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ATTACHMENT IN GROUP PSYCHOTHERAPY. PART 2. EMPIRICAL RESEARCH

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**group psychotherapy
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Summary

The article presents a review of empirical research on attachment styles in the context of group psychotherapy. This review includes issues related to three main points: 1) how do participants with a particular attachment style function in groups?; 2) how effective is group psychotherapy for participants with a specific attachment style or dimension?; and 3) is it possible to change the style of bonding as a result of psychotherapy? Research in this area is growing and provides us both further research hypotheses and guidance for specific diagnostic and therapeutic practice. For example, according to research, attachment style turns out to be a predictor of completing therapy by patients with eating disorders, avoiding attachment style is associated with less self-disclosure during the group psychotherapy and a greater probability of drop-out in tasks groups, increased group cohesion is associated with the effectiveness of group psychotherapy in participants suffering from eating disorder with high levels of anxiety in attachment relations, and the group climate turned out to be a moderator between attachment styles and the effects of group psychotherapy in patients with different diagnoses. This text is the second part of the article, the first part concerned the theoretical implications of the attachment theory to group psychotherapy.

Introduction

Observation and understanding of group processes is an important part of psychotherapy as it helps in proper treatment, adaptation of current therapeutic techniques and achievement of intended results. For the study of group psychotherapy, the perspective of attachment theory has been incorporated relatively recently, the theoretical aspects of which are discussed in the first part of this article. This section reviews empirical studies covering two areas: the way of functioning in a group of participants with a specific attachment system and the effectiveness of group psychotherapy in the context of attachment styles. Conducting empirical research in this area is relatively difficult from a methodological point of view and requires the researcher to consider a very wide range of variables.

Attachment style and group functioning

From the point of view of a person interested in group psychotherapy, one of the most important questions is how the attachment style of a group member can be reflected in his group functioning. This issue was addressed, among others, by Rom and Mikulincer [1], who have conducted a series of four studies in which they referred to the concept of attachment as a theoretical framework in the understanding of individual cognitive, affective and behavioral

differences related to the attitude towards the task group and its functioning. They looked at whether and how the style of attachment in close relationships in adulthood can be reflected in the group's assessment, emotions, memories, the effectiveness of group tasks and group cohesion. In the first three studies, they used a questionnaire specially constructed by Mikulincer, Florian and Tolmacz [2], and in the fourth, the widely known Experience in Close Relationship¹ (ECR) questionnaire [3]. Based on the above studies, the authors formulated the following conclusions: In people with a high level of anxiety in attachment relation:

1. There is a negative image of themselves as members of the group, which is directly related to the representation of themselves as insensitive, unworthy and not very helpful.
2. Group interactions are assessed as threatening, which results from the tendency to see relationships with others as threatening.
3. Negative emotional reactions to the group are a reflection of the internal world (internal models).
4. The goal is to establish a secure attachment in group interactions, which reduces instrumental functioning (sharing) in the performance of group tasks.

This indicates a constant search for sources of external support by people with a high level of anxiety and, consequently, weakens the direct readiness to be involved in the performance of a specific action.

In turn, people with a high level of avoidance in attachment relation:

1. Have a negative picture of other group members.
2. Reduce the possible benefits of group interactions.
3. Weakly engage in strengthening group ties (building closeness) and consensus in the group. Their goal is to maintain distance and independence in the group.
4. In task groups, they suppress the negative thoughts about the group and the negative emotions associated with the group and therefore maintain a high level of concentration on the current task.

During the research, it was observed that group cohesion had a positive influence on the functioning of participants showing anxiety in attachment relations and a negative on avoidants.

It should be noted, however, that the Roma and Mikulincer studies [1] were conducted on persons who are not members of psychotherapeutic and task groups, which raises the question of the possibility of transposing the results onto psychotherapeutic grounds. The answer may be

¹ The described tools were based on the same two dimension: anxiety and avoidance in attachment relations, and research showed their high correlation for the dimension of anxiety - 82, and for the dimension of avoidance - 83.

obtained from studies conducted by Tasca et al. [4] in the therapeutic group for patients with binge eating disorder. The researchers have shown that patients with anxious attachment style measured using the Attachment Style Questionnaire (ASQ) [5], i.e. those who are preoccupied with fear of being abandoned, work better in groups based on consistency and focused on emotions, than in groups strongly structured, emphasizing cognitive exercises. Patients with avoidant style, in turn, more often fell out of group therapy, feeling the pressure of others (including therapists) to remain in greater intimacy with the group. Consistency has also proved to be a predictor of positive therapeutic effects for people with anxiety-related attachment style, but no such prediction has been noted in subjects with avoidant style. People with anxiety more often experienced the group climate as conflictual, but nevertheless benefited from therapies in which interpersonal relations and social learning are the basic elements.

Also, Tasca and his colleagues [6] compared changes in the group climate at the initial stage of therapy in group cognitive-behavioral therapy (GCBT) and group psychodynamic-interpersonal psychotherapy (GPIP) for women diagnosed with paroxysmal overeating. The authors hypothesized that a positive group climate may be a mediator of changes between the attachment style of the studied ASQ [5] and the effects of therapy. The results showed no general differences in the development of the GCBT vs GPIP group climate. In GPIP, the change of phases was reflected by the interweaving of the breakdown and restoration of involvement in the group, while in GCBT, the increase of three components: engagement, avoidance, and conflict grew linear. Importantly, as the authors suspected, involvement in the group turned out to be a mediator of the results of therapy in people with anxiety style.

Tasca et al. [7], comparing short-term GPIP and GCBT therapy for women with binge eating disorder, also found that in people with high levels of anxiety (measured with ASQ [5]), the need for interpersonal relationships in the study group increased with each session, which indicates large needs in this area. In addition, research has shown that people with tendencies to avoid attachment relationships were significantly more likely to drop out of group treatment, and their therapeutic covenant more often decreased from session to session.

In turn, Gallagher et al. [8] analyzed in two studies the relationship between the style of attachment (using ASQ), group cohesion, interpersonal learning, and psychotherapy results by examining women (N = 102) with the diagnosis of binge eating disorder, participating in a psychodynamic-interpersonal group psychotherapy, for 16 weeks (groups ranged from 8-10 people, sessions lasted 90 minutes 1x a week).

The first of these studies concerned the correlation between the development of group coherence, the level of anxiety attachment style, the frequency of binge attacks, the intensity of

depressive symptoms and self-esteem in the subjects already at the end of treatment. The study was conducted on a pre-test post-test basis, and group cohesion was measured each week of therapy. Self-report tools were used in the research. It was expected that those who reveal more anxiety in the attachment relationship, will present a greater involvement in group relations and that they will grow faster in a sense of cohesion with the group (because they need a bond and want to get closer quickly). However, this hypothesis was not confirmed – results were obtained showing that people with low as well as those with high levels of anxiety in attachment relations obtain similar results in this regard. The authors suppose that maybe therapists who were focused on strengthening the group's coherence during their relatively short therapy with their interventions could have "distorted" behaviors related to the activation of the attachment style.

The study also indicated that people with a high level of anxiety in attachment relation, which revealed a greater reduction in symptoms of eating disorders, also revealed a faster increase in cohesion with the group. On the other hand, in people with a low level of anxiety in attachment relation, there was no correlation between lowering the level of eating disorders and the increase in group cohesion.

The second study by the same authors [8] concerned the correlation between interpersonal learning in the group, the severity of attachment anxiety and treatment results. The results showed that patients during group psychotherapy obtained a more realistic and at the same time more positive picture of their own functioning (assessment based on the convergence of questionnaires about how they assessed themselves and how they were evaluated by other patients). The authors of this study state that this is the result of interpersonal learning in the group. In addition, there was a correlation between a higher sense of group coherence in patients and their higher self-esteem after completion of therapy, which can be understood as the effect of obtaining positive feedback from others in a coherent and safe group environment.

An interesting study on attitudes and beliefs towards group psychotherapy was conducted by Marmarosh et al. [9]. Their aim was to: 1) examine the relationship between attachment style in close relationships in adulthood and attitudes towards group psychotherapy, as well as 2) examine attitudes towards the group in people with and without disorders, participating or not in group psychotherapy. The researchers hypothesized that the anxiety or avoiding attachment style of all subjects, regardless of whether they were diagnosed with disturbances or not, would correlate inversely with attitudes towards group psychotherapy. Thus, their hypothesis assumed that the lower the level of anxiety and avoidance presented by the subjects, the more positive their attitude towards group psychotherapy (i.e. they consider group therapy as more effective and show less

false beliefs about this treatment), compared with people with a higher level of anxiety and avoidance.

The study involved 23 men and 40 women from the clinical group and 28 people without disorders, and the tool Experiences in Close Relationship Scales (ECR) [3] was used to determine the relationship, while for the study of attitudes towards group psychotherapy – Group Therapy Survey-Revised (GTS-R) [10] was implemented. The results only partially confirmed the hypotheses. A correlation between avoidance attachment and conviction about vulnerability in the group was found, while there was a lack of correlation between avoidance and faith in myths about group therapy and the belief in its effectiveness. The anxiety style of attachment did not correlate with the beliefs about the effectiveness of therapy and the myths about this type of treatment, but what is interesting, when the statistical analysis was performed only for the clinical group, it turned out that such a correlation exists, but opposite to that assumed in the research hypothesis, that is: the more anxiety in the relationship, the less false beliefs about group therapy. The authors of the text indicate that it is difficult to interpret such a result unequivocally, in particular bearing in mind the different methodological limitations of the described research. Further research is needed, in particular on the comparison of attitudes towards group psychotherapy, with the subsequent effectiveness of such therapy among participants.

As a conclusion to this part of the text, findings drawn after the studies of Tasca et al. [7] and Tasca and Balfour [11] can be quoted. For people with anxiety attachment style, therapies based on interpersonal relationships, identification of interpersonal needs and patterns is beneficial, while structured therapy focused on improving skills is less beneficial for this group of patients. These people mainly need cohesion experience with the group. To help the patient effectively regulate emotions and reflect the behavior associated with it, a therapist working with a person showing anxiety in interpersonal relationships should focus on therapeutic alliance and lowering emotional tension. Working in turn with people avoiding attachment, special attention should be paid to the process of preparation for therapy, compliance with group norms and tasks in therapy, i.e. thinking about the self (self-observation and self-reflection) and revealing their feelings and perceptions. The point is not to let these people open and establish deep relationships as soon as possible, because this could be too threatening and anxious for them. It is more about helping them to regulate emotions through the ability to identify them, to reflect, and to increase the understanding of themselves and others.

Attachment style and the effectiveness of group psychotherapy

When it comes to studies on the effectiveness of group psychotherapy in the context of attachment style, it should be taken into account that they may refer to usually measured parameters, such as severity of symptoms, self-esteem, interpersonal functioning, etc., but may also consider the change in the scope of the attachment system itself as a result of the therapy. Some of the studies include known psychotherapeutic approaches, e.g. cognitive-behavioral or psychodynamic, while others refer to specially prepared therapeutic procedures aimed at changing the ties. These various aspects will be reflected in the studies cited below.

Tasca et al. [4] conducted a randomized study on 135 participants diagnosed with binge eating disorder, including 123 women and 12 men. The subjects were assigned to the control group or two types of therapeutic groups: group behavioral-cognitive therapy (GCBT) and psychodynamic-interpersonal group psychotherapy (GPIP). In both cases, 16 therapeutic sessions took place. The following were tested in participants: attachment style (using ASQ), the number of daily binge eating rounds, BMI, depressive symptoms, problems in interpersonal relationships, self-esteem, and beliefs about eating disorders. Measurements of variables were made before the beginning of therapy, at the end of therapy, and 6 and 12 months after the end of treatment.

The results showed that these two types of group therapy are equally effective for people with binge eating disorder as compared to those in the control group. However, there were differences in effectiveness regarding attachment issues: a higher level of anxiety in attachment relations correlated with better GPIP effects, while a lower level of anxiety in relationships was associated with better GCBT effects. In addition, there were more frequent dropouts of GCBT participants with tendencies to avoid attachment relationships. It has not been investigated whether changes in the attachment system are taking place.

Changes in attachment were, however, observed by Lawson et al. [12], who investigated 33 men carrying out acts of violence on their partners. These men participated in a 17-week group psychotherapy integrating behavioral-cognitive and psychodynamic approaches. Except for the attachment examined by the use of the Adult Attachment Scale (AAS) [13], questionnaire tools were used to measure aspects such as anxiety and depression, interpersonal functioning, life satisfaction, general psychological functioning and violence behaviors. The measurements were performed before and after group therapy. Among the 33 men examined, in 13 the attachment style changed from insecure to secure and in 2 from the secure style to an unsecured one. The style of attachment did not change: in 12 patients with a secure style before therapy, and in 6 men with an insecure style. Due to these changes in attachment style, various psychotherapy effects have been noted for these subgroups. And so: a) in the subgroup of people whose style changed

from insecure to secure, there was an increase in comfort in situations of emotional closeness with others and dependence on them; the subjects also presented lower severity of anxiety and depression compared to people from other subgroups; b) people whose insecure style during the therapy did not change, presented a higher level of avoiding.

It should be added that at the level of the whole group, a result indicating the reduction of intensity of violent behavior was obtained. The authors did not describe the therapeutic techniques and contents implemented during the therapy, but from the context, it appears that it was a therapy aimed at reducing violent behavior, not a change in attachment – hence, it may be presumed that other nonspecific factors have influenced the change of attachment style. These studies also did not include a control group or studies after a longer period of time after the end of treatment (follow-up).

Kilmann et al. [14] created a special group therapy program for adults, aimed at attachment-focused group intervention (AF), and after their own research, they extended it to a module that increases interpersonal skills (relationship skills-focused group intervention = RS)². Then, the researcher with other colleagues [15] decided to check the therapeutic effect of both AF and RS modules separately. There were 48 adults enrolled in the research, interviewed with the Relationship Scales Questionnaire (RSQ) [16], among whom one of the insecure attachment styles (anxiety-avoiding, rejecting, or preoccupied) was found. In addition, these participants were not married and did not have children. Participants were allocated to therapeutic groups: attachment-focused (AF), focused on interpersonal skills (RS) and control group. The following results were recorded: a) the participants of both AF and RS therapy in the final study presented less dysfunctional beliefs about relationships; b) after therapy, participants of the AF therapy presented a higher level of self-esteem and a lower level of aggressive reactions; c) after therapy, participants of RS therapy had fewer interpersonal problems; d) in the study after 15-18 months, participants from AF and RS groups presented a higher level of self-esteem, more trust in others, greater knowledge of interpersonal relations and greater self-awareness; e) there were no negative effects of the therapy. The researchers conclude that the part of attachment-related therapy (AF) may be particularly useful for people with a preoccupied and anxious attachment style, because in internal operational models they have a negative self-image, and research has shown that this therapy module increases self-esteem. In addition, the authors indicate that the described therapy was very intense but at the same time ultra-short-term (the entire therapeutic cycle took place during 1 weekend), which does not support a slow and solid formation of trust in group relations.

² This program was described in detail in the first part of the text "Attachment in group psychotherapy. Part 1. Theoretical aspects." *Psychoter.* 2018, 186 (2): 7-17.

Kirchmann et al. [17], conducted research in Germany involving 289 patients with various clinical diagnoses: neurotic disorders, personality disorders, mood disorders, and eating disorders. The subjects participated in psychodynamic group psychotherapy in various German centers. Groups ranged from 7 to 11 people, worked in a slow-open system, and the average duration of treatment was 10 weeks. The attachment pattern/style was measured using both an interview (Adult Attachment Prototype Rating – AAPR) and a self-report questionnaire (Bielefeld Questionnaire of Client Expectations – BQCE). In addition, research tools were used to describe therapeutic factors, the therapeutic process, and group climate as well as to measure the effectiveness of therapy. The results of the study revealed: a) a correlation, although weak, between the style of attachment and therapeutic factors (e.g. between the secure attachment style and the group climate measured with AAPR = 0.18 and BQCE = 0.19); b) the strongest correlation between the style of attachment and the use of social learning in the group with secure attachment, followed by ambivalent, and the weakest in the group with avoiding attachment measured by AAPR; c) an inverse correlation between the general level of symptoms and therapeutic factors: group climate ($r = -0.22$) and social learning ($r = -0.14$); d) group climate as a predictor of therapy effectiveness and explaining 3.6% of the variance of the variable related to symptoms and 4% of the variance of the variable related to interpersonal functioning; e) the secure attachment style measured separately by AAPR and BQCE explained 5% of the variance of the "group climate" variable, but together the results of these two measures explained 11% of the variable "group climate"; f) "group climate" has proven to be a more important therapeutic factor for people with an ambivalent than secure attachment style in terms of symptomatic change.

In another study by Kirchmann et al. [18], attachment changes were observed in 265 psychiatric ward patients treated with group psychotherapy. Initial results were compared with the results at the end of the therapy (pre-post study) and after one year (follow-up study), and a control group (260 non-recovering patients) was examined. Three tools were used to study attachment: a) Bielefeld Partnership Expectations Questionnaire (BFPE) [19]; b) Grau's Attachment Questionnaire (GAQ) [20]; and c) Relationship Scales Questionnaire (RSQ) [21]. They showed that just after the end of therapy, a change from the insecure style to safe ties occurred in 20% more subjects compared to the control group, and the measurement made one year after therapy showed that this change was observed 25% more often than in the control group. However, the effect size for this change was rather low or sometimes medium. It is, however, necessary to take into account the various methodological limitations of these studies, the most important of which are: various types of therapies in which the type of intervention was not registered, very different diagnoses of patients, or a non-homogeneous control group.

Maxwell et al. [22] found evidence that positive changes in attachment to the group are translated into better functioning and reduction of the severity of depression symptoms within a year after treatment (precisely, reducing anxiety in relationships is associated with a decrease in depressive symptoms and a reduction in avoidance with better social functioning). These studies confirm the earlier findings of Kilmann et al. [14] who reported that group therapy based on the concept of attachment affects better interpersonal functioning and a higher level of confidence in people. According to these studies, even participants with very high scores on the dimensions of anxiety and avoidance benefited from group therapy.

Finally, we should cite the analysis of group therapy conducted by Marmarosh and Tasca [14], in which patients with binge eating disorders took part. The therapy involved 16 meetings once a week for 90 minutes, and the participants were examined before and after the end of therapy in terms of: their individual style of attachment (ECR [3] was used), the frequency of binge eating, and depressive symptoms. Additionally, in the 4th and 16th week, the bond with the group was tested (using the Social Group Attachment Scale – SGAS [23]). An improvement in all parameters was noted in the treated subjects, i.e. a lower frequency of binge eating attacks, less depressive symptoms, increased attachment to the group, and less severity of anxiety and avoidance in attachment relations. Interestingly, the strengthening of bonds in relationships with the group during therapy correlated with reduced anxiety and avoidance in the individual characteristics of patient attachment, which, according to the authors of this analysis, indicates that the group can be a "secure base" model and can be internalized/generalized to other attachment areas.

Summary

To sum up this article, we present some among the more important conclusions from studies on the style of attachment and group psychotherapy:

- the attachment style proved to be a predictor of completing therapy in patients with eating disorders. Patients with an avoiding attachment style more often resigned from therapy before its completion [6];
- patients with an avoiding attachment style were less inclined to reveal themselves in the group, the effects of therapy were weaker, and they showed a more negative attitude to other people in the group [1];
- in people with eating disorders who participated in psychodynamic group psychotherapy, and showed a high level of anxiety and a low level of avoidance attachment, there was an increase in the covenant with the group during the therapy. This effect was not noted in groups with a behavioral and cognitive approach [4];

- studies on a large number of patients with various psychiatric diagnoses revealed that group climate is a moderator between the style of attachment and the effectiveness of psychotherapy [17];
- an increase in group cohesion proved to be of great importance for achieving good results of therapy in patients with binge eating disorder, and especially for those showing a high level of anxiety in attachment relations [6];
- group psychotherapy may, in particular, be important for people who show a high level of anxiety attachment, because it allows them to experience new interpersonal relationships, which also improves the regulation of affect and interpersonal skills [7, 11];
- the group may probably be a "secure base" for patients. An increasing attachment with the therapeutic group can be later transferred to other – individual – attachment characteristics [22].

Despite the growing number of publications regarding the possibility of using the concept of attachment to understanding group processes and group psychotherapy, knowledge in this area remains quite poor. Among its limitations, one can indicate a relatively small number of studies in general, no research on attachment phenomena in groups with a different modality than behavioral-cognitive or psychodynamic and analogically with other group specificities, e.g. open vs. closed groups, short- vs. long-term, support and educational groups etc., a small number of studies on collective group attachment or attachment to the group as a whole, as well as the role of the group therapist's attachment style. The above-mentioned reasons result in a lack of meta-analyses. Research methodology is a separate issue, including the difficulty in controlling many phenomena occurring simultaneously in groups, the lack of replication of research so far, and, above all, referring to various submodels within the concept of attachment, and thus – the use of various research tools.

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