The Therapist and Group
As New Attachment Figures *

1. What is attachment theory?
Through extensive infant/caregiver research by the likes of Mary Main, Mary Ainsworth, the theoretical work of John Bowlby, and others this is the field that looks at the infant/caregiver attachment system- how the infant moves back and forth towards the secure object and away from it to be able to explore the world. John Bowlby, “The therapist’s role is analogous to that of the mother who provides her child with a secure base from which to explore the world.”

What about group? Group provides the therapist as primary attachment figure but also all the other members as well as the group (or family) itself.

2. The Goal is the secure base
John Bowlby, “Unless a therapist can enable his/her patient to experience some measure of security, therapy cannot even begin. Thus we start with the role of the therapist is providing a secure base.”

Hence in group, we begin with building safety, security, a strong foundation. In developmental phases 1 & 2 we don’t go fast, don’t do individual depth work, we work on creating structures, norms, establishing how safe it will be to have conflict, be different, disagree…

3. How do we do that?
Parents and therapists alike provide a secure base by:
- Making the dialogue inclusive- mirroring, communicating we can cope with it, letting clients feel they have “gotten to us…” even more than we get them…
- Recognizing and repairing disruptions- looking at what we do as interpersonal events
- Upgrading the dialogue- modeling and encouraging their ability to reflect and express feelings
- Being willing to actively engage and struggle- limit setting, confrontation

4. How do Groups do it?
Groups do it in the exact same way, multiplied by the number of relationships. Beginning with the therapist setting the tone, eventually including all members-
- We make the dialogue inclusive- making sure each member feels included
- Recognize and repair disruptions between us and members and members to members
- Upgrade the dialogue by modeling and encouraging reflection/expression
- Willingly engage in the struggle, therapist and members alike

*Original material from David J Wallin’s, presentation “The Therapist as Attachment Figure” with additional clinical insights offered by Linda G Rose/Jim Fishman reflecting its application to group work, particular as viewed through the lens of Phases of Group Development.
5. Four Attachment Patterns
   - Secure/Secure-Autonomous: Able to attach and explore. Room for 2 in a relationship...
   - Avoidant/Dismissing: Rejecting or controlling attachment figures, skew towards exploration over attachment. Only room for 1 (self) in relationship.
   - Anxious/Ambivalent/Preoccupied: Keep the attachment figures hyperactivated, makes one’s distress too conspicuous to avoid. Only room for 1 (the object or other) in relationship.
   - Disorganized/Unresolved/Fearful: Trauma related. Parents are not just insensitive, they are either frightening or frightened themselves and dissociated. Child put into unresolvable dilemma of whether to approach or avoid, hence a huge potential to collapse. Room for 0 (none) in relationship.

6. States of Mind with Respect to Attachment/Attachment Styles
   Developmentalists (Main, Fonaghi, Ainsworth…) talk about the states of mind before the slash/ Social Psychologists use the Attachment styles after the slash
   - Secure-Autonomous/Secure
   - Dismissing/Avoidant
   - Preoccupied/Anxious
   - Unresolved with respect to trauma or loss/ Fearful- Avoidant (Disorganized)

7. Therapist’s attachment style
   As in any primary relationship the child cannot go beyond where the parents are, the client beyond where the therapist is, the group beyond the therapist or in the case of co-leaders, beyond the co-therapy teams’ relationship (Beck/Dugo on co-leadership phases of development). Therefore it is important to know:
   - The therapist’s attachment style, strengths, vulnerabilities in order to not get caught in the unconscious countertransference.
   - The therapist’s attachment history, primary attachment figures’ influence
   - The therapist’s dissociated experience

8. Trauma and the vulnerability to shame
   “Shame cannot be understood, let alone treated, unless the therapist has processed the deeper levels of his/her shame. As therapists, when we see shame, we should look for trauma; when we see trauma, we should look for shame.” Danielian and Gianotti

9. Trauma, Shame and the Therapist
   - Shame is contagious: The clients shame and defenses against shame activate the therapist’s shame and defenses against it
   - Shame is excruciating: Usually hidden, it can be difficult for clients and therapists to address.
10. Attachment Patterns and Defenses Against Shame

- **Dismissing/Avoidant**: tendency to project the devalued self and externalize blame
- **Preoccupied/Anxious**: tendency to project the devaluing other and internalize blame
- **Unresolved/Disorganized**: heightened and oscillating versions of the above (provocation and rage; abject submission, suffering and apology), also dissociation and desperate efforts to rescue the patient
- **Across the board**: needs for affirmation and difficulty with intense negative transference

11. How these Attachment Styles might show up in the Phases of Group

Within Beck’s theory of emergent leadership roles she is very clear that the roles are not diagnostic, or fixed, that a scapegoat leader might be an emotional leader in a very different group. They are group defined rather than individual. However at the very same time she acknowledges people have valences towards certain roles. Therefore this material is presented with a caveat that it doesn’t represent Beck’s work as much as a developmental mutation from our own group work and observations (Fishman/Rose)

- **Anxious**: Since anxiety is a key feature of the first two phases of any group, we might expect members who present with Anxious Attachment Styles to get activated during this time. This is when members feel either a part of or not a part of the group, belong or don’t belong, different from or similar to others. A member with Anxious Attachment Style may feel pressured to over-share deeply vulnerable material prematurely at a stage where the container hasn’t yet been solidified. Similarly, the therapist with Anxious Attachment Style may be activated. S/he might mistakenly applaud such openness which could end up flooding the group. The therapist must feel “securely attached” enough to slow down the person/group. When dealing with difference and conflict in phase 2 the overly exposing anxiously attached member, if not protected by the leader, may naturally take up the role of Scapegoat Leader, the one who everyone wants to change or eject from group. Here too the leader who is Securely Attached will better be able to weather the storm.

- **Secure**: After the first two phases are completed, anxiety settles down and the work begins to deepen. In phase 3 individuals begin to disclose their own historical material and members get to reveal and know each other more deeply. In phase 4 the intimacy factor emerges as members begin to show love, attraction and appreciation for each other and for the leaders as well. During this phase the Emotional Leader comes forward and we tend to see members who are more securely attached take center stage. As members invite the therapists to become more human, less clinical, therapists with Avoidant Attachment Styles may be activated,
finding it difficult to drop their clinical stance. They might remain aloof, or cloak their discomfort by making a transference interpretation.

- **Avoidant:** In phase 5, often called after the honeymoon, there tends to be a struggle around the intimacy that has arisen. There will be one (or more) members who fear the merger that seems to be happening and begin to pull back, perhaps threatening to leave. This is the essence of the role of **The Defiant Leader.** It is also the essence of one with Avoidant Attachment Patterns. The therapist with Avoidant Attachment Style might also be vulnerable to some enactment in this phase as well. Another potential pitfall for the therapist with Avoidant Attachment Style might be termination, either of the group as a whole or a single member leaving. This therapist might want to foreclose due process in the service of their own discomfort. Similarly, the therapist with Anxious Attachment Style might want to prolong the attachment especially to a beloved Emotional Leader member.

- **Disorganized:** Trauma related, unresolved, fearful, avoidant whether in group member or therapist cannot be pinned to any particular phase of group. Unfortunately these can crop up in any phase. Ideally the therapist must do a good job of screening for readiness for all group members but particularly where there is severe trauma, to try to offset further harm to member or group alike.

12. **What is to be Done?**
Because this model believes in a two person psychology, inter-subjective, relational and attachment theory based, it is imperative to know one’s own attachment style. To go beyond countertransference we must take responsibility for our own part in the dynamic.

**Assessing the Therapist’s Attachment Patterns:**
- The therapist’s attachment styles
- The therapist’s attachment history; primary attachment figures and their influence
- The therapist’s dissociated experience

13. **Questions about your own attachment patterns:**
- Can you name one or more ways which the secure, dismissing, preoccupied and/or unresolved parts of yourself affect your work?
- What’s the relationship between your how you see yourself and how you are seen by your clients?
- What might be the most important impact on your work of your primary formative attachment relationships?
14. Which self-description fits you most closely? *(see key below)

- It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others not accept me.
- I am uncomfortable getting close to others. I want emotionally close relationships but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships but I sometimes worry that others don’t value me as much as I value them.
- I am comfortable without close relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

Optional Self-Report to determine one’s own attachment style:
For anyone interested here’s a version of the self-report which you can access online at http://www.web-research-design.net/cgi-bin/crq/crq.pl.

*Key to 14.
- Secure (room for 2)
- Disorganized/Unresolved (room for none)
- Anxious/Preoccupied (room for one- the other one)
- Avoidant/Dismissing (room for one- the self)