



Attachment Theory and Group Therapy

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RESEARCH REVIEW

Attachment Theory and Group Therapy

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Gallagher, M. E., Tasca, G., Ritchie, K., Balfour, L., & Bissada, H. (2014). Attachment anxiety moderates the relationship between growth in group cohesion and treatment outcomes in group psychodynamic interpersonal psychotherapy for women with binge eating disorder. *Group Dynamics, Theory, Research and Practice*, 18(1), 38–52.

Kivlighan, D. M., Lo Coco, G., & Gullo, S. (2012). Attachment anxiety and avoidance and perceptions of group climate: An actor-partner interdependence analysis. *Journal of Counseling Psychology*, 59(4), 518–527.

The ways we interact with other people, how we view their needs, wishes, and emotions, and how we deal with our own needs, wishes, and emotions are all strongly influenced by our social psychological development and our relationship experiences in life. John Bowlby, the founder of attachment theory, argued that proximity-seeking is a fundamental behavior that is common to a wide variety of mammalian species (Bowlby, 1988). This attachment behavior system is activated if infants are separated from their caregivers or if a separation is threatening. Infants try to reestablish proximity to their parents or try to prevent separation (e.g., by crying or clinging). Although it started out as a theory of child development, attachment theory has found its place in the discourse of individual therapy (Wallin, 2007) as well as in psychotherapy research (Mallinckrodt & Jeong, 2015).

Group therapy is almost predestined to receive the scientific and clinical potential of attachment theory research. Maybe more than in individual therapy, or at least differently, group therapy provides a field of complex interactions between people with different social-emotional development and relationship experiences. The resulting attachment configurations include the therapist as well. The attachment processes and the interplay of different attachment styles and categories can be viewed and used for group therapeutic work.

Given the comprehensive clinical and empirical literature that has emphasized the link between attachment theory and psychotherapy, it is surprising how few articles have applied attachment theory to group therapy (Marmarosh, 2014). The two studies to be reviewed below (Gallagher et al., 2014; Kivlighan et al., 2012) make an important contribution to this literature. Both combine the question of patient attachment style with the process of group therapy.

Gallagher and colleagues (2014) investigated the relationship between attachment anxiety and the growth of group cohesion in a special treatment program called Group Psychodynamic Interpersonal Psychotherapy, or GPIIP (Tasca, Mikail, & Hewitt, 2005). Their subjects were women with binge eating disorders. A total of 102 adult women participated in the program, and 84 completed it. Their mean age was 44.25 years ($SD = 11.76$), and their average body mass index (BMI) at pretreatment was 38.8 ($SD = 6.82$), where $BMI \geq 30$ indicates obesity. Prior to the program, all patients were tested in terms of their attachment style using the Attachment Style Questionnaire, or ASQ (Feeny, Noller, & Hanrahan, 1994). The authors then created two different study conditions. Patients with low attachment anxiety attended one of six therapy groups, and those with high attachment anxiety attended one of a different set of six groups. Therapists and patients were blind for the treatment condition. The GPIIP protocol included 16 weekly group sessions, each lasting 90 minutes. The main psychodynamic intervention in this program related to the premise that binge eating is a symptom of negative emotions that are triggered by interpersonal interactions. Those interactions generated cyclic relational patterns, with negative internal representations of the self and others (Strupp & Binder, 1984). Group cohesion was measured weekly using the Group Climate Questionnaire, or GCQ (MacKenzie, 1983).

The authors found a significant growth in the GCQ Engaged scale over the course of treatment. Patients in both study conditions did not differ significantly on this measure at the beginning of the group program and during the course of treatment. Regarding the relationship between group cohesion, attachment anxiety, and change in symptomatology, the authors reported a moderating effect of attachment anxiety on the relationship between cohesion and changes in the frequency of binge eating. Patients with high attachment anxiety (associated with a need for approval) at baseline showed greater symptom reduction in terms of binge eating episodes as well as a faster rate of group cohesion growth. Patients with low attachment anxiety reported a comparable reduction in binge eating episodes, but this was independent of group cohesion growth.

The study by Kivlighan and colleagues (2012) also focused on the relationship between attachment anxiety and group cohesion. The authors used the Actor-Partner-Independence Model, or APIM (Kenny, Kashy, & Cook, 2006), a methodological approach where a rating made by a group member is adjusted statistically to take into account how the value is affected by the ratings made by other group members. The APIM thus focuses on the influence of the aggregated attachment patterns of all group members on the perception of the group rather than the effect of the group members' individual attachment styles on their individual perceptions of group climate. As in the first study reviewed above (Gallagher et al., 2014), Kivlighan and colleagues (2012) also used the ASQ and the GCQ.

Participants in this study were 110 Italian students (96 women and 14 men) who took part in a counseling training program. Groups met weekly for 10 weeks (sessions lasted 2.5 hours each). There were a total of 6 groups, each of which was composed of 12–22 members. The leadership style was oriented to psychodynamic and interpersonal theory, with a special emphasis on creating a here-and-now experience for the group members to explore new interaction strategies (Yalom & Leszcz, 2005).

The results of this study suggested that aggregated attachment patterns (avoidance and anxiety) are the most important predictors of how a group member perceives group climate. Given the fact that the GCQ asks the group member to rate the climate of the group as a whole, this result is not really surprising. Interestingly, there was no

relation between a group member's individual attachment style (avoidance or anxiety) and his or her perception of group climate. But there was strong support for the relation of group members' attachment anxiety and the perception of conflict

Both of the above studies impress by their methodological and statistical rigor. The nested character of group data (or intragroup dependency) has been known as one of the major pitfalls in earlier group therapy research programs (Burlingame, 2011). Both research teams made use of appropriate data analytic techniques to take care of this methodological challenge. But as usual, every study has its limitation. Both studies delivered data from group members' perception of group climate but did not reflect on group leader perception. Further, we do not have information on group leader attachment style. In terms of the generalizability of the results, the study by Gallagher and colleagues examined women seeking treatment for binge eating disorders, and the study by Kivlighan and colleagues examined a non-clinical sample (students, predominantly women). Further research should answer the question of whether different group populations get the same results.

Clinical Implications

In the past few years, there has been a growing interest in group therapy in investigating the attachment styles of the patients and their influence on the course and outcome of treatment. The results of both studies reviewed above make a start in this direction and suggest that the attachment patterns of the group members can be used to compose balanced treatment groups. More research is necessary to tease out the important patient issues, as well as to study the impact of therapist attachment issues on the process and outcome of the group.

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