

COMMENTARY

Attachment, Group-Related Processes, and Psychotherapy

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We are grateful to Les Greene for inviting us to comment on the innovative article by Marmarosh et al. (2006), "Therapists' Group Attachments and Their Expectations of Patients' Attitudes about Group Therapy." Attachment theory has gradually been extended from its original focus on affectional bonds between infants and their parental caregivers (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969/1982), to adult romantic and marital relationships (e.g., Hazan & Shaver, 1987; Mikulincer & Shaver, 2003; Rholes & Simpson, 2004) and to psychotherapeutic relations (Mallinckrodt, 2000, 2001) and group dynamics (e.g., Rom & Mikulincer, 2003; Smith, Murphy, & Coats, 1999). Until recently, however, there were few empirical studies applying attachment theory to the explanation of group-related processes, in general, and group psychotherapy, in particular. These engaging topics are addressed in Marmarosh et al.'s article.

Marmarosh et al. used attachment theory to examine individual differences in countertransference reactions of group therapists. Specifically, group therapists completed Smith et al.'s (1999) measure of group attachment and reported on their expectations con-

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cerning their clients' attitudes about group therapy. More anxiously attached therapists were more likely to expect that patients would hold negative stereotypes and misconceptions about group treatment. These intriguing findings are theoretically coherent and can be integrated with the accumulating evidence on attachment-related variations in group processes and countertransference reactions. What we intend to do in the next pages is to provide a brief review of this evidence while highlighting the relevance and implications of attachment theory for group processes and psychotherapy.

BASIC CONCEPTS IN ATTACHMENT THEORY

According to Bowlby (1969/1982) human beings are born with an innate psychobiological system (the *attachment behavioral system*) that motivates them to seek proximity to significant others (*attachment figures*) in times of need as a way of protecting themselves from threats and alleviating distress. Bowlby (1973) also described important individual differences in attachment-system functioning that result from social experiences with attachment figures beginning in childhood. Interactions with attachment figures who are available and responsive in times of need promote a sense of attachment security, a feeling based on expectations that attachment figures will be helpful when needed. These expectations are parts of relatively stable working models: mental representations of self and others in the context of close relationships. When attachment figures are not reliably available and supportive, however, a sense of security is not attained, negative working models of self and/or others are formed, and strategies of affect regulation other than appropriate proximity seeking are encouraged. These secondary attachment strategies can be conceptualized in terms of two major dimensions, avoidance and anxiety. The first dimension, avoidance, reflects the extent to which a person distrusts relationship partners' goodwill and strives to maintain behavioral independence and emotional distance from partners. The second dimension, attachment-related anxiety, reflects the

degree to which a person worries that a partner will not be available in times of need. People who score low on these two dimensions are said to be secure or securely attached.

According to Mikulincer and Shaver (2003), individual variations in attachment anxiety and avoidance reflect the underlying action of hyperactivating and deactivating strategies. On the one hand, attachment anxiety reflects the appraisal of proximity seeking as a viable option, which leads to increased efforts to attain closeness and support by insistently expressing vulnerability, need, and anxiety. The main goal of these efforts is to get an attachment figure, who is viewed as insufficiently concerned and available, to pay attention and provide protection. The basic means for attaining this goal is to maintain the attachment system in an activated state until an attachment figure is perceived to be available and responsive. These strategies involve physical and psychological proximity seeking, heightened vigilance regarding actual and potential threats, and intense monitoring of attachment-figure availability or unavailability, because these cues are highly relevant to security attainment. On the other hand, attachment avoidance reflects the appraisal of proximity seeking as a nonviable option, which leads to defensive independence and self-reliance, denial of attachment needs, and suppression or deactivation of attachment strivings. This deactivation effort includes the downplaying of actual or potential threats and refusal to monitor the availability or unavailability of attachment figures, because thinking about threats or attachment figures might reactivate the attachment system.

ATTACHMENT AND GROUP PROCESSES

From an attachment perspective, emotional connections with a group can be viewed as attachment bonds. A person can seek and maintain proximity to a group and use the group as a source of comfort, support, and safety in times of need and as a secure base for exploration and growth. Research on group identification and intergroup relations show that people generally prefer their own

groups, feel comfortable and safe in their group settings, and seek comfort and support from their groups or group members or leaders in times of need (see Devine, 1995; Dovidio & Gaertner, 1993, for reviews). Moreover, group cohesion, the most frequently researched construct in the group dynamics literature (e.g., Evans & Dion, 1991), can reflect the extent to which a group is appraised as a target for proximity seeking and as a source of safe haven and secure base. The higher the group's cohesiveness, the more its members feel protected by the group.

Because of the attachment functions served by groups, group members can project their most accessible mental representations of self and others onto the group, which can in turn bias group-related appraisals, emotions, and behaviors. In other words, secure adults are likely to project their positive representations onto their groups and feel comfortable in proximity to other group members, confident of the group's supportiveness, and emotionally open and secure when engaging in group activities. Less secure individuals may have difficulty construing groups as available, sensitive, and responsive figures. However, variations in group cohesion—a property of a group as a whole—can moderate the projection of these representations onto the group, with more cohesive groups favoring the formation of a secure attachment to the group, despite some members' generally insecure working models. That is, group-related appraisals, emotions, and actions are likely to reflect the joint action of a group member's attachment style and the cohesiveness of the group as a whole.

In the first systematic attempt to apply attachment theory to group processes, Smith et al. (1999) found that higher scores on either group attachment anxiety or group avoidant attachment predicted lower engagement in group activities, more negative evaluations of social groups, and lower perceived support from groups. Following this lead, Rom and Mikulincer (2003) found that people who are secure in their close relationships, as compared to less secure people, have more positive memories of group interactions, appraise group interactions in more challenging and less threatening terms, react to these interactions with more positive affect, and

function well, instrumentally and socioemotionally, during team work.

Rom and Mikulincer found that group cohesion improved the socioemotional and instrumental functioning of group members and reduced the detrimental effects of attachment anxiety on instrumental functioning during group tasks. A cohesive group can be viewed as providing a group-specific sense of approval and security, which enables an attachment-anxious person to engage more single-mindedly in instrumental tasks. A sense of group cohesion can signal that closeness, support, and consensus, prominent goals of attachment-anxious people, have been achieved, thereby freeing resources for task performance.

Interestingly, group cohesion failed to improve the functioning of avoidant individuals (Rom & Mikulincer, 2003). Some of the findings even suggested that a cohesive group exacerbated avoidant people's poor instrumental functioning. Avoidant people seem to be resistant to symbolic activation of attachment-security representations or to the actual presence of supportive others during group activities. Interdependent group interactions may be so threatening to avoidant people that they do not benefit from a potentially available group-specific sense of security. Moreover, group cohesion, which implies a very high level of interdependence among group members, may exacerbate rather than calm avoidant people's attachment-related fears and discomforts. In fact, high group cohesion may threaten avoidant people's sense of complete self-reliance.

Rom and Mikulincer (2003) also found a strong association between dyadic and group-specific attachment styles. Dyadic attachment anxiety was associated with group attachment anxiety, and dyadic avoidant attachment was associated with group attachment avoidance. However, Rom and Mikulincer also showed that group processes and dynamics affected the transference of dyadic attachment style to the group level. First, group cohesion significantly attenuated group-level attachment insecurities, whether anxious or avoidant, and weakened the transference of dyadic attachment anxiety to the group context. This finding supports the proposi-

tion that group cohesion enhances group members' sense of security. Second, dyadic avoidance actually contributed to group-specific attachment anxiety. It seems that group activities are so threatening for avoidant people that they are unable to suppress attachment-related anxiety, which, in turn, can impair their instrumental performance.

Attachment-related problems in group functioning have been also observed in the context of group psychotherapy (Chen & Mallinckrodt, 2002; Mallinckrodt & Chen, 2004; Shechtman & Rybko, 2004). For example, Chen and Mallinckrodt found in their two studies that more avoidant participants were less attracted to their group and less accurate in appraising other group members' interpersonal traits. Shechtman and Rybko found that the more insecurely attached participants were rated by observers as sharing less intimate personal information during a first group counseling session. In addition, whereas avoidant participants scored lower than secure ones on self-disclosure, intimacy, and empathy at the end of the counseling process (based on either self- or counselor-reports), counselors rated anxiously attached participants as working less constructively than secure ones during group sessions.

Overall, the reviewed findings support the application of attachment theory and research to the study of groups and indicate that attachment anxiety and avoidance lead to negative attitudes and emotional reactions toward groups and impair instrumental and socioemotional functioning in group contexts. The findings have now been replicated in large social groups (e.g., fraternities and sororities), small work teams, and group counseling settings. In addition, there is some evidence that the sense of security fostered by a cohesive group can have healing effects on attachment-anxious people. This finding supports McCluskey's (2002) contention that "failures in early attachment relationships can be revisited within the context of therapeutic groups and that groups can provide the context for supporting authentic connection with one's own affect and encourage resonance with the affect of other people" (p. 140). More research is needed on the psychological and in-

terpersonal processes by which groups might help insecure individuals to revise their maladaptive attachment patterns.

Research is also needed on the possible effects of various group compositions based on group members' attachment orientations (i.e., the relative proportion of secure, anxious, and avoidant group members). Although homogeneous groups of securely attached members can function better than heterogeneous groups of secure and insecure members, there might also be cases in which these heterogeneous groups can function well. Anxious individuals may be good "threat detectors" who can rapidly inform other group members about potential problems in accomplishing group tasks. Avoidant people may react quickly when there is insufficient time for group discussion and consensus formation. Future research should test these ideas, which may have enormous practical value for composing effective work teams that optimize the contributions of all members.

ATTACHMENT AND PSYCHOTHERAPY: THE CASE OF COUNTERTRANSFERENCE REACTIONS

In his 1988 book, *A Secure Base*, Bowlby presented his theoretical perspective on therapeutic change while conceptualizing the therapeutic relationship as an attachment bond and the role of the therapist as a secure base. Bowlby also argued that clients' and therapists' working models of self and others can be automatically projected onto the therapeutic relationship and bias therapeutic processes and outcomes. In the same way that attachment style molds other interpersonal relationships, the attachment orientations of both clients and therapists can affect the quality of the client-therapist relationship, and determine clients' reactions to therapists' interventions and therapists' reactions to clients' disclosures. In this paper, we follow Marmarosh et al.'s study and focus on the therapist's countertransference onto the client.

From an attachment perspective, the therapist's sense of security can mitigate countertransference reactions and allow the use of these reactions to understand and respond to a client's uncon-

scious material. Secure attachment is associated with emotional and cognitive openness, reflection on inner states, and constructive management of impulses and negative feelings (see Mikulincer & Shaver, 2003, for a review). As a result, securely attached therapists can more easily process what is happening in the "real relationship" with a client, recognize their own countertransference feelings, and prevent the automatic expression of these feelings during therapy. In addition, Mallinckrodt (2000) argued that secure therapists' interpersonal sensitivity and responsiveness can sometimes facilitate their detection of clients' transference demands and allow them to use what he called "counter-complementary strategies." Rather than playing into and reinforcing a client's dysfunctional transference, a secure therapist may be able to break the transference-countertransference cycle while still maintaining a good working alliance.

In contrast, attachment insecurities may render therapists more vulnerable to reactivation of their own attachment-related worries and defenses during therapy. Insecure therapists may lack the skills needed to regulate their own distress and remain fairly accurate in their social perceptions. This could obviously leave them poorly equipped to detect and manage their countertransference reactions. As a result, their therapeutic interventions are likely to be misguided at times by their own worries, fantasies, aversions, and defensive maneuvers, which may interfere with a constructive working alliance and effective therapy. In the last decade, attachment research has begun to examine associations between therapists' attachment insecurities and countertransference, and findings have shown that more insecurely attached therapists are more likely to engage in negative countertransference behaviors (Ligiero & Gelso, 2002; Mohr, Gelso, & Hill, 2005; Rubino, Barker, Roth, & Fearon, 2000). In this context, Marmarosh et al.'s findings are consistent with the tendency of anxiously attached therapists to hold biased expectations of clients in ways compatible with their usual worries.

Interestingly, research has also shown that insecure therapists' countertransference depends on their clients' attachment orienta-

tions. For example, Mohr et al. (2005) found that more avoidant therapists were rated by supervisors as exhibiting more hostile countertransference behaviors (e.g., "therapist was critical of the client during the session") mainly toward anxiously attached clients, while more anxiously attached therapists also tended to show heightened hostility only when the client was avoidant. That is, incompatibility of attachment insecurities and defenses (hyperactivation vs. deactivation) between clients and therapists tended to elicit more hostile countertransference behaviors from the therapists. It is possible that this kind of incompatibility works against insecure therapists' attachment strategies, frustrates them, and elicits hostile responses toward the frustrating client. Whereas an anxiously attached client can frustrate an avoidant therapist's attempt to maintain distance, an avoidant, detached client can frustrate an anxious therapist's wish for intimacy and approval. In line with this interpretation, Connors (1997) suggested that anxious therapists are likely to be alarmed by avoidant clients' detachment and hence intrude upon these clients with "overly intense efforts to evoke a deeper and more affective relationship" (p. 489).

Beyond therapists' attachment orientations, clients' insecurities and transference demands can also elicit particular countertransference behavior from therapists. Anxiously attached clients are likely to express excessive distress, vulnerability, and helplessness even during an initial therapy session, and this can cause a therapist to be pulled prematurely into excessive emotional involvement and compassion, and an overly intense focus on the client's negative views of self. In contrast, avoidant clients are likely to maintain an emotionally detached position, rejecting therapeutic interventions that require emotional expression and disclosure of vulnerabilities, thereby causing a therapist to use more rational and cognitive techniques which may not get to the heart of the client's problems. A therapist who is not sufficiently cognizant of these deactivating strategies may use task-based interventions that do not challenge clients' defenses but instead reinforce their maladaptive relational patterns. There is accumulating evidence that therapists use more affective and

relationship-oriented interventions with anxiously attached clients and more cognitive therapeutic methods with avoidant clients (e.g., Hardy et al., 1999; Rubino et al., 2000).

This tendency to react in a complementary way to clients' dysfunctional needs seems to characterize more insecure therapists. In contrast, secure therapists are more able to provide a relational context that differs from the relationships clients probably maintain with others and foster therapeutic change. Indeed, Dozier, Cue, and Barnett (1994) found that whereas secure therapists did not use different interventions for anxious and avoidant clients, insecure therapists attended more to dependency needs and made more in-depth interpretations when treating anxiously attached clients than when treating avoidant clients.

CONCLUDING REMARKS

With the extension of attachment theory to the adult realm, it is possible to explore an attachment perspective of both organizational behavior and psychotherapy. Many valuable studies have already been conducted and findings indicate that individual differences in attachment security, and in particular forms of insecurity (anxiety and avoidance), are associated with group-related cognitions, emotions, and behaviors as well as clients' and therapists' attitudes and behaviors. Yet research on the therapy process, the role of clients and therapist attachment styles in this process, the attachment issues involved in transference and countertransference, group-related processes that can contribute to healing and growth, and the importance of attachment issues in therapist training and supervision is relatively new, and many questions need further study. There are still a lot of unanswered questions about how counter-complementary attachment behaviors can and should be used in therapeutic settings. Almost nothing is known about how to match therapists' and clients' attachment orientations in productive ways, or about the distribution of attachment orientations within groups that can promote effective group functioning. Almost every issue discussed in this

article would benefit from more sophisticated research. Marmarosh et al.'s study is a good step in advancing our understanding of attachment-related processes in group and therapeutic settings.

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