Psychotherapy
2014, Vol. 51, No. 1, 53–56

0033-3204/14/$12.00 DOI: 10.1037/a0033015

Attachment and Group Psychotherapy: Introduction to a Special Section

Giorgio A. Tasca
University of Ottawa and The Ottawa Hospital, Ottawa, Ontario, Canada

The application of attachment theory to adult psychotherapy represents a growing area of research and practice. Despite the conceptual overlap between group therapeutic factors, attachment theory, and therapeutic tasks as outlined by Bowlby (1988), there is little research on attachment functioning in group therapy. Hence, there remain substantial questions about the role of attachment theory in understanding group therapy processes and outcomes. The three studies in this special section advance the research in some of these important areas, including showing that positive changes in self-reported attachment insecurity among clients persist long after group therapy ends; attachment anxiety affects the level and rate of interpersonal learning in groups; and change in attachment to the therapy group has an impact on longer term change in individual group members' attachment. Each article also examines the impact of these attachment concepts on treatment outcomes. Numerous areas remain to be explored when it comes to the implications of attachment theory for understanding and conducting group therapy, including the conceptual and practical overlap between attachment concepts such as security and exploration with group therapeutic factors such as cohesion and interpersonal learning. The articles in this special section begin to address some of these issues related to attachment theory and its implications for group therapists.

Keywords: attachment, group psychotherapy, therapeutic factors, interpersonal learning, binge eating disorder

For several decades, attachment theory has established an enormous influence in a number of areas of research and clinical practice. Although attachment started out as a theory primarily about child development (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1980), its influence spread to understanding adult mental illness (e.g., Dozier, Stovall-McClough, & Albus, 2008) and psychotherapy (e.g., Wallin, 2007). Attachment starts out in infancy as a behavioral system to increase proximity between children and caregivers, which confers evolutionary advantages among animals, including humans, for survival and adaptation (Fraley, Brumbaugh, & Marks, 2005). Survival and adaptation is maximized by the ability of infants to explore their environment, which is facilitated by experiencing a secure base in their attachment figures from which to explore. These notions of secure base and exploration are fundamental to attachment theory, and are metaphors that extend into adult functioning as well. In humans, repeated attachment proximity-seeking behaviors in infancy coupled with behavioral and affective response patterns from caregivers result in the development of internal working models of attachment (i.e., of self and other) that define common interpersonal patterns, style of affect regulation, and experiences of the self in relation to other. That is, internal working models become the basis for what is commonly referred to as attachment style.

Attachment styles or categories can be described as secure or insecure, and insecure attachment can be further differentiated as avoidant (i.e., dismissing) or anxious (i.e., preoccupied).[1] Securely attached adults view themselves positively (Bartholomew & Horowitz, 1991), expect closeness and caring from others, adaptively regulate affect (Mikulincer & Shaver, 2007), and are able to reflect on their own and others' mental states (Slade, 2005). Avoidantly attached individuals may have a positive or negative view of self, tend to be uncomfortable with closeness, may maladaptively down-regulate affect especially when stressed (Tasca et al., 2009), and tend to have difficulty reflecting on their own and others' mental states because of their dismissing of attachments (Slade, 2005). Anxiously attached adults tend to have a negative view of themselves, tend to be overly concerned with attachment losses, maladaptively up-regulate their emotions, which could lead to increased symptoms (Tasca et al., 2009), and tend to have difficulty reflecting on their own and others' mental states because of their preoccupation with attachment relationships (Slade, 2005).

Researchers have reliably measured attachment behaviors in children and infants by observational methods such as the Strange Situation (Ainsworth et al., 1978). In adults, attachment states of mind are often assessed by the Adult Attachment Interview (Main, Goldwyn, & Hesse, 2003), which was originally validated with the Strange Situation. Another line of research in social psychology has used self-report measures, such as the Experiences in Close

This article was published Online First December 30, 2013.

The author thanks Louise Balfour and Kerri Ritchie for their helpful comments on a previous version of this article.

Giorgio A. Tasca holds the Research Chair in Psychotherapy Research, University of Ottawa and The Ottawa Hospital.

Correspondence concerning this article should be addressed to Giorgio A. Tasca, Regional Center for the Treatment of Eating Disorders, Ottawa Hospital–General Campus, Box 400–501 Smyth Road, Ottawa, Ontario, Canada, K1H 8L6. E-mail: gtasca@toh.on.ca

[1] Disorganized attachment is another attachment category that indicates unresolved attachment mental states in relation to loss or trauma. This is an important attachment category, but its discussion is beyond the scope of this presentation.

Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998), to measure consciously available representations of attachment behaviors and affect regulation. Attachment styles appear to be relatively stable throughout the life span (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000), although there is evidence that positive life events (e.g., psychotherapy, new romantic relationship) or negative life events (e.g., trauma) may result in changes to attachment style (Bakermans-Kranenberg & van IJzendoorn, 2009). That attachment style may change as a result of life experiences has implications for psychotherapeutic interventions.

In an important commentary on the psychotherapy process, Bowlby (1988) argued that attachment theory suggests ways in which therapists define their roles in creating a therapeutic context. Bowlby (1988) described five therapeutic tasks to help clients reevaluate their internal working models of self and attachment figures. First, therapists provide a secure base from which clients can explore their relationships and internal working models. Second, therapists encourage clients to examine relationship patterns with, and internal experiences of, important others. The third task is for therapists to help clients to examine the current therapeutic relationship in the context of attachment working models. Fourth, therapists encourage clients to see current models of self and others in important relationships as partly shaped by past relationships with attachment figures (e.g., parents). Fifth, therapists enable clients to recognize that models of self and others based on early attachment relationships may be not appropriate to current contexts.

The application of attachment theory to adult psychotherapy represents a growing area of research and practice. Several reviews and meta-analyses have been published that document an increasingly important research that studies the impact of attachment concepts for psychotherapy processes and outcomes. Levy, Ellison, Scott, and Bernicker (2011) conducted the largest and most recent meta-analysis and found that lower attachment anxiety ($d = -.47$) and higher attachment security ($d = .36$) predicted better psychotherapy outcomes. Further, Diener and Monroe (2011) reported a meta-analysis that found a significant relationship between greater attachment security and stronger therapeutic alliances ($d = .35$). Clinical texts and practice reviews are also appearing that document interventions specific to each attachment style based on attachment theory and research (e.g., Tasca, Ritchie, & Balfour, 2011; Wallin, 2007). For example, in a practice review, we outlined a case study in which group treatment of someone with anorexia nervosa that focused on nutritional rehabilitation and reducing drive for thinness, was facilitated by targeting her attachment avoidance. That is, group therapy also focused on increasing comfort with closeness, gradual up-regulation of emotion, and reducing the need to idealize attachment figures (Tasca et al., 2011). Conversely in someone with bulimia nervosa, in addition to reducing binge eating and purging, we focused group therapy on her attachment anxiety by working on fears of abandonment, encouraging down-regulation of emotion, and reducing emotional disruption caused by her anger and self-loathing (Tasca et al., 2011).

Group psychotherapy is a therapeutic modality that is broadly used in community and institutional treatments (Burlingame, MacKenzie, & Strauss, 2005). The evidence indicates that group psychotherapy is an effective treatment for a wide variety of problems (Burlingame, Fuhriman, & Mosier, 2003), and is as effective as individual therapy (McRoberts, Burlingame, & Hoag, 1998). Group psychotherapy provides a rich environment in which to study attachment processes because of the nature, quality, and complexity of interactions that occur in these contexts. Yalom and Leszcz (2005) describe a number of therapeutic factors that facilitate change in group therapy clients, and many of these factors are rooted in attachment concepts. Group cohesion, for example, is a key group therapeutic factor and is a variable known to be related to group treatment outcome (Burlingame, McClendon, & Alonso, 2011). Cohesion is commonly assessed as the bond or attraction between an individual and the group, between an individual and other group members, or between an individual or group with a therapist (Burlingame et al., 2011). From an attachment perspective, and consistent with Bowlby's (1988) first therapeutic task, one can conceptualize group cohesion as the client's experience of the group and/or therapist as a secure base from which to explore new internal models of self and other and to try new and more adaptive interpersonal behaviors.

The corrective recapitulation of the primary family group is another group therapeutic factor described by Yalom and Leszcz (2005) that refers to reliving early family conflicts in a group context. Groups have many structural characteristics that parallel a family (i.e., therapist as parental/authority figure, group members as siblings). Early negative family experiences might be reexperienced and corrected in a group when a therapist encourages more positive interactional outcomes and encourages the client to reflect on the differences between current group and past family experiences. This is consistent with Bowlby's (1988) therapeutic task in which therapists encourage clients to recognize that current relationship patterns are partly shaped by past relationships with attachment figures.

Interpersonal learning is yet another group therapeutic factor (Yalom & Leszcz, 2005) that is associated with attachment concepts. A broad definition of interpersonal learning refers to learning and change that occurs in a client in the context of interpersonal interaction in groups. This learning includes corrective emotional experiences in which the client is better able to handle emotional situations and interactions free from past influences and patterns. Interpersonal learning occurs because the group therapeutic context and interactions allow clients to have the emotional experience, reflect on it, and respond more adaptively. Interpersonal learning is consistent with Bowlby's (1988) therapist tasks of encouraging clients to reevaluate internal working models of attachment by understanding the nature of one's models and realizing that these models are not applicable to, nor adaptive in, the current context.

Despite the conceptual overlap between group therapeutic factors, attachment theory, and therapeutic tasks as outlined by Bowlby, there is little research on attachment functioning in group therapy. In contrast to the growing and now substantial research literature on attachment theory and individual psychotherapy (Levy et al., 2011), research on group psychotherapy and attachment is sparse though emerging (Markin & Marmarosh, 2010). Most of the research to date has examined the role of individual or dyadic attachment on group processes and outcomes (e.g., Tasca, Balfour, Ritchie, & Bissada, 2007a). Some researchers also note the potential role of attachment to the therapy group (Smith, Murphy, & Coates, 1999). In addition to the need to attach to individual attachment figures, individuals also need to attach to a group, and so individuals have internal representations of groups that are likely based on early family experiences (Markin & Marmarosh, 2010). Group attachment refers to internal working models of social or therapy groups, and these models also can be characterized as secure, anxious, or avoidant (Smith et al., 1999).

Over the past 10 years, studies from my research group have focused on the role of individual attachment on group treatment outcomes and group therapy functioning in individuals with binge eating disorder (BED) who received Group Psychodynamic Interpersonal Psychotherapy (GPIP; Tasca, Mikail, & Hewitt, 2005). In our first randomized controlled trial, we found that level of individual attachment anxiety differentially predicted treatment outcomes (Tasca et al., 2006). That is, those with higher attachment anxiety had better outcomes in GPIP, whereas those with lower attachment anxiety had better outcomes if they received group cognitive–behavioral therapy (GCBT; Wilfley, Stein, Friedman, Beren, & Wiseman, 1996). To further examine the nature of these relationships, we studied the mediating role of the growth in engaged group climate, which is a marker for cohesion and therefore security (MacKenzie, 1983). We found that an increase in engaged group climate during group therapy helped to explain why individuals with high attachment anxiety did better in GPIP, which is a treatment that focuses on developing group cohesion, affect regulation, and modifying interpersonal relationship patterns. Those with greater attachment anxiety likely required an increasing sense of security (i.e., engagement) in the therapy group to benefit from treatment. Further, Tasca, Balfour, Ritchie, and Bissada (2007b) found that women with BED and higher attachment anxiety who received GPIP reported an increasing alliance to the therapy group as the group therapy progressed. Consistent with their attachment style, those with greater attachment anxiety required their relationship bond to the group to become more and more connected as sessions progressed.

Our program of research also shed some light on the impact of individual attachment avoidance on group therapy processes and outcome. In two separate samples, we found that greater individual attachment avoidance was related to dropping out of group-based treatments (Tasca et al., 2006; Tasca, Taylor, Bissada, Ritchie, & Balfour, 2004). Those with higher attachment avoidance also reported a decreasing alliance to the group as sessions progressed, indicating that they engaged in further distancing behaviors as group contact and the implicit demand for intimacy in the group increased (Tasca et al., 2007b). Illing, Tasca, Balfour, and Bissada (2011) found that women with eating disorders and high attachment avoidance who attended a group-based day treatment program were highly sensitive to other group members' experiences of the group's cohesion. Hence, despite appearances, those with attachment avoidance are very aware of demands for closeness in a therapy group, and they maintain their distance perhaps as a means of coping.

Our research to date has a number of clinical implications. Those with attachment anxiety may benefit from group treatment focused on affect regulation and identifying interpersonal needs and patterns, and they may benefit less from structured group therapies focused on skills training (Tasca et al., 2006). They require an increasing experience of cohesion to benefit from group therapy (Tasca et al., 2006), which means that they may need to be prepared for the normal alliance ruptures and repairs that occur in group therapy. With anxiously attached individuals, group therapists must be particularly attentive to alliance ruptures, focus on down-regulating affect to help these clients more effectively regulate intense emotions, and foster reflective functioning to help anxiously attached clients be more presently attuned in groups. This may also reduce disruptive effects of intense anger and self-loathing that is common among those with greater attachment anxiety (Tasca et al., 2011).

Despite appearances, those with greater attachment avoidance are very sensitive to the rest of the group's demands for engagement, and they may distance themselves or dismiss the group altogether as a means of self-protection. Pregroup preparation on the importance of group norms such as self-reflection and self-disclosure (Yalom & Leszcz, 2005) may be particularly important for these individuals. Those with attachment avoidance should not be rushed to self-disclose and be intimate, as this may be experienced as threatening, and they may leave group therapy prematurely (Tasca et al., 2004; Tasca et al., 2006). For the attachment avoidant individual, group therapy may focus on up-regulating affect by taking a graded approach to working with their emotions, and nurture reflective functioning by encouraging them to understand their own and others' internal experiences (Tasca et al., 2011).

As indicated, there is little research on attachment and group psychotherapy, and so there remain substantial questions about the role of attachment theory in understanding group therapy processes. The articles in this special section advance the research in some of these important areas. For example, there is emerging evidence that self-reported attachment to important others in relationships can change during group therapy (Tasca et al., 2007a); but is this change long lasting and is it meaningfully related to symptomatic relief? The article by Maxwell, Tasca, Ritchie, Balfour, and Bissada (2014, pp. 57–65) suggests that in fact change in self-reported individual attachment as a result of group therapy is maintained to one year posttreatment and is associated with improvement in interpersonal problems and symptoms of depression. A second question addressed in this special section is whether interpersonal learning, a group therapeutic factor (Yalom & Leszcz, 2005), is associated with outcomes, and whether interpersonal learning differs by level attachment anxiety. The article in this section by Gallagher et al. (2014, pp. 66–77) indicates that interpersonal learning is associated with improved self esteem, and that interpersonal learning may be particularly important for those with greater attachment anxiety. A third question is related to group attachment. As indicated earlier, there is a dearth of research on this novel concept, yet theoretically, attachment to one's therapy group should develop into more secure representations over time and play an important role in determining outcomes. The article by Keating et al. (2014, pp. 78–87) indicates that attachment anxiety and avoidance regarding the therapy group does improve during the life of the group. Further, this improvement generalizes to more secure individual attachment up to one year post group therapy.

Certainly, numerous research questions remain to be explored when it comes to the implications of attachment theory for understanding and conducting group therapy. For example, does the experience of the group as a secure base result in greater exploration among individuals of their working models of relationships and relationship patterns; can therapy groups help individuals to explore their relationship to the group in the context of their attachment working models and does this result in improved outcomes; does recognizing the relationship with the therapy group as a recapitulation of early family experiences allow individuals to change their interactions with the group and their internal working models of their early attachments; do group concepts such as cohesion and interpersonal learning map onto attachment concepts such as security and exploration, and do these attachment aspects provide added value in understanding group therapy processes and outcomes? The articles in this special section begin to address some of these questions related to attachment theory and its implications for group therapists.

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Received November 29, 2012
Accepted November 30, 2012 ■