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**TITLE: AN EXPLORATION OF PSYCHOTHERAPIST ATTACHMENT STYLES
AND ITS IMPACT ON THE THERAPEUTIC RELATIONSHIP.**

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Table of Contents

Acknowledgements.....	III
Abstract.....	IV
Chapter 1: Introduction	1
Background	1
Aims and Objectives	1
Chapter 2: Literature Review	3
Introduction	3
Attachment Theory and its Relevance in Counselling and Psychotherapy.....	4
Impact of Attachment Styles on the Individual & Therapist	6
The Exploration of Research on Therapist’s Attachment in the Work of Psychotherapy and its Findings.	9
Summary	13
Chapter 3: Methodology.....	14
Introduction	14
Methodological Approach.....	14
Participants and Recruiting	14
Data Collection and Analysis.....	15
Ethical Issues.....	16
Summary	17
Chapter 4: Results.....	18
Introduction	18
Relevance of Attachment Theory in Counselling and Psychotherapy	18
Activation of Therapist Attachment Styles in the Therapeutic Relationship.....	19
The Impact of Both Therapist and Client’s Attachment Styles on the Therapeutic Alliance and Outcome	21
Therapist’s Attachment Style and its Impact on the Therapeutic Alliance and Outcome. ..	23
Summary	24
Chapter 5: Discussion	26
Introduction	26
Relevance of Attachment Theory in Counselling and Psychotherapy	26
Activation of Therapist Attachment Styles in the Therapeutic Relationship.....	27

The Impact of Both Therapist and Client’s Attachment Styles on the Therapeutic Alliance and Outcome	28
Therapist’s Attachment Style and its Impact on the Therapeutic Alliance and Outcome. ...	31
Summary	34
Chapter 6: Conclusion	36
Limitations	37
Further Research	37
References	38
Appendix 1: Interview Outline	42
Appendix 2: Consent Form.....	43

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Abstract

The purpose of this research was to explore the attachment styles of therapists and to investigate if various attachment styles impact the therapeutic alliance and outcome. As this report was based on therapist self-reported attachment styles it was essential that participants had an awareness of their own attachment style. The participants chosen were experienced psychotherapists who had knowledge of attachment theory. This criteria allowed for an in-depth exploration of the research question. A qualitative approach was used for this report where five semi structured interviews were conducted. Questions were designed in order to create as open an exploration as possible. The researcher transcribed the interviews verbatim and used thematic analysis to analyse the data. The findings were compared to existing literature and discussed. The overall findings obtained facilitated the researcher in drawing a conclusion. The findings established that attachment theory was useful and relevant in the field of psychotherapy. Participants reported that they used it as a guide to discover how clients interact in relationships and their world. This was then used as an indication as to how they may interact in the therapeutic relationship. It was found that therapist attachment styles impacted the therapeutic alliance and outcome both positively and negatively. The findings also showed that both insecurely and securely attached therapists reported having both a positive and a negative therapeutic alliance and outcome at some point in their work. This finding differed to literature and other studies conducted in this area. The findings also showed that the activation of therapist attachment styles in the therapeutic relationship and client attachment styles had contributed both negatively and positively to the alliance and outcome. Therefore the findings reflected that therapist attachment styles contribute significantly in shaping the therapeutic alliance and outcome. One limitation of this study was a lack of therapist's knowledge of attachment theory and their attachment styles which impacted recruitment of participants for interviews. However the researcher did find that relatively little research has been conducted in this area and that it requires further investigation.

Chapter 1: Introduction

Background

The concept of this present study was based on attachment theory and attachment styles.

Levy, Ellison, Scott and Bernecker (2010) determined that attachment theory and styles have had a major influence on how psychotherapy is carried out and adapted. Marmarosh (2015) explained that those who have applied attachment theory in psychotherapy investigated not only patient's attachment but also therapist attachment. Essentially, both patient and client attachments have been reported to be important in psychotherapy.

Whilst there is an abundance of literature regarding attachment theory, there has been little research conducted on therapist attachment styles in the therapeutic relationship. Parish and Eagle (2003) explained that there was only a small amount of empirical research carried out that focused on therapists as attachment figures. However, from the literature available it has been suggested that therapist attachment styles have contributed to the therapeutic relationship (Mikulincer, Shaver & Berant, 2013). Similarly Marmarosh (2015) stated that therapists as well as clients carry their early experiences into their adult life, therefore how they relate to others can also influence how they relate to their clients in the therapeutic relationship.

Aims and Objectives

This present study set out to provide a qualitative exploration of therapist attachments styles and the ensuing impact, if any, on the therapeutic alliance and outcome. In light of the relative lack of literature and research that has been conducted in this area, this study aimed to contribute further to this topic in order to gain an understanding if attachment styles do impact the therapeutic relationship.

Existing research was examined and detailed in the literature review. The theories and findings that arose from this review were to be used to devise interview questions. Five participants were then recruited and semi-structured interviews were conducted. The participants were experienced practising psychotherapists who also had knowledge of attachment. The researcher posed questions in order to gain insight into their views and experience of this area. The researcher aimed to explore the degree in which therapists felt that their attachment styles had impacted the alliance and outcome. Thematic analysis was used in order to identify emerging themes and patterns from these interviews. This data was then discussed, explored and linked with findings from the literature review. Once the findings from this process were obtained it then helped to facilitate in drawing a conclusion from the research that had been conducted. It also helped when investigating limitations that arose and if there were any areas for further research.

Chapter 2: Literature Review

Introduction

The literature review used in this present study focused on the relevance of attachment theory in counselling and psychotherapy, the impact of attachment styles on the individual and therapist and the exploration of research on therapist's attachment in the work psychotherapy and its findings.

The first aim explored attachment theory and its relevance in psychotherapy. This aim defined what attachment theory was and how it developed. It explored the impact of attachment from childhood to adulthood and its impact not only on clients but also therapists in relation to the therapeutic space. It examined literature and research that demonstrated its importance in psychotherapy.

The second aim explored the impact of attachment styles of the individual and therapist. This aim defined different attachment styles, how they developed and how they impacted the individual. It also explored studies that have been carried out on therapist attachment styles and how it impacted them as individuals and in psychotherapy.

The third aim discussed the exploration of research on therapist's attachment in the psychotherapeutic relationship and its findings. Although varied these studies were ultimately centred on therapist's attachment and highlighted its impact on the therapeutic alliance. The results of each study differed. They also suggested that further work needed to be carried out in this area. Therefore this study aimed to explore further therapist attachment styles and if it impacted the therapeutic alliance and outcome.

Attachment Theory and its Relevance in Counselling and Psychotherapy

Bowlby (1997), known as the father of attachment theory, believed that an individual's life revolved around intimate relationships, from the time they are born until the time they die. These attachments are influenced by their first relationships. He identified that the attachment relationship to the caregiver is crucial. It is important for the child's development and also for their physical and emotional survival. For example, an early experience of insecure attachment can be derived from caregivers who had a difficulty in responding and meeting their infant's needs. As a result this individual as an adult may seek in others what was missing in childhood with their caregiver. The psychotherapeutic relationship aims to provide that second chance, it is an opportunity to experience and provide a healing relationship (Wallin, 2007).

Harris (2004) also highlighted the importance of attachment in psychotherapy. He explained that attachment determined how an infant's needs were met by their environment differently. This therefore differentiates an individual's different style of relating to others. He stated that early experiences with others determined how an individual's relationships will be later in life, this being their internal model of relationships. Mikulincer, Shaver and Berant (2013) echoed this theory, they claimed that not only did Bowlby believe that attachment was of great importance for survival and emotional well-being, but he also suggested that it is ongoing throughout life. It lies within thoughts, feelings and behaviours. Bowlby (1997) determined through studies carried out on children's behaviours that attachment patterns that emerged in childhood could also be traced in later adult life.

Harris (2004) also claimed that the history of the relationship between an individual and their caregiver's ability to have met their needs was essential, in particular for attachment psychotherapists. If an individual has experienced a loss of a caregiver or failed to have their needs met it will influence their attachment pattern. He explained that this is crucial to

understanding an individual's development and can also indicate how this may play out in the therapeutic relationship, specifically in the case of insecure attachment. He suggested that with such insight it can help build the therapeutic alliance and also identify transference. Goldstein and Goldberg (2004) stated that transference is an unconscious process where feelings and thoughts are transferred on to the therapist by a client. These feelings and thoughts stem from childhood experiences with another person. Similarly, McCluskey (2005) stated the importance of attachment in psychodynamic psychotherapy. She suggested that there is a link between early relationships and problematic or dysfunctional relationships in adult life. She explained that there is a connection between the experience children had with their caregivers, how they dealt with and how it impacted their relationships in later life as adults.

Levy, Ellison, Scott and Bernecker (2010) discovered through findings in research that a patient's attachment style and pattern was important in the process of psychotherapy and has resulted in a change of this pattern. They stated that research suggested there is a strong link between attachment theory and psychotherapy. They claim that it had the ability to benefit the therapeutic relationship in particular for the client, and also it is relevant and useful in psychotherapy.

Mikulincer, Shaver and Berant (2013) have investigated the importance of the therapeutic alliance and how a therapist's attachment contributed to this. They claimed that research showed that at the beginning of therapy the stronger the alliance is between client and therapist, the chance of a successful therapeutic outcome increased. They also suggested that research has identified that the therapists own sense of security played a role in this. This security provided a secure base for the client and also contributes to a successful therapeutic outcome. They claimed that the therapist's ability to be a caregiver, provide a safe therapeutic space and secure base was essential in forming a secure attachment relationship with a client.

They reported that the ability to provide effective caregiving was dependent on the attachment securities of the therapist. They claimed that a therapist's insecure attachment negatively impacted the therapeutic alliance.

Henry, Schact, and Strupp (1990) and Henry and Strupp (1994) found that therapist's experiences in past relationships impacted their alliance with their clients. Therapists who had hostile past experiences appeared to have had a weakness in these alliances and were more inclined to encounter problems in the therapeutic process. They suggested that the experience of hostile previous relationships were inclined to influence the countertherapeutic verbal messages in the therapeutic space. This resulted in their clients reporting no change or experiencing negative outcomes from therapy.

Marmarosh (2015) claimed that like patients, therapists are dependent on their internal model of others when relating to the other in the therapeutic relationship. Essentially she believed that therapist's early experiences and relationships shaped their internal model. Therefore this influenced how they related to their clients.

Impact of Attachment Styles on the Individual & Therapist

In order to determine a therapists attachment style and if it impacts the therapeutic alliance it is important to understand attachment styles and their impact on an individual. Levy, Ellison, Scott and Bernecker (2010) explained that attachment style is derived from attachment theory. It defined an individual's way of relating to close caregiving and receiving relationships with an attachment figure, for example, the relationship between mother and child or a romantic partner.

Studies carried out by Ainsworth, Blehar, Waters and Wall (1978) demonstrated that the quality of care rather than quantity of care from caregivers is what differentiated attachment styles. Ainsworth (1967) determined that there were two main attachment styles secure and

insecure. She discovered this through her study known as the strange situation. This study was based on the response of the infant when reunited with their attachment figure after a separation. Secure and insecure attachment was characterised by the infant's response to reunion having been separated from their mother that clarified their attachment style. In her study she discovered that secure infants were happy to explore their surroundings and play in the presence of their mother. They then became distressed on being separated from her. When she returned they were instantly reassured when united and continued to explore and play. She determined that these infants' mothers were attuned to their infants; they displayed emotional availability and were quick to identify their infant's needs. As adults these individuals were confident in how they relate to the world and others. Gerhardt (2015) claimed that a securely attached individual could manage the difficulties of emotional life and could ask for help when necessary.

In relation to attachment style of a therapist Mikulincer, Shaver and Berant (2013) through research suggested that a secure therapist has the ability to focus on the clients problems, is compassionate and empathetic and does not get overwhelmed by their own distress. They maintained that a secure therapist has the ability to manage their affect regulation and find a resolution to internal conflict, therefore giving them the ability to be able to manage client's distress and difficulties. Ackerman and Hilsenroth (2003) also suggested that the therapist's ability to be warm, open, flexible, honest, trustworthy and respectful enhanced the therapeutic alliance. These are characteristics that are used to define secure attachment.

Ainsworth (1967) defined insecure attachment under two headings avoidant and ambivalent. In both cases she determined that the infant's mother was not attuned and emotionally unavailable to meet their needs. She discovered in her study that infants who were regarded as having avoidant attachment did not respond on separation and reunion with their mother, on both occasions they continued exploring and playing. They appeared calm and unaffected.

However she discovered that their heart rates increased on separation and showed a high level of cortisol being released, cortisol being a stress hormone, therefore indicating despite their reaction that separation from their mother did affect them. These infants had learnt not to look for any emotional response from their mother as they would not get it. Essentially they had given up. Ambivalent infants on separation showed overwhelming distress, they became either angry or passive towards their mother when reunited.

Gerhardt (2015) explained that insecure attachment is a result of caregivers finding difficulty in responding and meeting their infant's needs. She suggested in this case the early structure is insecure, in an individual's adult life they have difficulty coping with stress; have little confidence in themselves or asking others for help. Wallin (2007) suggested that this pattern of attachment continues into an individual's adult life as a result of an ongoing relationship with their caregivers. This relationship may still reinforce the original behaviours, communication and affect regulations that were learnt in early life. He also suggested that these structures have been internalised. Essentially that these interactions become registered psychologically and continue to determine behaviour and experiences with others.

Mikulincer, Shaver and Berant (2013) described insecurely attached therapists through their research as having difficulty empathising accurately with their clients, their own distress and their defences hindered their compassion, in turn affecting the therapeutic alliance. Studies conducted by Tyrell, Dozier, Teague, and Falot (1999) and Dozier, Cue, and Barnett (1994) discovered a connection between the attachment styles of clinical case managers and their clients. They discovered that case managers who were securely attached were more inclined to challenge their client's internal model of relationships. They also discovered that the insecurely attached case managers were less likely to challenge their clients.

Black, Hardy, Turpin and Parry (2005) claimed that literature has demonstrated that a therapist's qualities and their ability to be empathetic and supportive were essential in therapeutic alliance. When a client seeks psychotherapy they are vulnerable, therefore the client and therapist's attachment style is inclined to impact on the development of this relationship, this they argued is a defining feature in psychotherapy.

Mikulincer, Shaver and Berant (2013) claimed that evidence suggested that therapist's attachment styles interacted with their client's attachment styles therefore shaping the therapeutic process. They suggested that secure therapists formed strong alliances with ease and relatively quickly. Insecure therapists had great difficulty creating and forming strong alliances, this in turn prevented therapeutic change for their clients.

Black, Hardy, Turpin and Parry (2005) suggested that an attachment style can be measured by self-report or interview. The adult attachment interview is thought to be the most accurate in measuring attachment style. However there have been developments of self-report attachment styles. Essentially in this present study the research interviewees were already aware of their attachment style, and they were able to define what attachment style they had. Therefore this present study focused on a self-report of the therapist's attachment styles.

The Exploration of Research on Therapist's Attachment in the Work of Psychotherapy and its Findings.

Parish and Eagle (2003) stated that there is an abundance of literature on attachment from childhood to adulthood. Most research and literature focused on the attachment style of the client to the therapist. It has been pointed out that there has been relatively little empirical research on the therapist and their role as an attachment figure. Also there has been little research focused on the attachment styles of the therapist and its impact on the therapeutic relationship. However there has been some research conducted that will be discussed.

As outlined Mikulincer, Shaver and Berant (2013) suggested through their research that a secure therapist will find it effortless to take on the role of caregiver. They create a positive working alliance even when dealing with difficult clients. They are capable of handling client's resistances and distress more successfully. An insecure therapist is less likely to cope with this. They also may find it difficult to keep their own distress and defences from entering the therapeutic relationship. This present study aimed to explore if these attachment styles can influence the therapeutic alliance.

Dinger and Strack (2009) believed that the therapeutic alliance determined the outcome of psychotherapy. Therapist's attachment was a part of their research in this alliance. They carried out a study focused on this alliance, how the patient's interpersonal problems affect and influence the alliance development along with the therapist's attachment styles. They discovered that securely attached therapists who had less distressed patients had established a strong alliance. A large proportion of psychotherapists in this study were found to be insecurely attached. They determined that these therapists were as successful as securely attached therapists in forming a therapeutic alliance. The insecure therapists in this sample depicted a more problematic personal attachment. However they had the ability to relate to their patients and in a positive and meaningful way. Essentially they claimed that neither attachment styles negatively influenced the alliance of the therapeutic relationship.

Black, Hardy, Turpin and Parry (2005) also carried out similar research. Their research, unlike Dinger and Stack (2009), focused solely on the on the therapist's self-reported attachment style and orientation in relation to alliance quality and problems in therapy. They claimed that the quality of the therapeutic alliance, particularly in the beginning of therapy, will predict its eventual outcome. They suggested that the qualities that a client brings to the therapeutic relationship are important in forming an alliance. Yet they argued that the therapist's ability to develop relationships is of equal importance. They stated that there has

been little research conducted in the area of therapist attachment styles in the therapeutic relationship, yet the research that has been carried out link the quality of the relationship, issues that emerged and the therapist's capability and competence to their attachment styles.

At the beginning of their study Black, Hardy, Turpin and Parry (2005) hypothesis was to determine that securely attached therapists had a better alliance with their clients, insecurely attached therapists had significantly more problems in therapy and therapist's attachment and orientation affected the alliance and reported problems. Their study confirmed their hypothesis. It identified that securely attached therapists reported having better therapeutic alliances with their clients. Insecurely attached therapists had poorer alliances with their clients and finally that therapist's attachment and orientation does in fact influence the alliance. Therefore their study demonstrated a connection between self-reported attachment styles and reported general alliance and problems in therapy. They suggested that further study is necessary in order to establish the connection and interactions between client characteristics and therapists attachment.

Ligiero and Gelso (2002) similarly carried out a study examining therapist's attachment styles, countertransference behaviours and the working alliance. They claimed that the alliance between therapist and client is a central part of psychotherapy and it influenced the treatment outcome. They explained that most research was on the client's contribution to this alliance. However their study focused on how both client and therapist influenced this alliance. They believed that it was important to examine the connection between therapist attachment style and the therapeutic alliance. They also claimed that not only was a therapist's attachment style connected to the quality of the alliance, but also countertransference behaviours impacted the alliance. Goldstein and Goldberg (2004) stated that countertransference is an unconscious or conscious reaction through feelings and thoughts that is triggered by a client for the therapist. They also explained that

countertransference is inevitable in the therapeutic relationship. They claimed it is an important source of information that indicates what is going on not only within the patient, but also the relationship between therapist and client. Dozier, Cue and Barnett (1994) explained that empirical findings suggested a secure clinician has the ability to use their countertransference by having the ability to reflect on their own feelings brought about by their client, therefore using this as a way to provide feedback to their client and not act out their countertransference.

Ligiero and Gelso (2002) study focused on the relationship between countertransference behaviour and working alliance, therapist attachment style and working alliance and therapist attachment style and countertransference behaviours. Their findings discovered that a therapist attachment style may influence their own close relationships but not the relationship formed with their clients. They also claimed that countertransference behaviours had the potential to distort the emotional bond formed with their clients. Essentially, this study indicated that whilst a therapist's attachment style influenced their own personal relationships, it did not impact the therapeutic alliance or countertransference behaviours. They determined that therapist's attachment may not always be activated in psychotherapy treatment and is more inclined to be activated in personal relationships.

Dunkle and Friedlander (1996) conducted a study based on the contribution of therapist experience and personal characteristics to the working alliance. Like previous studies conducted their research focused on the importance of the therapeutic alliance. They maintain that therapist's characteristics play an important role in the therapeutic relationship. Their study demonstrated that therapists who had a strong social network had the capacity to create intimate relationships with their clients. Clients whose therapist reported a greater comfort with closeness, less hostility and social support were more inclined to experience a strong emotional bond from early on in treatment. Dunkle and Friedlander (1996) similarly to

Orlinsky and Howard (1986) both claimed that not only is a client's personal history brought into the therapeutic space, but also the therapist's personal history, this they suggested influenced their interaction.

Summary

The literature reviewed indicated the importance of attachment theory in counselling psychotherapy. Early relationships are crucial in attachment. This therefore indicated how an individual relates to their world and others in later life, this was also known as an individual's attachment style. The literature also highlighted that different attachment styles not only impact the client in the therapeutic space but also the therapist. Literature suggested that not only did it impact the psychotherapeutic alliance, but also the outcome. Studies carried out have suggested that further work needs to be carried out in this area as results differed in each study. Therefore in order to determine if the attachment style of the therapist impacts the alliance and outcome, their attachment style must be clarified and explored to determine if this has impacted their work with their clients. This was the main objective of this present study.

Chapter 3: Methodology

Introduction

This chapter outlines the research design and methods used in order to conduct the present study. It outlines how the information was obtained in order to facilitate the exploration of therapist attachment styles, and if it impacted the therapeutic relationship in terms of the therapeutic alliance and outcome.

Methodological Approach

A qualitative approach was considered best suited for this type of report due to the nature of the topic. Cooper (2008) described qualitative research as research that is based on the language of a person's experiences, observations and perceptions. This method of research focuses on people's experiences and feelings rather than quantitative research. He stated that a quantitative approach focuses on statistics and numbers. Levitt (2014) stated that qualitative methods are commonly used in psychotherapy research. She stated that this method has been used to gain insight into a client's internal processes therefore helping the therapist gain insight into their client's experiences. Rudestam and Newton (2015) explained that this method focuses on understanding experiences from the point of view of the individual who has lived through it, therefore confirming that a qualitative method was the ideal choice to be used to carry out this study. The main objective of this research was to explore the attachment style of therapists and if it impacted the therapeutic relationship in terms of the alliance and outcome. Therefore gaining a deeper understanding of a therapist's experiences and feelings was very relevant to this present study.

Participants and Recruiting

In qualitative research only a small sample of participants is required (Levitt, 2014). The participants chosen to carry out this research were five qualified and accredited psychotherapists with over five years' experience practising psychotherapy. Psychotherapists

with under five years' experience were excluded from this study. The reason for this choice was that participants must have experience and knowledge of attachment, and also be aware of their own attachment style. This allowed them to discuss in detail their experience on this topic. These participants were found through the IACP and IAHIP website. The participants were contacted via telephone to assess if they fitted the criteria necessary. Once this was clarified they were then invited to take part in this study.

Data Collection and Analysis

The method of data collection used for this report was semi-structured interviewing. It allowed for an in depth description of each participants experiences in relation to this topic (Braun & Clarke, 2006). Five interviews were conducted and the interviewees were asked questions by the researcher. The interview outline as set out in appendix 1, demonstrates open-ended explorative questions which were largely informed from the literature review. The literature review acted as a guide for the researcher, whilst at the same time allowing a certain amount of individuality to emerge in the interviewing process. Each interview lasted approximately fifteen minutes to a half an hour. It was taped, recorded and then transcribed verbatim.

The method of data analysis used was thematic analysis. Braun and Clarke (2006) explained that thematic analysis is a useful and flexible method in qualitative research. They believed that it was viewed as a foundational method for qualitative analysis. It identifies themes and patterns from the interviewing process. They also explained that themes in this method of analysis represent something of great significance that related to the research question. The data then went through a process of coding. These codes were arranged into themes which made up a thematic map for analysis. A detailed analysis of this map showed which theme had arisen frequently and this was labelled. Finally a collection of powerful extracts were

gathered in order to provide key themes that were produced from the procedure of analysis (Braun & Clarke, 2006).

Ethical Issues

The Belmont Report of Ethical Principles has been used as a guideline in relation to ethical issues in this present study. The Belmont Report of Ethical Principles and Guidelines for the protection of human subjects of research as outlined by The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research on April 1979, stated that there are three principles that are important in the research of human subjects, respect for the persons, beneficence and justice.

Respect for persons outlines two ethical convictions. Firstly that individuals are to be treated as autonomous agents, and secondly individuals with diminished autonomy should be entitled to protection. Respect for persons protects the autonomy of all individuals by treating them with respect and allowing for informed consent. Researchers are expected to be truthful and conduct no deception.

Beneficence is a concept in research ethics. It states that researchers should have the welfare of the participants as the main goal in any research study. It is an obligation that incorporates the philosophy of do no harm. It aims to maximise the benefits of the research conducted yet minimising the risks for participants. Assessment of risks and benefits determines if the risks that will be presented to subjects are justified.

Justice ensures that reasonable, non-exploitive and procedures are well considered and carried out fairly. Selection of subjects involves moral requirements that there must be fair procedures and outcomes in the selection process of subjects.

All participants in this study were provided with information on the topic and what was hoped to be discovered as a result of this research. The potential risks and benefits from participation were also outlined. They were informed of their rights as research participants. They had the right to withdraw from this study within one week of participation and the right to choose what they disclosed when interviewed. Anonymity was also ensured in order to protect their identities. Pseudonyms were used on all documentation in relation to this present study. The only access to the data was by the researcher. It was stored on a personal computer with a secure password. The password is known to the researcher. The participants were invited to ask or raise any questions or queries regarding this research. Only participants with signed consent forms were eligible to be interviewed as set out in appendix 2.

Summary

This chapter discussed how the researcher conducted and analysed information obtained from the research interviews. A qualitative approach was determined as best suited for this report as it focused on the language of a person's experiences, observations and perceptions. The researcher recruited participants for the interview process from the IACP and IAHIP website. These participants were then assessed as to who was most suitable for this present study. The method of data collection used was semi-structured interviews. It allowed for an in depth description of each participants experiences in relation to this topic (Braun & Clarke, 2006). Thematic analysis was considered the most suited method of data collection as it identified themes and patterns that emerged from the interview process. Finally ethical issues were discussed. The Belmont Report of Ethical Principles was used as a guideline in relation to ethical issues in this report and to protect human subjects of research. Also discussed were the participant's rights in relation to information about the study, their right to withdraw within one week of the interview process and their right to anonymity. It also outlined who will have access to this data and how it will be securely stored.

Chapter 4: Results

Introduction

Five participants were interviewed for this report, Jackie, Maeve, Jane, Lisa and Marie. Their real names were changed to pseudonyms in order to ensure their anonymity. Three participants described themselves as having a secure attachment. Two participants described themselves as having an insecure attachment.

The interviews were analysed and four main themes emerged. This chapter focuses on the themes that emerged which were:

1. The relevance of attachment theory in counselling and psychotherapy.
2. Activation of therapist's attachment styles in therapeutic relationship.
3. The impact of both therapist and client's attachment styles on the therapeutic alliance and outcome.
4. Therapist's attachment style and its impact on the therapeutic alliance and outcome.

Relevance of Attachment Theory in Counselling and Psychotherapy

In each interview the relevance of attachment theory in counselling and psychotherapy was explored. Four participants reflected the importance of attachment theory in relation to their psychotherapeutic work. Jackie reported:

'it emerges time and time again both in information for me and about how the client has been impacted by maybe crisis or trauma in their lives, when I take a client's history I am looking for the attachment above everything else ... it plays out in the therapeutic relationship so I find it hugely helpful'.

Jane echoed this when she reported that attachment theory for her was essential:

'I use it an awful lot in psychotherapy work, its key for me in terms of relationships, in terms of how people are in the world and people interacting in the world'.

Marie also stated that:

'(found it) very useful ... people have different reactions to relationship ... there are very different presentations ... the different presentations is really useful ... the idea of building a secure base with the client is a very useful idea and what builds a secure base.'

Lisa reflected a similar stance to Jackie, Jane and Marie she highlighted this when she stated that:

'the knowledge of attachment would be very necessary ... how you relate to somebody, how they relate to you ... I would think that it's very necessary in psychotherapy ... I think most issues people present with would ... be around separation and loss ... so attachment is key'.

Jackie, Jane, Marie and Lisa each reported the significance and importance of attachment theory in relation to their psychotherapeutic work.

Maeve recalled a different experience. She reported that:

'to some degree ... (attachment) comes to me in terms of my supervisees more so ... so I'd be more aware of it in supervision, then in terms of direct client work'.

While to a 'degree' she agreed that attachment theory was relevant in psychotherapy, she found it more useful when working with supervisees more so than in her client work.

Activation of Therapist Attachment Styles in the Therapeutic Relationship

The participants were asked if their attachment style had ever been activated when working with clients. Four participants reported activation. Two participants recognised experiences where this had negatively impacted the therapeutic relationship.

Jackie, who had reported as being securely attached, recalled an account of this and its negative impact on the relationship:

'I am thinking of a very damaged young woman that I worked with many years ago, who'd suffered abuse as a child ... she needed a lot more than I could have, should have provided ... I found myself wanting to offer as much as I possibly could ... I let the boundaries get fuzzy ... my own need to help her got in the way actually ... it wasn't a good outcome'.

Marie, who had reported as being insecurely attached, also recalled a negative experience of this activation:

'one person I worked with ... I think she actually had dissociative identity disorder ... we worked quite intensely for ... a year and a half, and then she started to regress badly, I didn't know enough, my supervisor didn't know enough, to deal, to work with it and she came in one day and said I'm finishing this therapy ... that really shook me ... that was my attachment style very much activated ... someone leaving in a temper or leaving suddenly ... it would have been activated and I would have been quite anxious ... I should have finished that therapy way earlier, I couldn't let her go ... that's the preoccupied piece ... not wanting to abandon her'.

Jane, who reported as being insecurely attached, explained that her attachment style had been activated in the therapeutic relationship, yet she did not report it as having a negative impact:

'it will absolutely get activated ... when the work is ... intense at some level ... it would get activated'.

Lisa, who reported to be securely attached, expressed her view of the importance of the activation of therapist attachment styles:

'I would think you would have to depend on your attachment style to activate with clients ... your attachment style is very much who you are in a relationship and how you impact on your client'.

Maeve, also reported to be securely attached, stated that she was not aware of any activation of her attachment style in her client work:

'I'm not aware (of this happening) ... I feel like I have done so much work on myself that I think it wouldn't be a particular factor'.

Essentially four participants recalled activation of their attachment style in the psychotherapeutic relationship. Only two participants, one securely attached and the other being insecurely attached, reported a negative impact of this activation and one participant, who reported to be securely attached, recalled having no activation at all.

The Impact of Both Therapist and Client's Attachment Styles on the Therapeutic Alliance and Outcome

Participants were asked if both their attachment style and their client's attachment style had ever impacted the therapeutic alliance and outcome. Two participants reported this as occurring resulting in the therapeutic relationship ending. Jackie recalled her experience of this:

'I was too giving ... not holding clear boundaries ... giving of myself too much ... she became more and more needy, and in my lack of experience I imagined if I gave enough something would be healed and she would need less, but actually the opposite was true, she needed more and more ... it led to twenty thirty text messages a day, phone calls early on a Sunday morning, I didn't answer ... but she persisted ... had I held the boundaries more firmly in the beginning, in spite of her strong need, I think the therapy would have worked out a lot better, it came to an end, and not well, she became raging that I couldn't give what she needed.'

Jane also recalled a similar experience and it having a negative outcome *'yes ... to the extent that therapy ended'*.

Whilst Jackie and Jane had reported the impact of a client's attachment style ending therapy, Marie discussed how in her client work her attachment style had been activated and certain attachment styles have impacted her, but not necessarily ended the therapeutic relationship:

'when someone (client) is very dramatic and hysterical ... I get very cross inside ... I'm learning, through supervision and dealing with ... my own kind of emotion ... the person being highly dramatic and I'm kind of you need to pull yourself together and I'm ... really cut off (when they are doing this) but as I'm able to ... connect to my own upset ... (I am) more able to be with them in calmer way and tolerate ... what I would consider carrying on ... their feeling too much and I'm thinking too much and I'm not feeling anything ... we're kind of split in opposite directions'.

Lisa also reflected a similar experience to Marie. She did not recall it having a negative impact on the therapeutic relationship:

'clients ... are coming with so many issues ... if they have avoidant attachment issues, if they have anxiety attachment issues ... they can't attach to you or they can't relate to you ... I think the core to what happens in the therapeutic space is people's security and their attachment issues'.

Unlike the other participants Maeve did not report any impact of both her and her client's attachment style impacting the therapeutic relationship:

'I'm saying no in that I think having done a lot of work on myself ... you bring (issues) into the room and call it, I wouldn't call it attachment style ... I'd bring it in look at it and see what it is you know rather than call it anything'.

The two participants, Jane and Marie who were reported to be insecurely attached, agreed that their attachment style and a client's attachment style had affected the quality of the therapeutic relationship, but only one reported that this had led to therapy ending. Two participants, Jackie and Lisa who were reported to be securely attached, reflected that it had impacted the therapeutic relationship. Only one reported that it had ended therapy. Maeve, who was also securely attached, did not recall any impact of her attachment style or a client's attachment style affecting the quality of the therapeutic relationship.

Therapist's Attachment Style and its Impact on the Therapeutic Alliance and Outcome.

The participants were asked if their attachment style ever impacted the therapeutic alliance and outcome. All participants agreed that at some point their attachment style had impacted the alliance as well as the outcome. Marie recalled an account of a negative experience of this with a client:

'in one case I was ... triggered into kind of distressed places ... by the way she was ... she was very kind of teenagerish and very dismissive, I couldn't take it and I got upset ... I actually had to transfer her to a different therapist because she had already asked as well because I wasn't able for her ... she moved to someone else who was more able ... I think she just was in a way kind of as toddlers and teenagers can do ... they can hit you right in the sore spot and I wasn't able to hold it'.

Jackie also recalled a negative experience in relation to her work with a client she had previously spoken about:

'I talked to you about the client (that) left raging, that was a negative outcome ... I've often thought about her and thought I wonder could we go back and work together but of course we can't, you can't undo what's been done'.

However she did report that it had not negatively impacted every therapeutic relationship:

'my attachment style with other clients I think, has created a positive outcome, that I've been able to be available enough, having learnt lessons from the early experiences, so I think my attachment style will always impact the outcome'.

Lisa reported that her attachment style could impact the therapeutic alliance and outcome, yet did not report a case where this led to therapy ending:

'I have ... two adult children ... I'd be very attached or have a very strong attachment bond with them, so for me working with maybe (clients) who could potentially be the same age ... I would have to mind myself in that attachment ...

you might want to do what you do for your children what you might do for somebody in the therapeutic space’.

She also stated that:

‘that your attachment style should have a positive outcome in the therapeutic space ... and some impact on your client.’

Jane reported that it has had both a positive and negative impact on the therapeutic alliance and outcome in her client work:

‘I’m absolutely sure it has ... you’d like to get clients back again and have another go ... I would have found myself ... too enmeshed with the client ... then realising that and trying to pull back ... it wouldn’t have worked as well ... a whole rupture would have been there. In one or two cases, I can think of where the kind of repair will have happened, then one or two where it probably didn’t and I’d say therapy just fizzled out & ended’.

Maeve reported that this had also impacted her work with clients:

‘if I’m ... warm and engaging ... wanting to be with the client, (and) their not able for that because they’ve never had it before ... they might not come back ... you could argue that if it’s going to affect the therapeutic relationship it’s going to affect the therapeutic outcome.’

Each participant agreed that their attachment style had impacted the therapeutic alliance and outcome. Two securely attached participants, Jackie and Maeve reported that in some cases it had led to therapy ending, two insecurely attached therapists Jane and Marie reported that it had also led to therapy ending with a client, whilst one securely attached therapist, Lisa, reported her attachment style had been activated and she was aware when this was triggered.

Summary

Once the research interviews were thematically analysed four main themes emerged. The first theme was the relevance of attachment theory in counselling and psychotherapy. The results

found that the majority of the participants found that attachment theory was relevant and applied in their psychotherapeutic work.

The second theme, activation of therapist's attachment styles in therapeutic relationship, found that four of the five participants stated that their attachment style was activated in the therapeutic relationship. The findings also showed that it had both positive and negative results on the therapeutic alliance and outcome.

The third theme, the impact of both therapist and client's attachment styles on the therapeutic alliance and outcome, found that the majority of the participants reported that both attachment styles had at some point been activated. They reported that this had impacted the therapeutic relationship both positively and negatively.

The final theme, therapist's attachment style and its impact on the therapeutic alliance and outcome, found that all participants had reported that their attachment style had impacted the therapeutic alliance and outcome at some point in their client work. They also reported it as having both a positive and negative affect on the therapeutic alliance and outcome.

Chapter 5: Discussion

Introduction

This chapter focuses on the findings from the research interviews and what emerged from this process. The findings were analysed in correlation to the literature review in order to discover the relevant connections.

Relevance of Attachment Theory in Counselling and Psychotherapy

Information obtained from the interviewees reflected that four out of the five participants agreed that attachment theory was useful and relevant in their counselling and psychotherapeutic work with clients. This coincides with the findings of Levy *et al.* (2010). They stated that there was a strong connection between attachment theory and psychotherapy and that it benefitted the therapeutic relationship.

Harris (2004) similar to Levy *et al.* (2010) stated how early experiences determined an individual's relationships in adult life. He also reported that an understanding of this development was essential and could determine how it may play out in the therapeutic relationship. He stated that such an insight can help build the therapeutic alliance. Jackie reflected this in her interview. She said that in her experience attachment emerged continually in the therapeutic relationship as a result of a possible trauma or crisis in a client's life. She stated that when she did an intake with clients she focused on their attachment history over anything else.

Jane reported a similar experience. She stated that attachment theory was central for her in order to understand how her clients interact in the world and how they interact in relationships. This was also reflected by Harris (2004) who stated that attachment determines how an infant's needs are met differently. Therefore he claimed that these early experiences determine an individual's different style of relating to others in later life.

Marie also stated that she found it very useful in terms of understanding her client's attachment styles and their different reaction to relationships. She also reported that the therapeutic relationship was a way of building a secure base with clients that was lacking in their earlier life. This is reflected by Wallin (2007) who proposed that the psychotherapeutic relationship provide the clients with a secure base, essentially the opportunity to experience a secure and healing relationship.

Similarly Lisa reported that the knowledge of attachment theory in her experience was very useful. She stated that it is necessary in terms of how she related to her clients and how they related to her. Harris (2004) stated that if an individual in their early experience in life had lost a caregiver or failed to have their needs met it will influence their pattern of attachment. Lisa echoed this. She reported that in her experience most clients who presented to her had attachment issues as a result of separation or loss experienced in their life. She stated that in that situation attachment theory was essential for her.

The four participants' views also coincided with McCluskey (2005). She believed that in the importance of attachment in psychodynamic psychotherapy. She explained that there appeared to be a link between early childhood relationships. How it was experienced and dealt with could be played out in relationships in adult life.

Activation of Therapist Attachment Styles in the Therapeutic Relationship

Ligiero and Gelso (2002) determined that the therapist attachment styles are not always activated in psychotherapy treatment. They found that a therapist's attachment style was more inclined to be activated in their personal relationships, as oppose to the therapeutic relationship. Out of the five participants that were interviewed only one participant reported no activation of her attachment style in her psychotherapeutic work. Maeve, who reported as

being securely attached, stated that she was not aware of this happening and she would not consider it a factor in her work with clients.

However the remaining four participants, unlike Ligiero and Gelso (2002) findings, reported that their attachment style was activated when working with clients. Three participants reported that this activation led to termination of therapy.

Jackie and Lisa both reported to have secure attachment styles. Lisa stated that in her experience she depended on her secure attachment style to be activated in order to positively impact the therapeutic relationship with her clients. However Jackie recalled an experience of her secure attachment style being activated with a client which resulted in therapy being terminated. Marie and Jane who reported as having an insecure attachment also stated that their attachment style was activated when working with clients and in the cases they recalled it also resulted in termination of the therapy.

In Ligiero and Gelso's (2002) study they discovered that therapists who were both securely and insecurely attached reported no activation of their attachment style. However, the findings in this present study indicated that four of the participant's attachment styles were activated. This study also found that one participant found that it positively impacted the therapeutic relationship. Yet three participants reported that it had negatively impacted the therapeutic alliance, in turn negatively affecting the therapeutic outcome.

The Impact of Both Therapist and Client's Attachment Styles on the Therapeutic Alliance and Outcome

Four out the five the participants in this present study reported that a client's attachment style had activated their attachment style and in turn it affected the therapeutic relationship. This reflected findings discovered by Black, Hardy, Turpin and Parry (2005). They stated that the client and therapist's attachment style was inclined to impact the development of their

relationship. Mikulincer, Shaver and Berant (2013) also claimed that evidence suggested that therapist attachment styles interact with their client's attachment styles. This in turn shaped the therapeutic process.

Jackie reflected this in her experience of client work. She recalled an experience where a client's attachment style impacted her and activated her own attachment style. This resulted in the therapy being terminated. Whilst she reported to be securely attached, she stated that her client had an insecure attachment and had suffered abuse as a child. She stated that in this case the client became overly dependent on her. She said that she believed if she gave enough to the client it would help her to heal and she would need less. Yet she reported that the more she gave her the more her client wanted. She recalled that in this case the boundaries were not firmly held and unclear. She stated that when she held back her client became angry with her that she could not give her what she needed. She believed that if she had held the boundaries the relationship would have had a better outcome. This reflected Wallin (2007) who proposed that an individual with an insecure attachment would seek in others what was missing in their childhood. This was demonstrated in Jackie's report. She could not give her client what she needed and by her over-giving in the relationship it resulted in a negative therapeutic outcome.

Jane who reported to be insecurely attached also recalled a similar experience. She recalled a case where the impact of a client's attachment style resulted in a negative therapeutic outcome. However Marie, who also reported to be insecurely attached, recalled that a client's attachment had triggered her own attachment style in the therapeutic space. However she did not report it affecting the therapeutic alliance or outcome. She stated that clients with a disorganised insecure attachment have triggered her attachment style. She reported that while she felt frustrated, she was aware of that being present in the relationship. She also stated that she was learning from this in her supervision and dealing with her own emotions that were

triggered with such clients. Whilst Marie's experience differed from Mikulincer, Shaver and Berant (2013) view on insecurely attached therapists, Jane's experience reflected their findings. They suggested that a therapist's insecure attachment negatively impacted the therapeutic alliance. This was true in Jane's case, however, Marie did not report that her attachment style or her client's attachment style had negatively impacted the therapeutic alliance.

Lisa who reported to be securely attached also stated that she has been impacted by a client's attachment style in her client work. She reported that it had not negatively impacted the therapeutic alliance or outcome. She viewed the impact of a client's attachment style as an indication of their attachment issues. She then used this to guide her in her work and building a relationship with her clients. This again reflected Wallin (2007) and his view on providing a client with a secure base. He suggested that it allows for a healing psychotherapeutic relationship. Maeve reported to be securely attached was the only participant who did not report her client's attachment style impacting her or affecting the therapeutic relationship. Both Lisa and Maeve's experiences coincided with Mikulincer, Shaver and Berant (2013). They stated that the stronger the alliance between client and therapist there was a stronger chance of a successful therapeutic outcome. They also stated that such security provided a secure base for the client which contributed to a successful therapeutic outcome.

Essentially Black, Hardy, Turpin and Parry (2005) and Mikulincer, Shaver and Berant (2013) findings reflected what was found from the results of the research interviews. The majority of the participants, both securely and insecurely attached, reported that their attachment style and their client's attachment style had both a positive and negative effect on the therapeutic relationship. Therefore these findings show that both the client and therapist attachment styles influence the development of the therapeutic alliance and outcome.

Therapist's Attachment Style and its Impact on the Therapeutic Alliance and Outcome.

All the participants stated that at some point their attachment style had impacted the therapeutic alliance and outcome. This related to Maramosh (2015) view that the therapist's early experiences and relationships can also influence how they related to others including clients.

Mikulincer, Shaver and Berant (2013) stated that from their research that insecurely attached therapists had difficulty empathising with their clients. They found that the therapists own discomfort and defences hindered the therapeutic relationship. Marie and Jane who both reported to have an insecure attachment reported that their attachment style had negatively impacted the therapeutic alliance and outcome. Marie recalled an experience where she had to refer a client to another therapist as a result of her attachment style being activated. She reported that the therapeutic alliance was difficult and that the client triggered an emotional distressing place for her. In the end she said that she was unable to continue with that client, she had to refer her on. Therefore this in turn negatively impacted the therapeutic outcome. Jane also recalled that she became too '*enmeshed with a (particular) client*', when she attempted to pull back from her client it ruptured the relationship, meaning both the alliance and outcome. However she did state that this was not her experience in every therapeutic relationship, however the experiences she recalled more readily were the cases that therapy had ended.

Both Marie and Jane's experience are consistent with findings made by Black, Hardy, Turpin and Parry (2005). They stated that their research showed insecurely attached therapists had more problems in therapy. They reported that therapist's attachment and also their orientation affected the alliance and reported problems. Mikulincer, Shaver and Berant (2013) also reported that insecure therapists had significant difficulty creating and forming strong alliances, therefore this prevented therapeutic change for their clients.

Mikulincer, Shaver and Berant (2013) stated that secure therapists developed strong alliances without any difficulty. Ackerman and Hilsenroth (2003) also believed that a therapist's ability to be warm, open, flexible, honest, trustworthy and respectful enhanced the therapeutic alliance. Jackie, Lisa and Maeve reported to be securely attached. These participants also reported that their attachment style had impacted the therapeutic alliance and outcome. Jackie recalled an experience inconsistent with these findings. She described a client she had struggled with. This negatively affected the alliance which in turn negatively affected the outcome. However she did report that in other cases her secure attachment had created a positive alliance and outcome with clients. Essentially she recalled that at different times it had a negative and positive affect on the therapeutic relationship.

Lisa reported that her attachment style had a positive effect on the therapeutic alliance and outcome. However she stated that clients who were of the same age as her children have triggered her emotionally, yet she would be aware of this trigger and was very aware to mind herself in that situation. She reported that she hoped her secure attachment style impacted her clients and this therefore having a positive therapeutic outcome.

Maeve similarly reported that she thought that her attachment style has impacted the therapeutic alliance and outcome. She stated that she would describe herself as '*warm and engaging*'. She said that some clients may not feel comfortable with this type of engagement having never experienced it in a relationship before. She reported that this resulted in the client leaving and not returning to therapy. She recalled that in her experience that difficulty in the therapeutic alliance had impacted the therapeutic outcome.

Black, Hardy, Turpin and Parry (2005) stated securely attached therapists reported having better therapeutic alliances with their clients. This reflected what Lisa had reported. It also echoed what Jackie had stated, however she did report that her attachment style had also

negatively impacted the therapeutic relationship. However, Maeve did not reflect Black, Hardy, Turpin and Parry (2005) findings in her experience. She reported that in her experience clients who had a difficulty with her being warm and engaging did not return to therapy. She also stated that the therapeutic alliance almost certainly determined the therapeutic outcome, and in her case she stated that a client's reaction to her secure attachment led to a negative therapeutic outcome. Both experiences reported by Jackie and Maeve did also not reflect the findings from research carried out by Mikulincer, Shaver and Berant (2013). They suggested that secure therapists created a positive working alliance even when the work can become difficult.

The findings discovered in this theme showed Marie and Jane, who had reported to be insecurely attached, recalled that their attachment style had impacted the therapeutic alliance and outcome. They also recalled it as having a negative effect on the alliance and outcome. The participants who reported to be securely attached had all recalled their attachment style as impacting the alliance and outcome, but their individual experiences differed. Jackie recalled her attachment style negatively impacting the therapeutic alliance and outcome, however she also stated that it in other cases it had a positive impact on the therapeutic relationship. Lisa reported that her secure attachment had a positive impact on the alliance and outcome and that she only recalled positive experiences from the activation of her attachment style in the therapeutic relationship. The final securely attached participant Maeve, as outlined recalled that it had at some point in her client work negatively impacted the alliance and outcome.

These findings did not reflect Dinger and Strack (2009) findings. They determined that therapist attachment styles, both secure and insecure, did not negatively influence the therapeutic alliance. Similarly Ligiero and Gelso (2002) found that therapist attachment styles impacted their personal relationships but not the relationship formed with their clients. The

results from the research interviews showed that both insecure and secure therapist's attachment styles had impacted the therapeutic alliance and outcome both positively and negatively. However, this coincided with Orlinsky and Howard (1986). They proposed that not only was a client's personal history brought into the therapeutic space, but also that of the therapist. Therefore, from this conclusion they determined that such a dynamic can influence the interaction in the therapeutic relationship.

Summary

This chapter focused on the results from the research interviews and the themes that emerged. It was then compared with the findings of the literature review.

The first theme, relevance of attachment theory in counselling and psychotherapy, showed that the majority of the participants except for one agreed that it was relevant and useful in their psychotherapeutic work. This was consistent with the literature and findings from the literature review.

The second theme, activation of therapist's attachment style in the therapeutic relationship, reported that four out of the five participants reported that their attachment style had been activated. This had both a positive and negative impact on the therapeutic relationship. This was inconsistent with the results found by Ligiero and Gelso (2002). Their study determined that therapists who were both securely and insecurely attached reported no activation of their attachment style in the therapeutic relationship.

The third theme, the impact of both therapist and client's attachment styles on the therapeutic relationship, found that four of the five the participants reported that a client's attachment style had impacted them in turn affecting the therapeutic relationship both negatively and positively. This was consistent with Black, Hardy, Turpin and Parry (2005) who stated that the client and therapist's attachment style is inclined to impact the development of their

relationship. It also coincided with Mikulincer, Shaver and Berant (2013) findings. They also claimed that therapist attachment styles interacted with client's attachment styles. Therefore this shaped the therapeutic process. Essentially the literature reviewed reflected the findings found from the research interviews conducted.

The fourth theme, therapist attachment styles and its impact on the therapeutic alliance and outcome, showed that all participants agreed that their attachment style, both securely and insecurely attached, had either positively or negatively impacted the therapeutic alliance and outcome at some point in their work. This report also reflected findings from Black, Hardy, Turpin and Parry (2005). They determined that insecurely attached therapists have significantly more problems in therapy and that therapist's attachment affects the alliance. This also reflected Mikulincer, Shaver and Berant (2013) findings that insecure therapists have great difficulty creating and forming strong alliances. However research conducted by Dinger and Strack (2009) determined that therapist attachment styles, both secure and insecure, did not negatively influence the therapeutic alliance and was not consistent from the findings in this present study. Also Ligiero and Gelso (2002) claimed that therapist attachment styles had not impacted the relationship formed with their clients, this was also found to be inconsistent to the findings that were discovered in this study.

Chapter 6: Conclusion

This present study has provided an insight and a deeper understanding into the impact of therapist attachment styles on the therapeutic alliance and outcome. Other studies carried out on therapist attachment styles have included another theme. For example, Black, Hardy, Turpin and Parry (2005) conducted a study on attachment style and orientation in relation to alliance quality and problems in therapy. Dinger and Strack (2009) research focused on how patient's interpersonal problems affect and influence alliance development along with therapist's attachment style. Ligiero and Gelso (2002) conducted a study that examined therapist's attachment styles, countertransference behaviours and the working alliance. However, this present study was unique as unlike other studies conducted it focused solely on therapist attachment styles and if it impacted the therapeutic alliance and outcome.

A number of key findings were highlighted from this report. The first finding, consistent with literature, showed that attachment theory was useful and relevant in the field of psychotherapy. The majority of the participants in this study reported that they used it as a guide and they actively applied it in their work with clients. This information acted as indication as to how a client interacted in the therapeutic relationship. The most significant finding of this report established that therapist attachment styles have impacted the therapeutic alliance and outcome, both positively and negatively. Therefore this would indicate that therapist attachment styles, whether insecure or secure, contribute significantly in shaping the therapeutic alliance and outcome. This present study also found that it was not just insecurely attached therapists who had difficulties with the therapeutic alliance and outcome. Both insecure and secure therapists reported having difficulties with the alliance and outcome at some point their psychotherapeutic work. This differed from the findings in studies conducted and outlined in the literature review. Another finding established that

activation of the therapists own attachment styles and client attachment styles had also influenced and shaped the therapeutic alliance and outcome both positively and negatively.

Limitations

The main limitation of this present study was finding psychotherapists who had knowledge of attachment theory and used this in their psychotherapeutic work. Whilst all participants had acknowledged its relevance in psychotherapy, two participants did not focus solely on attachment theory and used different styles of therapy which did not incorporate attachment in their work with clients. Therapist's knowledge of their own attachment style also proved to be a limitation. The report was based on therapists self-reported attachment style. The researcher discovered that the therapists who did not use attachment in their client work struggled to identify their attachment style accurately.

Further Research

The findings demonstrated the importance of attachment theory and therapist attachment styles in terms of the development of the psychotherapeutic relationship. Whilst other research has been conducted in this area, there has not been research carried out that focuses only on therapist attachment styles and its impact on the therapeutic alliance and outcome. It might be useful to explore and investigate this area further as there is relatively little research that has been carried out on this topic. In addition it might be useful to explore in further detail the interaction and connection of therapist and client attachment styles and its impact on the therapeutic relationship.

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Appendix 1: Interview Outline

Q.1 Do you find attachment theory useful in your psychotherapeutic work?

Q.2 How would you define your attachment style?

Q.3 In your experience has your attachment style ever been activated when working clients?

Q. 4 In your experience has both your attachment style and a client's attachment style ever impacted the therapeutic relationship?

Q.5 In your experience has your attachment style ever impacted the quality of the therapeutic alliance?

Q.6 In your experience has your attachment style ever impacted the therapeutic outcome?

Q.7 How would you describe your social network outside of the therapeutic space?

Appendix 2: Consent Form

INFORMATION FORM

My name is Hannah Gallagher and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with exploring the attachment style of therapists and if it impacts the therapeutic alliance and outcome.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, as you are an experienced psychotherapist. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than thirty minutes to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw within one week of the interview.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research within one week of the interview without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature _____

Date / /