Attachment Transmission:

Effects of Therapist Attachment Style on the Therapeutic Relationship

By

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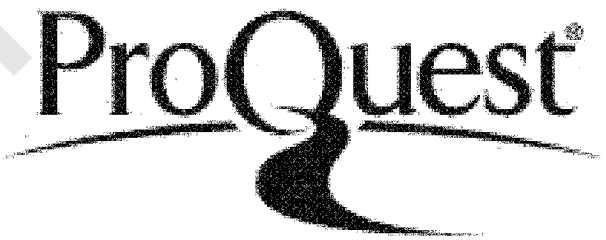

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I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Clinical Child Psychology.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

This study explored the relationship between attachment style and attachment in particular relationships. Specifically, this study compared the relationship between outpatient therapy patients' general adult attachment style and their attachment to their therapist. In addition, therapists' adult attachment style was investigated as a moderator between patients' global attachment and attachment to therapist. Attachment was conceptualized along two dimensions: attachment anxiety and attachment avoidance. It was hypothesized that patient's global attachment style and attachment to therapist would be positively correlated, and that therapist's attachment style would moderate the relationship between patient's global attachment and attachment to therapist. Participants included 50 patient-therapist dyads (N = 50 patients, 75 therapists) from an outpatient clinic at a large, urban university. Results revealed that patients' global adult attachment style was positively correlated with attachment to their therapist. Also, therapists' attachment anxiety was found to moderate the relationship between patients' global attachment anxiety and therapist-specific attachment anxiety in female patients. No such results were found for male patients or on the attachment avoidance dimension.

CHAPTER I

INTRODUCTION

The therapeutic relationship is an integral part of psychotherapy treatment. As with any relationship, each partner brings unique traits and perspectives to the dyad, making the twosome greater than the sum of its parts. In fact, a good match between patient and therapist accounts for a greater portion of the outcome variance than any single characteristic of either party (Beutler, 1991). One such element of a "good match" is each person's template for interpersonal relationships: how he/she expects to be treated by others, his/her capacity to form relationships, etc. This template, or internal working model, is established in the context of one's earliest attachment relationships with primary caregivers (Bowlby, 1977). Many factors affect the nature of the attachment, including the caregiver's sensitivity, responsiveness, and reliability. The style of the primary attachment then forms the foundation for the way in which an individual forms attachments with others later in life, including with one's therapist. Therapists, too, are influenced by their own attachment style; the way in which they provide help to others is largely determined by the way in which they were parented. The purpose of this study is to examine the relationship between patient and therapist attachment styles. Specifically, this study focuses on the therapist's own global attachment style and how this relates to his/her patients' attachment to him/her. By shedding light on attachment patterns in the therapeutic dyad, therapists may become more aware of the ways in which people's specific interpersonal styles can interact to either recreate old patterns of relating or

establish new, more adaptive patterns. If each party's attachment style is explicitly known, the therapist can learn to adjust the treatment to meet each patient's particular needs so as not to reinforce maladaptive patterns.

CHAPTER II

LITERATURE REVIEW

Attachment in Infancy and Childhood

Research has long acknowledged the importance of early object relations to one's immediate survival in infancy. In the first several years of life, children are fundamentally dependent on adults and rely on them for their most basic needs. From an evolutionary perspective, humans are biologically driven to develop attachments to protect them from threats and predators. Attachment theory was developed as a way to explain how infants maintain proximity to their caregivers in order to ensure their survival. John Bowlby was the pioneer researcher in the field of attachment. He theorized about how the attachment system serves as a protective agent for infants and toddlers. He later expanded on the importance of attachment, postulating that it is not only vital in infancy but plays a role in psychological adjustment and overall mental health throughout the lifespan. In fact, research has repeatedly shown that social support provides a buffer against distress and maladjustment in the face of trauma (e.g., Evans, Steel, & DiLillo, 2013; MacGeorge, Samter, Feng, Gillihan, & Graves, 2007).

However, social support is not synonymous with attachment. Only relationships that fulfill specific attachment needs develop into an *attachment bond* (Bowlby, 1969/1982), and therefore, not every caregiver functions as an attachment figure. There are four factors that distinguish attachment figures from other close and important relationships. The first mechanism is the *safe haven*, which suggests that the attachment

figure is able to provide comfort and assistance when his/her child is sick, threatened, or injured (Ainsworth, 1991). When a child is frightened, he/she knows he/she can resort to his/her caregiver to help dissipate the fear and regulate his/her affect. Second is the *secure base* (Ainsworth, 1991). When a child feels safe, protected, and loved, he/she can use this emotional security to explore the environment while knowing that his/her caregiver is available to offer support if necessary. This helps the child develop a sense of autonomy. The third important role that an attachment figure serves is that he/she is a target of *proximity-seeking*. In times of need, the infant or child desires physical closeness with his/her caregiver and benefits from this proximity (Hazan & Shaver, 1994).

The last defining factor of an attachment relationship is that real or anticipated separation results in *separation distress* (Bowlby, 1969/1982). A child in separation distress progresses through three stages: protest, despair, and detachment. Protest is characterized by an active resistance to separation in the form of crying, clinging, and calling or searching for the caregiver. Often, the protest suffices to resume proximity. When this is not possible, the child enters a phase of despair, which may take the form of depressed mood or disturbances in appetite and sleep patterns. If the separation is prolonged, the child may respond to the caregiver with detachment or anger upon reunion. Bowlby (1969/1982) noted that children do not react this way when separating from simply any close object, but only those to whom one has an attachment bond. The distress is therefore a normative response to separating from someone on whom the infant relies for safety and security. All four factors that are inherent in the attachment bond are connected by an overarching principle, which is that attachment figures are viewed as

"stronger and wiser." This assumption is what leads to elicitation of the attachment figure's help in times of danger or distress (Hazan & Shaver, 1994). The "stronger and wiser" status is also what allows the attachment figure to function as a secure base and safe haven.

The Strange Situation. Using Bowlby's theory as a solid foundation, Ainsworth and colleagues sought to operationalize attachment. Bearing in mind the idea of separation distress and the other three features of attachment, they developed a paradigm known as the Strange Situation to measure the quality of an infant's attachment to his/her primary caregiver (Ainsworth, Blehar, Waters, & Wall, 1978). Attachment was studied by observing a series of separations and reunions between infant and caregiver. Three patterns of attachment emerged: secure, ambivalent-resistant, and avoidant; disorganized attachment emerged as a fourth pattern in later research (Main & Solomon, 1990). These patterns, known as *attachment style*, refer to "patterns of expectations, needs, emotions, and social behavior that result from a particular history of attachment experiences" (Mikulincer & Shaver, 2007, p. 25). Each attachment style serves as a strategy that allows the infant to maintain security and proximity to his/her particular caregiver, which then ensures his/her survival. Each style represents a unique adaptation that allows the infant to develop an attachment within the confines of that specific relationship, even when the quality of the caregiving is suboptimal or even abusive (Bowlby, 1988).

In the context of the Strange Situation, 60% of infants were labeled as secure. These infants explored the room freely when in the mother's presence, exhibited distress during her absence, and were rapidly and successfully consoled by the mother upon her return. Mothers of secure infants did not impose their own needs or agenda on their

child, but rather allowed the child to determine when they were ready to resume exploration. In general, secure children seek comfort from their caregivers when distressed and are easily soothed. They feel free to express their emotions, which serve to elicit timely, appropriate, and sensitive responses from their caregiver (Honig, 1998). This level of attunement in the caregiver promotes resilience and flexibility in the child. When the call-and-response between child and caregiver happens consistently, a sense of trust develops. Not only does this help the child to formulate ideas about others (i.e., that they are trustworthy), but it also helps the child establish his/her own self-concept. By having a caregiver who is able to effectively validate and assuage the child's distress, the child learns that he/she is worthy of love and affection (Harris, 1994). As the securely attached infant grows, he/she develops into a toddler who initiates play with peers, is empathic, manages conflict effectively, and is adept at reading social cues (Kestenbaum, Farber, & Sroufe, 1989).

Another group of children that emerged from the Strange Situation are the ambivalent-resistant children, which is one style of insecure attachment found in 20% of infants. What distinguished them from their secure counterparts is that the anxious children forwent exploration in favor of proximity to the mother. They were preoccupied with her whereabouts, but unable to be consoled upon reunion. This group of infants gets stuck in the protest phase of separation distress. In general, ambivalent-resistant children seek proximity when distressed, but are unable to be emotionally regulated or soothed. When in need, they alternate between actively seeking comfort and rejecting the (ineffectual) comfort they do receive. This vacillation develops from caregivers who are inconsistent in their childrearing and responsiveness (Honig, 1998). To elicit a more

consistent response from their caregiver, these children tend to exaggerate or intensify their expression of need so that their caregiver has no option but to respond (Main, 1990). Once in preschool, this type of child tends to be bullied and victimized (Troy & Sroufe, 1987).

Ainsworth identified the final 20% of infants as having another type of insecure attachment style, avoidant attachment. In the experimental paradigm, these children freely explored their environment to the exclusion of maintaining an emotional connection to their caregiver. They did not appear to notice their caregiver's departure, nor did they celebrate her return. They reside in the detachment phase of separation distress. Children identified as avoidant do not seek their parents' comfort when in need, and unlike the anxious-resistant child who cannot contain his/her emotions, may deny experiencing any distress at all. This is not to say that the avoidant child is not distressed on the inside. In fact, research has shown that avoidant children are in fact physiologically aroused when distressed, but have learned from previous experiences with their caregivers that it is not acceptable to express negative emotions, nor is it effective to make bids for care or comfort (Spangler & Grossmann, 1993). Avoidant strategies develop as an adaptation to caregivers who rarely display positive emotions toward the child and are often overwhelmed and irritated by the child's persistent needs. These caregivers also tend to be angry, intolerant of emotional expression, and rejecting of the child's proximity-seeking efforts (Ainsworth et al., 1978). Avoidance allows the infant to maintain proximity to his/her caregivers without provoking them. If provoked, the caregiver may become abusive or abandon the child altogether (Main, 1981). Once