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ATTACHMENT IN GROUP PSYCHOTHERAPY. PART 1.

THEORETICAL ASPECTS

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group psychotherapy
attachment

Summary

The article presents the theoretical aspects of the use of attachment theory in group psychotherapy. In the literature, we can find a lot of research and publications regarding the use of this concept to understand individual and family psychotherapy, but less frequently in group psychotherapy. As it seems, this perspective can be useful for the understanding of the individual functioning of particular participants, the group process or the effectiveness of group psychotherapy, depending on the attachment style. Recent years have shown a growing interest in the implications of this concept to understanding group treatment, but further research is very necessary in this area. Although the article refers mainly to attachment in adulthood described in two dimensions – avoidance and anxiety, as well as to attachment styles known as secure, preoccupied, dismissive/avoiding or fearful/disorganized, the first part presents the basics of Bowlby's attachment theory, which has formed the basis for further conceptions. Next, we considered the understanding of group psychotherapy phenomena and possibilities of formulating therapeutic interventions based on attachment theory. In part two of the article, empirical studies on the use of attachment theory in group psychotherapy were reviewed.

Introduction

There is extensive literature indicating the possibility of using the concept of connection in the understanding of mental disorders [1-4], individual psychotherapy [5-6] and the therapy of families and couples [7-8]. Until recently, there have been relatively few publications showing the usefulness of this concept in understanding phenomena in group psychotherapy, but in recent years there has been an increasing interest in this subject [9-11]. The first book devoted entirely to attachment in group psychotherapy (Attachment in group psychotherapy) was published by the American Psychological Association in 2013 [12]. Based on previous reports, we may suppose that, as in other forms of psychotherapy, group attachment can be a very helpful and inspiring construct for understanding patients' problems and their treatment.

Based on the classic Bowlby attachment concept, many subsequent sub-concepts have been developed to explain detailed psychological issues. Along with them, the language has naturally widened and the nomenclature has changed. Therefore, language issues appearing in this article

and in its second part containing a review of empirical research should be clarified. The article most often refers to attachment in adulthood, mainly to the dimensions of avoidance and anxiety, less frequently to styles (categories) of attachment known as secure, preoccupied, dismissive/avoiding or fearful/disorganized. The dimensions of avoidance and anxiety usually appear in the world literature as well-characterizing and empirically confirmed constructs [13].

Basics of the attachment concept

The key assumption of the concept of attachment, according to its author – John Bowlby [14-16], is the view that men have a biologically rooted tendency to create close emotional bonds with a key guardian (usually their mother). This tendency is universal for all people, and the function of this attachment is the protection of life from external threats. During the early interactions of a child with its caretaker, the child creates specific mental patterns, called internal working models, which are of key importance in its further personal development and in the child's relations with other people. Internal working models are dynamic mental representations in which an individual stores knowledge about him or herself, the caregiver, and the mutual relations between their caregiver and him or herself. It determines a specific development trajectory, on the basis of which the individual will perceive others in a certain way and create relations with them. Empirical research initiated by Bowlby's associate - Mary Ainsworth and her co-workers [17] and continued by many researchers in various areas of human functioning [cf. 3, 13] allows to formulate some more important theses: 1) attachment is two-dimensional and can be described on two orthogonal dimensions: a) anxiety - as constant worrying about whether the figure of attachment will be available and sufficiently sensitive to one's needs and b) avoidance - means maintaining distance in interpersonal relations, which results from the fear of dependence and rejection; 2) early studies of the bond in children distinguished 4 attachment patterns: safe, anxious-avoiding, anxious-ambivalent and disorganized [17-18]; 3) later studies on adults, which based on the two above-mentioned dimensions of anxiety and avoidance, allowed to distinguish 4 styles of attachment in adulthood: secure, preoccupied, avoidant and fearful, in other words, disorganized [19]; 4) attachment throughout life is moderately stable, and the original pattern of ties in some people changes through entering into another important interpersonal relationship and through significant life events, including psychotherapy [20]; 5) close romantic relationships of adults have many characteristics similar to the interaction of a child with their caretaker, e.g. looking for closeness, safety, experiencing strong emotions, asking for help and support in crisis

situations, hence nowadays, by studying the behavior in such relationships, attempts are made to determine the original or current style of bond formation [19].

Attachment and group psychotherapy

Referring to the concept of attachment, it can be stated that in a relationship with a psychotherapist or in the case of group psychotherapy, a specific bond pattern with other participants of the group is activated in the patient, which has been shaped during early interactions with significant people. Many clinicians and theoreticians, therefore, agree that such a situation may be intentionally used for therapeutic purposes [5]. Mikulincer and Shaver [13] have formulated the thesis that the emotional bonds of an individual with a group can be understood through the prism of the concept of attachment, as a reflection of the early relationship with the caretaker. They argue that in the group, the patient may attempt to compensate for the deficits resulting from early relationships, e.g. he may derive a sense of security from it and treat it as a safe base (basis) for further development. The authors conclude that the attachment pattern is a predictor of the effectiveness of psychotherapy, and the relationship between this pattern and efficiency can be modulated by other factors, including the group process. Marmarosh [21], on the other hand, considers (although this hypothesis has not been often studied so far) that dyadic and group attachment can underlie many group phenomena, such as group climate, group cohesion or the participants' attitude to the group.

Referring to the notion of internal working models, in which the view of ourselves and others in the relational dimension is coded, we can put various hypotheses about the functioning of people with safe and insecure connection styles. We can assume that people with a high level of anxiety in attachment relations will perceive themselves in the therapeutic group as being worse than others, and thus fearing rejection, they will be earnestly seeking for the favors of other participants. When the so-called secondary attachment strategy is activated, it leads to hyperactivation of the attachment system, in which people will urgently look for someone’s attention. This can be manifested, for example, in a high focus on the needs of others to insinuate into their favors. Ultimately, however, such people will feel frustrated due to, in their opinion, the lack of a sufficiently sensitive or caring response from other people. This will look different in the case of therapy participants presenting a high level of avoidance, whose internal working models require that they see themselves as more valuable, and others as threatening. Such persons are, in principle, suspicious and unwilling to enter into dependence - therefore, they will maintain the distance in group relations as long as possible. After activating the secondary attachment strategy, they will deactivate the attachment system, so they will negate

their own needs and the needs of others, and also underestimate the role of the environment in their own lives.

Among patients who apply to psychotherapy, we can also meet those who will present a high level of both anxiety and avoidance in relation to attachment. The style of bond presented by such people is often described as disorganized due to the alternating hyperactivation and deactivation of the attachment system [13]. These are people who most often have experienced unpredictable, chaotic, traumatic or violent relationships with their primary caretakers. In group psychotherapy, such people may cause frustration in the group and cause considerable difficulties in the treatment process, due to alternate cycles of searching for closeness, followed by rejecting or avoiding other participants [5, 12].

From a theoretical point of view, it can be presumed that many therapeutic factors in group psychotherapy probably relate to different aspects of attachment. For example, group cohesion – a factor considered by some authors as the equivalent of a therapeutic alliance in individual psychotherapy – is defined as the bond and mutual attractiveness of individual group members [22]. This creates obvious associations with the conception of internal working models in Bowlby's concept and can be understood through their prism. It is also known that group cohesion is a predictor of the effectiveness of group therapy [23]. Coherence can probably change the internal model of oneself and others (e.g. internal working models), and thus affect the attachment style [12].

Marmarosh and Tasca [24] combine group psychotherapy and the concept of attachment by referring to other group psychotherapy factors mentioned by Yalom and Leszcz [23], claiming that:

- a social microcosm created by a group in which the patient will act ways of establishing relationships with others, creates the possibility of observing and then intervening (e.g. interpreting) referring directly to internal working models,
- recapitulation of the original family group and corrective emotional experience contributes to the internalization of the positive attachment relationships experienced in the group and thus to building a secure attachment style,
- social learning taking place through observation of others and getting feedback gives the opportunity to develop reflexivity and the ability to mentalizing, that is, those aspects that may be poorly developed in people with insecure style ties.

The group also allows learning new strategies for affective regulation, in particular through the ability to verbalize emotions and to support cognitive processes related to understanding emotions. This is particularly important in people with an anxious bonding style who are

hyperactivated by the attachment system and who have difficulty verbalizing their own inner states.

Markin and Marmarosh [25] referring to the five-directional development model of the group, including the phases of forming, storming, norming, performing and adjourning, suggest that people with different characteristics of attachment will present different types of transfer and functioning in the group in these phases. And so, people with tendencies to avoid attachment relationships will feel worse in the group in the orientation phase, and even worse in the cohesion phase. These are the stages in which unity and closeness in the group are built and, therefore, such persons will have more negative transference and will make efforts not to become dependent on the group. On the other hand, people with tendencies to experience anxiety in attachment relations will probably get worse in the conflict and resolution phases. Due to the constant search for closeness and the fear that they could lose their object of attachment, they will cling to other participants, fear the group's disintegration, become dependent and subordinate to others. In the remaining phases, they will be experiencing more positive transfers, idealizing the group and its participants.

Attachment to the group as a whole

Smith et al. [26] suggest that attachment may not only be directed to individual members of the group but also in relation to the group as a whole. Internal working models may include an image of oneself as a valuable or unworthy member of the group that will either strive for the group or isolate him or herself from the group. On the other hand, the group may be perceived as warm, supporting and cooperating, or as rejecting. These models, like the dyadic attachment, are shaped by experience in the original family group and early peer groups and can be further modified by subsequent groups at later stages of life. The way of seeing oneself and the group will have a significant impact on understanding oneself and their behavior in group contexts.

In view of the above, the authors [26] proposed that attachment to the group can be described in two dimensions, similar to dyadic attachment. Persons presenting a high level of anxiety in relation to the group will feel like their low-valued members, and at the same time they will be absorbed in the fear of rejection by the group, and consequently, they will be subordinate to that group. A different situation is observed with people presenting a high level of avoidance: closeness with the group will be perceived by them as unnecessary and even threatening, they will avoid deepening their relationship with the group and entering into being dependent on it. Likewise, people who present low levels in both dimensions can be described

as having a secure (optimal) style of attachment to the group. The authors confirmed empirically in their research that attachment in dyadic relationships is a different construct than attachment to the group. This is mainly related to the fact that slightly different needs are addressed, for example, to a partner in a relationship, and others to the social group of which one is a member.

Attachment concept and psychotherapeutic interventions

Having at their disposal theoretical constructs and a conceptual apparatus combining the concept of attachment and group psychotherapy, some authors attempt to design more or less holistic group interventions. The most well-known among them are: the proposal to understand the transference phenomena proposed by Markin and Marmarosh [25], aimed at changing attachment group therapeutic procedures of Kilmann et al. [27] and suggestions from Marmarosh et al. [12] regarding work in a group with patients with a specific attachment style.

Markin and Marmarosh [25] suggest that first of all we should pay attention to the fact that in group therapy there are two types of bonds: dyadic (patient-patient or patient-therapist) and group (patient-group). As described above, Smith et al. [26] found that the nature of the participant's attachment to the group as a whole is similar, although not identical with the dyadic attachment, and can be similarly described in two dimensions: anxiety and avoidance. Therefore, it is very important that the group includes not only people with insecure bonds, often in patients with emotional disorders, but also those characterized by a secure attachment - both dyadic and with the group. People with a secure relationship will be models for participants with an insecure attachment style, in particular in such aspects as, for example, behavior in the group or the creation and observance of group norms.

On the other hand, the authors indicate [25] that patients presenting insecure attachment styles in dyadic interactions as well as interactions with the group are less likely to benefit from group therapy due to the high risk of dropout. In addition, these authors suggest that the experience of being in a group may be retraumatizing for such participants and individual psychotherapy should be considered for them.

Kilmann et al. [27] developed group therapy procedures aimed at changing the style of the relationship from non-safe to safe. The therapy program provided for the following components:

a) Psychoeducation on interpersonal relations and cognitive restructuring of dysfunctional beliefs about close ties. This part of the work covered three hours of work and its aim was to create a rational belief system about close interpersonal relations in the participants.

b) Block of direct work on attachment, which consisted of several steps. In the first, participants learned about the importance of relationships and were encouraged to discuss how relationships are formed in their families of origin and regulate emotions. Thanks to this, they were supposed to understand the correlations between early bonds and building interpersonal relationships in adulthood. The second step was focused on identifying ways of entering into romantic relationships (e.g. dating behaviors) and searching for trigger factors responsible for various difficult emotions, such as jealousy, fear of rejection etc. The third step was based on "reframing", that is seeing their own attachment relationships in a new light and acquiring the belief that the negative strategies associated with them can be changed.

   In order to avoid resistance and psychological defenses, Edwin H. Friedman's fairy tales were used - their content was discussed in small subgroups and on the forum.

c) Block of interpersonal skills training, during which participants can learn to create and maintain positive relationships. Methods typical for psychological training are used, such as: modeling, instructing, giving and receiving feedback, learning to differentiate between assertive and aggressive behaviors, acting out scenarios, etc.

d) Block of relational strategies, consisting of identifying differences between personality traits and behaviors. In addition, it is assumed to analyze the strategy of conscious partner selection and prediction of relationship difficulties.

The authors emphasize that during the whole program, beneficial group factors should be strengthened, such as group cohesion, interpersonal learning, etc. It should be added that the attachment style change program was conceived as an ultra-short intervention during intensive weekend activities. For the pilot program unmarried persons were eligible, who were not engaged, had no children, and whose result of the questionnaire examining the attachment style testified to one of the insecure styles of ties. It was shown that people participating in such group activities later presented better interpersonal functioning and a higher level of trust in people. According to the authors, even participants with very high scores in anxiety and / or avoidance scales also benefited from such group training [27].

Marmarosh et al. [12] propose in their book specific ways of dealing with patients participating in group therapy and presenting a variety of attachment characteristics. People who have a high level of anxiety and a low level of avoidance in relationships (with a preoccupied style of attachment), as described above, will be very sensitive to the needs of other participants, and they will perceive themselves as unimportant. In stressful situations, the

secondary attachment strategy will lead to hyperactivation of the attachment system and strong emotional reactions. Therefore, when working with these patients the therapist should:

- encourage and teach willingness and verbalization of the patient's emotions, because if not expressed they tend to turn into self-criticism and self-destruction;
- strengthen the sense of cohesion with the group, for example by emphasizing the statements that testify to the participant's importance to the group, similarities with other participants, etc., which will reduce their fear of rejection. The sense of security in the group will modulate the patient's projections about rejection, and thus the group will fulfill a kind of an appropriate safe base for him or her;
- stimulate the change of internal working models, in particular by undermining the patient's beliefs about themselves and others. To a large extent, the therapist can use the group here as a reflection and highlight the discrepancy between the patient's false beliefs about himself and others and the actual statements of other participants on the subject;
- stimulate the development of mentalization by encouraging participants to talk about feelings, develop skills to interpret the emotions behind specific behaviors, and encourage feedback in the situation "here and now".

People who have a high level of avoidance and a low level of anxiety in relationships (avoiding attachment style) will: hide their emotions and deny them, keep physical and emotional distance with others, be afraid of closeness, ensure that everything is alright with them and will not be willing to benefit from group support. In stressful situations, they will deactivate the attachment system, withdraw from relationships, diminish the importance of others for themselves, and defensibly (nonadaptively) emphasize their self-sufficiency, use defensive mechanisms of rationalization and intellectualization. Therefore, in group work with such participants the therapist should:

- not press for a quick relationship and cohesion with the group, and let them enter into group relations at their own pace. Too fast and strong tightening of bonds may result in falling out of therapy;
- "guess" and understand their emotions using the phenomenon of projective identification. In group interactions between the avoiding person and the rest of the group, there is often a situation in which the patient will deny emotions, while the rest of the participants will experience them strongly;
- control their own attachment states, because as a result of interaction with avoiding participants, there is a tendency to hyperactivate the attachment system of the therapist

(and other group members), which may threaten with excessive involvement, intrusive and oppressive approach. A more favorable solution will be the attitude of the therapist giving a "secure base", naming and making aware of what is happening in the "here and now" relationship between the participant and the rest of the group;

- preserve the balance between confrontational and empathic interventions, due to the high risk of the patient's exposure to feelings of shame. Clarifications and empathic naming contribute to the understanding of the participant by other people in the group;
- discuss and help understand the defensive importance of maintaining independence and the sense of power at all costs. It is advisable to do this while taking into account the patient's past and showing them that their defensive behaviors had their specific usefulness in the past, but now, "here and now" they can be a source of isolation and problems;
- strengthen the mentalization and verbalization of feelings, but at a much slower pace than people with a high level of anxiety and a low level of avoidance.

Probably the most difficult subgroup of patients in therapy will be people who have both high levels of anxiety and avoidance in attachment relationships (often referred to as people with anxiety-avoiding or disorganized relationship). Due to the fact that both dimensions will be simultaneously activated, the behavior of the patient, their emotions and attitudes may be chaotic and difficult to understand and predict. Studies show that in this group of patients very often there are people who have experienced traumas in childhood, were abused or lived in particularly unfavorable, unpredictable development and educational conditions. Among them, there are many people diagnosed with borderline personality and addicted to psychoactive substances [12].

In a therapeutic group, people with a high level of anxiety and avoidance in attachment relations will often cause disorientation and frustration among other group members, due to the changing style of functioning and ambiguous involvement in group cohesion. Due to the frustration of other participants, they may be exposed to retraumatization in interpersonal relationships. Lack of adequate internal self-improvement and poor tolerance of tension can lead to overuse of medicines, alcohol, drugs or overeating.

Marmarosh et al. [12] propose the following strategies in group therapy for patients with high levels of anxiety and avoidance:

- it is necessary to develop a high level of tolerance in the group to receive strong and chaotic feelings and attitudes of such patients, so that the group becomes a "secure base" and can modulate and regulate their emotions;

- a strong concentration on building mentalization is indicated, which is also extremely difficult because, due to the experience of trauma, these people are involved in defense activities, including fighting with others, and less in the attempt to understand their own and others' emotional states;
- the therapist should strongly help such patients verbalize their feelings;
- the therapist should identify transference processes and at the same time encourage other participants to provide feedback not only directly to the patient but also to the group therapist. Avoiding patients will be able to compare their own beliefs, often full of fear of being hurt, with the group's polyphonic voice.

Recapitulation

The attachment concept has permanently entered the canons of psychiatry, psychology, and psychotherapy, explaining various phenomena related to psychopathology and treatment of patients. There are many publications emphasizing the understanding of attachment phenomena in psychopathology, individual and family psychotherapy, while the area binding the attachment concept and group psychotherapy has remained relatively poor. In recent years, more and more research has been focusing on this area, gaining new knowledge and practical tips on how to deal with patients in a group using the understanding taken from the attachment concept.

This article attempts to review selected aspects of the concept of ties and its reflection in group psychotherapy. The second part of the article will concern the review of selected empirical research on this topic.

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