al.*, 2010; Homeless Link, 2023). The PIE Guidance provided a set of principles which, if enacted through locally appropriate mechanisms, would support staff and organisations in the provision of services that were trauma-informed. This was the impetus behind the creation of the guidance.

However, the authors of the guidance recognised the link between adverse childhood experiences, compound trauma, homelessness and damaged attachments (Keats *et al.*, 2012; Cockersell, 2018), and attachment theory was important in considering the design of the principles of PIE. Some understanding of attachment theory is incorporated into most, and perhaps all, trainings on PIE and has led to tremendous work on engagement of the so-called hard to engage, particularly in homelessness. The development of “pre-treatment therapy” (Levy, 2013; Conolly, 2018) is based on attachment-informed work with rough sleepers and people experiencing chronic homelessness. In addition, when we look at the behaviours associated with insecure attachment patterns, we see the so-called “challenging behaviours” associated with many rough sleepers, and indeed the behaviours associated with the basis of many types of personality disorder diagnosis. There is a triangle of attachment disorder, trauma and social dysfunction/disadvantage (Felitti *et al.*, 1998; Van der Kolk, 2005). Despite this, there have been few published empirical studies that have examined the attachment patterns of a sample of rough sleepers or the vicissitudes of relational history that may be reflected in them.

The purpose of this paper is to present the findings from a formal study in Lisbon, Portugal, on the attachment styles and family representation patterns of a group of homeless people, all of whom had been or were currently rough sleeping. At the time of the study, to the author’s knowledge, there were no previous studies on the attachment styles of homeless people. Since then, there have been surprisingly few studies on this dimension among the homeless. The scarcity of this type of study justifies what was found then being presented to a wider audience in the hope of stimulating further research and to emphasise the importance of considering attachment history and processes when designing and implementing homelessness services.

Trauma is important in the aetiology of homelessness, and particularly chronic homelessness and rough sleeping, and it is crucial to deliver trauma-sensitive support services to homeless people and rough sleepers. However, the primary trauma that many homeless people, and perhaps most long-term rough sleepers, will have experienced will have been disrupted and/or distorted attachment processes in their early history and throughout development and adulthood. There is also a specific and difficult dynamic in childhood abuse by primary caregivers, whether sexual, emotional or physical, because the attachment system is activated, drawing the child closer to the abusing adult, and the fear system is also activated, pushing the child away from the abusing adult.

This dynamic lies behind the ambivalent and disorganised attachment behaviours which we see manifested so often in homeless populations through the engagement/non-engagement cycle – the claustro-agoraphobic dilemma first described by Rey (1994) and the importance of which in homelessness was highlighted by Williamson (2018a) – and the often outright hostility directed towards care/care providers they are engaged with. It is

insufficient to understand trauma to work most effectively with people with these experiences. It is crucial to also understand attachment dynamics and the processes of (re) establishing “learned secure” attachment patterns if we are to enable them to leave homelessness behind in a sustainable way. We know from many studies now, as well as our own experience of working with them, that homeless people and rough sleepers have histories of trauma. What has been much less studied are homeless people and rough sleepers’ histories of attachment despite the fact that the difficulty for people to sustain engagement in services or relationships, which we find in chronically homeless populations is typical of those with damaged attachment patterns. We know also that attachment-focused pre-treatment therapy and psychologically informed environments are effective for working with this client group (Cockersell, 2016; Conolly, 2018).

If we look at the behaviours associated with various forms of insecure attachment, we see the behaviours associated with homeless people and rough sleepers in their interaction with services set up to help or support them (see Figure 1 below).

This research contributes further understanding as to why psychologically informed approaches are so important when working with this client group. Being trauma-informed, although vitally important, is not sufficient. Services need to be attachment-informed as well, and to understand the interactions between trauma, attachment and individual behaviours.

What this research does is give us clear evidence not only of the damaged attachment patterns within a group of people who were, or recently had been, rough sleeping, but also of just how extreme and severe they were. Many people have talked of the “cliff-edge” of physical health problems displayed in studies of homeless people and rough sleepers’ health compared to even deprived populations of the housed. This research shows that there is a similar cliff-edge in attachment terms, and by extrapolation, in the associated emotional and mental health.

## Methodology

The research goal was to run an exploratory study within a qualitative-clinical model that used multiple methods of research to increase its validation (Turato, 2000). The main question was:

**Figure 1** Insecure attachment behaviours

<b>Anxious</b>	<b>Avoidant</b>
Hard to form trusting relationships Demanding Needs constant reaffirmation	Hard to engage Denies needs care or attention Denies needs others
<b>Ambivalent</b>	<b>Disorganised</b>
Goes to and then rejects Accepts and then attacks Accepts with bad grace	Clingy Rejecting Demanding Attacking Unpredictable and volatile

**Source:** Figure by author

Q1. How do homeless people tend to represent their relations and emotional bonds with their most significant others?

This question was addressed through several instruments:

- Interview;
- The Thrower Family Circle (Thrower *et al.*, 1982);
- Relational Style Questionnaire (Moreira, 2000); and
- Factor analysis (Brennan *et al.*, 1998).

The conductor of the research was working at the Centro de Apoio Social de S. Bento as a Clinical Psychologist and as part of an outreach team in Lisbon composed of a social worker, a psychiatrist and himself. The research provided the basis for a Master's Thesis in Psychology.

The researcher used various instruments, but for this paper we would like to focus on the findings obtained through the Relational Style Questionnaire and the Thrower Family Circle. These were completed during a series of meetings with the individuals in the sample conducted during several months of 1999. The meeting with each subject lasted on average 3 h, requiring in several instances two meetings per participant.

The "Questionário de Estilo Relacional (QER)" (Relational Style Questionnaire, RSQ) provides a general and brief measure of attachment styles in adults. It was developed and studied psychometrically by Moreira (2000) in Portugal. The use of QER had the advantages of having been previously used in Portuguese studies, and that the author had provided a system of norms, in percentile and *T* results, from a big sample ( $N = 585$ ) that could be considered to be representative of the general population.

The QER is composed of 33 items obtained from the translation of the RSQ by Bartholomew and Horowitz (1991) and the Adult Attachment Questionnaire, by Collins and Read (1990). The items were independently translated from English to Portuguese, then from Portuguese to English and were approved by the original authors (Moreira, 2000).

From the sample of 585 subjects, João Moreira conducted an exploratory factor analysis and found three relatively stable factors:

*Factor 1: Preoccupation* – It corresponds to preoccupation about relations and abandonment.

*Factor 2: Comfort with proximity* – It is associated with avoidance of relations, but reversed.

*Factor 3: Self-sufficiency* – It examines issues of independence and self-sufficiency and is closely related to the self-sufficiency syndrome described by Bowlby.

Because Factor 3 was related to only two items in the QER, the author of the questionnaire considered that more research was needed on this third factor and therefore chose not to include it in this study.

However, Factors 1 and 2 correlated very well with the factors found by Brennan *et al.* (1998). The accumulated factor analysis on this type of questionnaire proved the existence of two factors with a strong discriminative function: Brennan *et al.* (1998) called these factors Anxiety and Avoidance (corresponding to Preoccupation and Comfort with Proximity in QER). They suggested grouping the participants according to their results in the dimensions of Anxiety and Avoidance. The crossing of both dimensions allows obtaining four groups that correspond conceptually to the four styles of attachment proposed by Bartholomew (1991).

According to Brennan *et al.* (1998), the groups obtained by this procedure have a superior psychometric quality and statistically relate more strongly with other theoretically appropriate variables than the ones obtained by Bartholomew's measure.

In this study, we therefore followed their recommendation in analysing and evaluating the data from the QER/RSQ and how it demonstrated the attachment styles of this group of Lisbon rough sleepers.

### The sample

The sample consisted of 21 participants 19 male and 2 female. Their age varied between 25 and 71 years old, with the average being 47. All the participants had in common having lived in the streets for more than one year. Fourteen were no longer living in the streets; they were living mostly in rented rooms as they were part of an intervention program for the homeless at Centro de Apoio Social de S. Bento-Santa Casa de Misericórdia de Lisboa. Three participants were still living in the streets, and three were living in night shelters. This was a sample of convenience, not random, determined by accessibility factors.

From the sample of 21 participants, three questionnaires were found to be invalid due to difficulties of task comprehension, so we used a final sample of 18 individuals.

Statistical analysis was done through SPSS 10.0.7. Besides descriptive statistics, we also applied the *t*-student test for small samples to compare the homeless sample mean results for the three RSQ factors with the reference values for the Portuguese population (Moreira, 2000) (see Table 1).

### Findings: attachment styles

The statistical mean of Factor 1, Preoccupation, for the homeless sample ( $M = 37.8$ ) was found to be significantly higher ( $t = 2.13$ ;  $p = 0.05$ ) than the mean value of the Portuguese reference sample (Moreira, 2000).

The statistical mean of Factor 2, Comfort with Proximity, for the homeless sample ( $M = 40.05$ ) was found to be significantly lower than the mean value of the Portuguese reference sample ( $t = -3.10$ ;  $p = 0.01$ ).

The statistical mean of Factor 3, Self-sufficiency, for the homeless sample ( $M = 7.78$ ) was not significantly different from the mean of the reference sample (Moreira, 2000). Further analysis was conducted following the procedure suggested by Brennan *et al.* (1998). According to these authors, the main attachment styles may be conceptualized as regions in a bi-dimensional space of Avoidance (Comfort with Proximity) and Anxiety (Preoccupation).

The secure attachment style is associated with low preoccupation with abandonment and high comfort with proximity. The anxious-ambivalent insecure attachment style is associated with high preoccupation with abandonment and high comfort with proximity. The avoidant insecure attachment style is associated with low comfort with proximity and low preoccupation with abandonment. The disorganized/disoriented insecure attachment style is associated with high preoccupation with abandonment and low comfort with proximity.

**Table 1** Relative QER scores

RSQ factors	Statistical mean for the homeless sample (n = 18)	Statistical mean for the reference sample (n = 585)
Factor 1 (Preoccupation, $\alpha = 0.87$ )	37.38	32.5
Factor 2 (Proximity comfort, $\alpha = 0.78$ )	40.05	45
Factor 3 (Self-sufficiency, $\alpha = 0.69$ )	7.78	8

Note: Table should present all figures to two decimal points.

Source: Barreto (2000)

Figure 2 shows the distribution of the participants according to their results in both dimensions “Preoccupation” and “Comfort with proximity”, using the percentiles obtained through the norms for the Portuguese Population.

As we can see, there are no participants in the secure quadrant. Four people (22%) are in the anxious-ambivalent quadrant. Five individuals (27.7%) are in the avoidant quadrant. Nine participants (50%) are in the disorganized/disoriented quadrant.

Although these results were obtained from a small sample, they are significant if we keep in mind that for the general population, we expect a very different distribution (Mickelson *et al.*, 1997). We would expect a distribution of at least 50% secure attachment, with the remainder of the results distributed mostly between the anxious-ambivalent and avoidant styles. Only a minority would be expected to be at the disorganized quadrant, with a range of studies suggesting prevalences of between 8% and 15%. What we find in this homeless sample is the exact reversed image of what we would expect in a general population sample: 50% disorganised as opposed to secure. Other studies have shown that, among psychiatric patients, people with disorganised attachment patterns have the highest level of “challenging behaviours” and the highest CORE scores (Platts *et al.*, 2006).

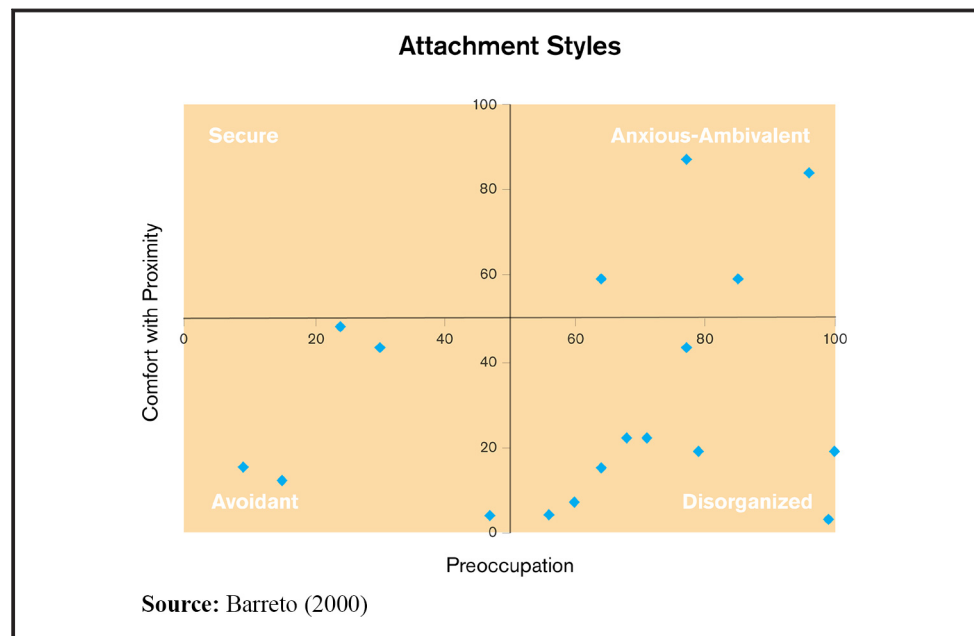
### Findings: family representations

As well as the study of the attachment styles, the patterns of family representation were evaluated through the Thrower Family Circle (Thrower *et al.*, 1982).

This tool was used because it was easy to administer with a homeless population and because it throws additional light on the attachment styles described in the previous section. It also highlights some of the difficulties in forming and sustaining relationships that these rough sleepers may have when they come into contact with the services intended to support them.

It is a brief, graphic method that allows the drawing of the family system and the most significant people in a schematic manner. The instructions are simple, easy to understand and the time of execution is brief (2–3 min). A large circle is presented in a sheet of paper,

**Figure 2** Attachment styles found in the homeless sample



and the person is invited to represent in small circles his/her family figures and their most emotionally significant people. In the instructions they are told that they may vary the size of circles (big, small), the distance between the circles (close, apart) and their distribution (inside, outside) according to the degree of importance to them of the people represented.

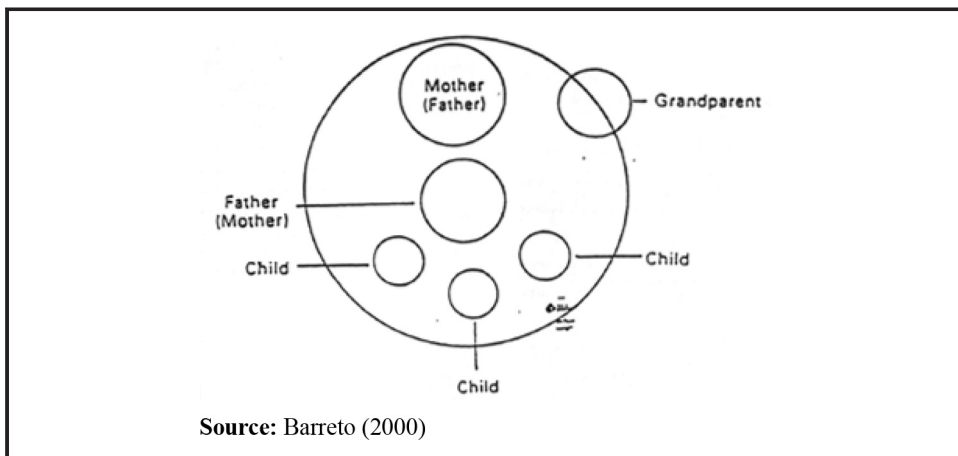
The fact that it is based on drawing, with a fair amount of freedom of representation, makes this an instrument with projective characteristics. Each participant will spontaneously organize some kind of structure and hierarchy that reflects the “geography” of their most important relationships.

The authors provided as examples the fact that the most powerful figures tend to have bigger sizes and occupy the top position in relation to other less powerful figures (smaller, down position). This can be clearly seen in a typical patriarchal or matriarchal family mode of representation, as below in [Figure 3](#).

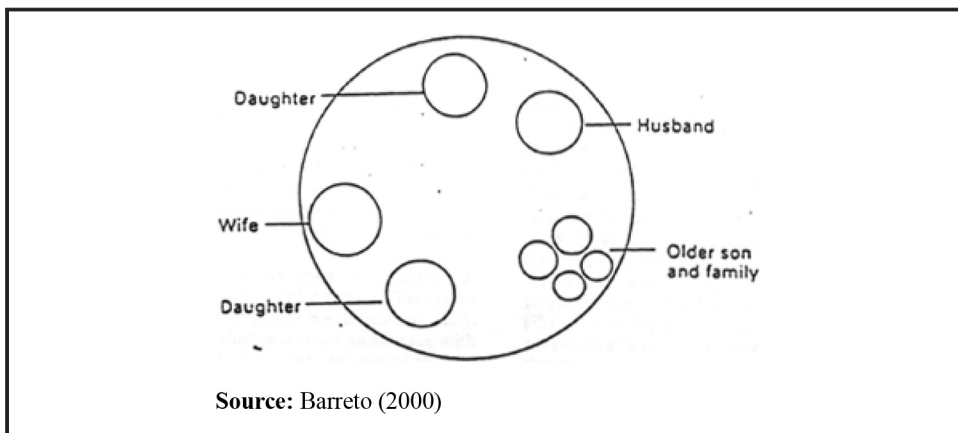
In enmeshed families, the circles tend to overlap. On the other hand, emotionally divorced families put an emphasis on distance and different spaces, as in the example below in [Figure 4](#).

In the homeless sample, it was difficult to find a family representation with a clear structure, distinct sub-systems and hierarchy. Instead, we found the predominance of the following two patterns:

**Figure 3** The patriarchal or matriarchal family



**Figure 4** The emotionally divorced family



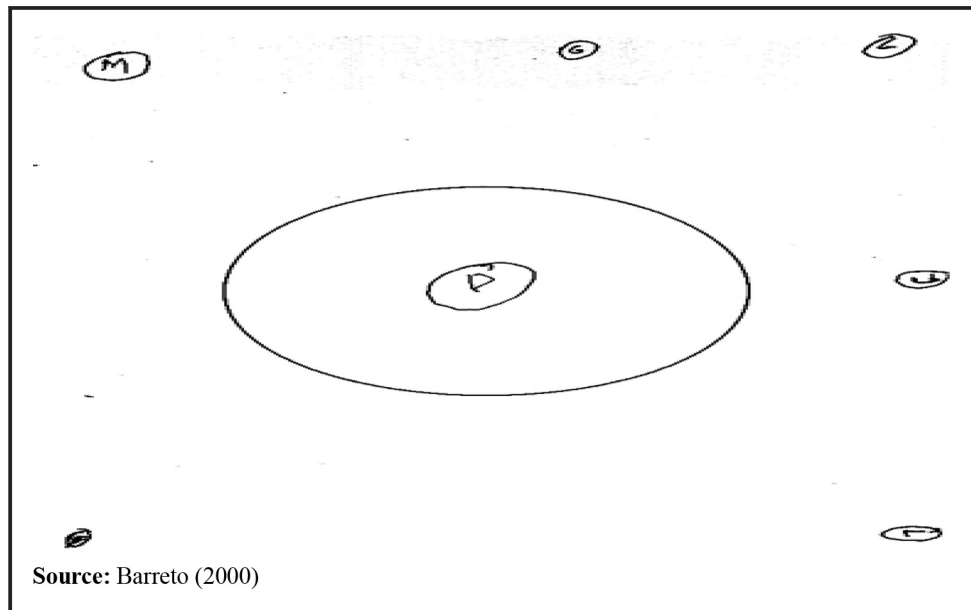
Pattern 1. The participant chooses a peripheral and disconnected position ( $N = 9$ ; 43%), as shown in Figure 5.

In the example above, the participant puts himself inside the big circle, and the family members outside, at the outer margins of the sheet of paper, searching for the longest distance possible. Yet, it is as if he is surrounded. This drawing belongs to a homeless person who in his youth was arrested, and then rejected and forbidden by his father to come back home. He left his small hometown and started to sleep in the streets of Lisbon but lived with the fear of meeting someone who could recognize him.

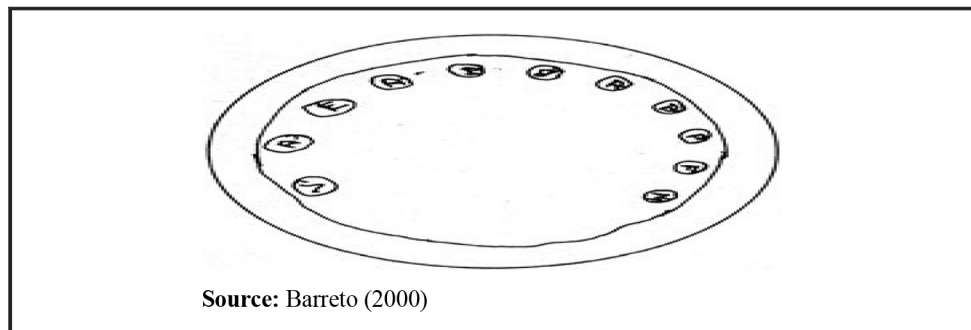
Pattern 2. The participant displays a pattern of undifferentiation, with no sub-systems or differentiated figures ( $N = 7$ ; 33%). Everyone seems to have equal emotional value and to be exchangeable, as shown in Figure 6.

In this drawing, nobody stands out as more close or distant. This individual represents a series of figures from his infancy, family members, neighbours and friends, as if they all have the same value. It belongs to someone who ran away from home as a child and survived through child prostitution with a series of anonymous customers.

**Figure 5** Peripheral and disconnected position



**Figure 6** Undifferentiated pattern





## Discussion

The results of this study suggest that homeless people tend to represent themselves in peripheral, distant and undifferentiated positions in relation to the family and, when studied from the point of view of attachment, there is a dominance of insecure, and particularly disorganized, attachment styles.

Since this study in 2000, others have pursued the study of attachment styles in the homeless population and found similar results. For example, [Taylor-Seehafer et al. \(2008\)](#), using the Adult Attachment Interview in a sample of 25 homeless youths aged 16–23 years, found that none of the participants presented a Secure attachment. Instead, four were classified as Dismissing, one was classified as Preoccupied, 15 were classified as Unresolved and five were assigned the “Cannot Classify” as a primary attachment pattern which might parallel the “disorganised” category the study presented here had found.

This line of research suggests that intervention with the homeless must include an understanding of the attachment system and how an insecure and disorganized attachment internal model may condition the ability to search for, engage with and receive help. Homeless people are likely to simultaneously feel fear if the “other” approaches him/her and feel abandoned if the “other” moves away, giving rise to what seems to the potential helper, or support worker, incongruous relational strategies. This supports Williamson’s association of the claustro-agoraphobic dilemma with homeless people and rough sleepers ([Williamson, 2018a](#)) and the impact it has on the support-seeking strategies of the homeless and the support-giving strategies of homelessness services.

Thus, we suggest that services should strive not only to be trauma informed but also *attachment* informed. Being both means that services need to be psychologically informed. That is, services for the homeless should try to work within a psychologically informed framework wherein there are present those ingredients that foster secure attachment as well as a sense of emotional and physical safety. These ingredients might include a consistent yet flexible structure with firm but elastic boundaries; attunement to the person’s emotional and mental needs; a display of empathy, caring and positive affects (as opposed to negative reactive responses to presentations of hostility and distancing behaviours); support tailored to the homeless person’s needs (rather than to the priorities of the service provider); and relationships based on respect and reciprocity where trust can be experienced ([Levy, 2000, 2013](#); [Cockersell, 2018](#)).

In becoming attachment-informed, services need to focus on aspects of delivery such as consistency, continuity of care and support, patience and time. Analysis by the Fulfilling Lives programme in the UK found that better outcomes were associated with people who had continuity of care from the same support worker over the length of their time with the service and that those who stayed with the first worker they were welcomed into the service by, did best of all ([Welford et al., 2022](#)). Consistently, people using homelessness services have said that their relationship with some specific individual was critical to their moving out of homelessness ([Groundswell, 2010](#)). Commissioners need to note that the disruption caused by short-term contracts and provider change caused by the tendering process, risks significantly damaging the processes that lead to successful and sustainable outcomes.

Similarly, understanding the behaviours associated with insecure attachment styles is essential for tailoring responses to the individual behaviours of the people accessing homelessness services. As we saw in [Figure 1](#), those behaviours that most frequently get classified as “challenging” are precisely those associated with insecure attachments of various styles, yet many services penalise people who display those behaviours. If we understand that these damaged attachment processes underpin homelessness and are actually part of the aetiology of homelessness, and especially rough sleeping and chronic homelessness, then it is obviously and evidently wrong to penalise the very behaviours

associated with insecure attachment. Instead, services should be designed to enable what Fonagy has called “epistemological trust” (Fonagy and Allison, 2014). This is the internalised belief that the “other” can be benign and can be relied upon. To do that we have to enable attachment which means enabling a positive dependency (Williamson, 2018b) in which the homeless person can realise their need for the “other” and at the same time their ability to offer something to the other – the mutual interdependence of adult human beings that underlies what Fairbairn called “mature dependency” as opposed to the helpless neediness of “infantile dependency” (Fairbairn, 1952).

The importance of considering attachment patterns when working with homeless people and rough sleepers is further illustrated by the schema of family relationships described by some of the sample and shown in Figures 5 and 6 above. Both show undifferentiated relationships, one where they are all outside the circle and as far from the participant as possible, and one where they are all in the circle but equal-sized and all placed around the periphery. This suggests undifferentiated value in any of the relationships: none is more important than the other, and none central to the subject. If home is a set of relationships that hold us as much as a physical place that contains us (Cockersell, 2018), then these people are describing homelessness. It is the lack of any meaningful relationships that hold someone in any particular social place. The person has fallen out of a place in society as much as out of a fixed and stable residency. Part of the recovery from homelessness is then logically seen as the restoration or initiation of meaningful relationships that are differentiated, the ability to recognise and accept that a specific relationship actually matters. To do this is again an exercise in establishing trust, and some degree of mutuality, in which both parties recognise that there is a meaningful relationship and that each brings something and gains something from having and sustaining it. Relationships themselves are part of the “treatment” for chronic homelessness, as they are for other experiences that engender severe mental distress. Neurobiology has shown us that social isolation and shattered relationships trigger the same neurological response systems as physical trauma (Solomon and Siegel, 2003; Eisenberger *et al.*, 2003; Cozolino, 2014).

In conclusion, we summarise the argument of this paper. This study shows that homeless people, and specifically rough sleepers, display insecure attachment patterns to a massively disproportionate extent compared to the housed population. Within the insecure styles of attachment they show a massively disproportionate amount of disorganised attachment, which in turn has been associated with higher levels of physical and psychological disturbances. Also that TIC, though essential, is not sufficient as a response and that services need to also take into account the attachment styles and their associated behaviours and respond to these in a way that is likely to engender “learned secure” attachment.

Ultimately, it is only through being able to form, sustain and manage relationships that homeless people will successfully find a place within society and sustain accommodation. This requires homelessness services to not only provide environments that enable the sense of safety that will deactivate trauma responses but also an environment that stimulates the ability to form trusting relationships that enable the person to go forward and rebuild their lives from a “secure base” (Bowlby, 1990) inside themselves.

We would therefore recommend more research into the attachment styles of different groups of homeless people and rough sleepers, so that we have as many studies as we do of the relationship between homelessness and trauma and a greater understanding of and focus on attachment issues and the adoption of a psychologically informed framework for homelessness services and commissioners.

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