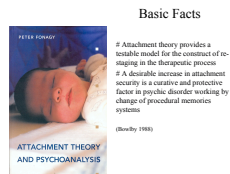


Attachment and Therapeutic Alliance

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Basic Facts

- Attachment theory provides a testable model for the construct of re-organizing in the therapeutic process
- A desirable increase in attachment security is a curative and protective factor in psychic disorder working by change of procedural memories systems

(Bowlby 1988)

Psychotherapy a Form of Attachment?

- If psychotherapy is a form of attachment, the relationship will be influenced by both the client's and the therapist's
 - (a) memories of past attachments
 - (b) expectations about how self and others will behave in the therapy relationship
- Strategies for attaining goals in the therapeutic relationship
- Strategies for regulation of distress when goals are frustrated

Wallerstein J (2003) Attachment, social competencies, and the psychotherapy process. *Psychotherapy Research* 13: 239-266

Patient Attachment Organisation

- Secure patients seek and accept care
- Dismissive patients deny their need for help
- Preoccupied patients have difficulties to use their therapist

Questions

- Attachment representation and attachment style
- Corrective emotional experience
- Is the therapist an attachment figure?
- Is therapeutic alliance identical with attachment

Many open questions !!!!!!!!

Adult Working Models of Attachment

- In adults, working models of attachment consist of four elements
 - (a) autobiographical memories of social interactions
 - (b) expectations about self and others in interpersonal situations
 - (c) relationship goals that guide one's response in social situations
 - (d) strategies for attaining these goals and regulating distress produced by the lack of goal attainment

Alliance

- Secure attachment facilitates positive alliance
- Insecure attachment shows differences: anxious-more preoccupied were lower than those of secure or avoidant patients
- This is not very informative as most patients coming to psychotherapy are insecure attached

Stability or Shifts in Alliance

- Secure patients rather stable therapeutic alliance
- Insecure show shift in therapeutic alliance, and especially preoccupied show more frequent ruptures

Eaton V, Roth A (2003) Patient attachment orientation and the early working alliance. A study of patient and therapist reports of alliance quality and ruptures. *Psychotherapy Research* 13: 427-438

Transference and Attachment

- Few studies, yet:
- Attachment predicts the patient's tendency to project his or her own interpersonal expectations and childhood fantasies onto the therapist:
- angry-entitled / anxious-preoccupied / avoidant-counterdependent / sexualized

Bradley R, Heim D (2003) Transference patterns in the psychotherapy of personality disorders: Empirical investigations. *British Journal of Psychiatry* 183: 343-349

Splitting

- Anxiously attached patients are more inclined toward splitting in the transference, as they expect swings between idealizing the therapist on the one hand and being angry, frustrated, and disappointing in him or her on the other.

Woolhouse S, Schaefer L, Osofsky J, Lerner D, Geller C (2003) Client attachment to therapist: Relations to transference and client recollections of parental caregiving. *J Consult Psychol* 50: 395-403

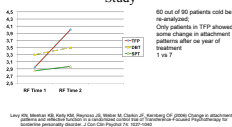
The Secure Therapist

- Secure therapists: more able to hear and respond to the dependency needs of their patients
- Secure therapists: more able to manage overt demands

Insecure Therapists

- More likely to see their preoccupied-hyperactivating patients as more needy and dependent than secure therapists

Outcome in the New York Borderline Study



Levy DN, Horowitz MB, Kelly RM, Horowitz AB, Horowitz CD, et al. (2003) Attachment in the psychotherapy of personality disorders: Empirical investigations. *British Journal of Psychiatry* 183: 343-349

The Therapist - an Attachment Figure?

- Optimally the patients develop a secure attachment to the therapist
- But patients replicate their attachment pattern
- Differential impact of patient attachment pattern on therapist work:
 - More interpretations with dismissive patient
 - More reflection of feelings with preoccupied patients

Hardy S, Attridge A, Davidson C, Ruse C, Bailey S, Shapiro D (1996) Therapist responsiveness to patients' styles and states of mind: Does a patient's attachment style predict a therapist's attachment style? *Psychiatry Research* 6: 1-12

Therapists Attachment and Outcome

- The Adult Attachment Interview (AAI) was used to study 311 psychotherapists who treated 1,381 patients in intensive multimodal inpatient psychotherapy. AAI dimensional ratings of security versus insecurity and dismissiveness versus preoccupation were used to predict alliance and outcome via multilevel regression techniques (hierarchical linear modeling).
- There were no main effects of therapists' attachment dimensions. However, higher attachment security of the therapist was associated with both better alliance and outcome in more severely impaired patients.

Schauerberg B, Bachmann A, Becht H, Noller T, Biele K, Leichnering T, Gräbe M, Gräbe U (2003) The influence of therapists' attachment representations on outcome and alliance in intensive psychotherapy. *Psychotherapy Research* 13: 404-422

Patients as Attachment Objects?

- The fact that therapists develop internal working models of their patients does not, however, suggest that patients become attachment objects for their therapists.
- Indeed, it could be well be argued that the development of an attachment to a patient - which might, for instance, preclude mentalizing about the patient (see Fonagy 2006) - would inhibit certain kind of therapeutic work.

Therapists' Attachment Pattern

- Comparative study on childhood experiences of psychotherapists and physicians: more frequent traumatizations
- Finkelhor, D., Browne, M. (1985): A comparative study of childhood experiences of psychotherapists and physicians. *Psychiatry*, 48, 101-112.
- Therapists are often only acquired-secure or even avoidant
- Finkelhor, D. (2008): *Working with Traumatized Children*. In: *Straw, R. (ed.): Working with Traumatized Children*. San Francisco: Jossey-Bass, 3-103-104.

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