DUBLIN BUSINESS SCHOOL

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AN INVESTIGATION TO STUDY IF PSYCHOTHERAPISTS ARE MORE SECURELY ATTACHED THAN THE GENERAL POPULATION

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE

REQUIREMENTS OF THE BA COUNSELLING AND PSYCHOTHERAPY

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Abstract:

Attachment theory (Bowlby, 1988) holds that the relationship between the child and the primary caregiver strongly influenced the development of the child's ―internal working models".   As the child develops through adolescence and adulthood, these models are the guide for expectations, perceptions and behaviour in all close relationships.   As the individual follows their learned pattern of behaviour, they evoke reciprocal or complementary responses, as a result, an individual's close relationships tend to follow a pattern and the individual is said to have an attachment style.   Studies show that there are three major styles of attachment, secure, avoidant and anxious / ambivalent (Ainsworth, 1989).   While attachment styles are relatively stable, significant events or relationships can influence a change in attachment style.   Attachment theory proposes that such change is the goal in psychotherapy.   This goal can be accomplished if a strong therapeutic alliance is created between the psychotherapist and the client.   In this relationship, the client experiences a close relationship that does not follow previous patterns, as the psychotherapist does not follow the pattern by responding to the client's attachment style and behaviour.   The client experiences the psychotherapist as consistency, reliability and responsive – the psychotherapist becomes a secure base for the client.   In order to provide this experience for a client, attachment theorists propose that it is beneficial for the psychotherapist to be securely attached.   However, while several studies have examined the influence of the client's attachment style on the outcome of the treatment, very few studies have focused on the attachment style of the psychotherapist.   The objective of this research was to investigate if psychotherapists are more securely attached than the general population.   113 participants took part in this study, 36 were psychotherapists and 77 were members of the general population.   Participants completed the Adult Attachment Scale (Collins & Read, 1990) which measured the attachment style in terms of three types, namely Secure, Avoidant and Anxious.   Results show the psychotherapists were significantly more likely to have a predominantly secure attachment style than general population.

Bowlby: The father of attachment theory

Before Bowlby (1971, 1975, 1981) put forward his attachment theory, it was commonly accepted that a child developed a bond with the mother because she fed him. It was assumed that there were two drives; food was the primary drive and the relationship to the mother was secondary. If this theory was accurate, an infant would take readily to anyone who feeds him, but this is not the case. Melanie Klein (Segal, 2004) suggested an alternative theory, she suggested that the mother's breast was the first object, emphasis was placed on food and orality and the infantile nature of dependency. Bowlby did not believe that any of the prevailing theories matched his experience of children. He was influenced by Lorenzo's (Sluckin, 2006) work with the responses of ducklings, these young birds are not fed by their parents; they feed themselves by catching insects. This behaviour demonstrated that in some animal species a strong bond to an individual mother-figure could develop without the intermediary of food. Bowlby felt that these bonds could shed some light the interaction between human infants and their caregivers.

At the foundation of attachment theory is the assumption that due to extreme vulnerability at birth, babies can only survive if an adult is willing to provide care and protection. As a result of selection pressures, infants develop behaviours that function to maintain proximity to a caregiver. A complementary behavioural system regulates the adult's caregiving. When babies smile, the caregiver is rewarded. When the baby cries, the caregiver is motivated to comfort them. If the caregiver moves away, the infant follows visually or physically. These two sets of behaviours create a relationship that fosters the baby's survival (Gerhardt, 2004).

Children can direct their behaviour to any available person, but by the sixth or seventh month of life most infants direct these behaviours to one selected person. The selection is made based on the person who is most responsive to their signals of distress. The child seeks proximity with this person and when they are separated the child becomes distressed. The infant turns to this caregiver as a safe haven for comfort and reassurance during times of distress. The caregiver also serves as a secure base from which the infant can explore. Bowlby recognised these behaviours as the essential features of attachment and the functions of

an attachment relationship. He defined the behaviours: Proximity maintenance is a desire to be physically close to the primary caregiver; Safe Haven is the comfort and security provided by the attachment figure that can be retreated to when feeling fear or sensing danger; Secure Base is when the attachment figure acts as a base of security from which the child can explore the surrounding environment.

Bowlby made three main assertions. One: the bond between child and caregiver can be understood from an evolutionary perspective. The bond can be seen as an adaptive strategy because it provides protection for the child from a dangerous environment or lurking predators. In the theory of evolution, where the strongest and smartest survive, the children who did not avail of the protection were less likely to survive. Second: attachment is grounded in a motivational control system, which governs the child's behaviour. The child's main goal is to feel safe and secure, but these feelings are dependent on the responses from the attachment figure. The child will not rely on the adult if they receive unkind and insensitive responses, because the child will not be confident that their needs will be met. Third: future relationships and behaviours will be influenced by the child's early experiences of relationships. Through experience, the child develops beliefs and expectations about whether the caregiver is caring and responsive, and also whether the self is worthy of care and attention. These beliefs and expectations develop into ―internal working models", which become the guide for expectations, perceptions and behaviour in all new relationships. Bowlby proposed that the nature of the early relationship becomes a model for later relationships, leading to expectations and beliefs about one-self and others that influence social competence and well-being throughout life (Westen & Gabbard, 2002).

Bowlby (1969, 1973) emphasised the term ―working" model because in early childhood internal representations can be revised as new experiences and new attachments are encountered. However, as the child grows older their working models become increasingly resistant to change, because the new information that does not fit into the existing working model is difficult to process and tends to be defensively ignored or excluded (Bretherton, 1985).

Ainsworth: Styles of attachment

Mary Ainsworth (1978) expanded on Bowlby's theories and her innovative experiments made it possible to test some of his theories. Her most famous experiment was the ―Strange Situation‖ study. The study was conducted by observing the behaviour of the caregiver and the infant in a series of seven 3-minute episodes. As Ainsworth observed the infant's behaviour she paid particular attention to separation anxiety, stranger anxiety and the reaction when the parent returned. Ainsworth proposed that there were three major styles of attachment: secure attachment, avoidant attachment and anxious / ambivalent attachment. Later researchers Main and Solomon (1986) added a fourth attachment style known as disorganized-insecure attachment.

Ainsworth found that children who exhibit the characteristics of secure attachment are able to be separated from their caregiver without experiencing significant sign of distress. These children will seek comfort from the caregiver when feeling threatened in any way. When the parents return they are greeted with positive emotions. Also, although the children are comfortable when the caregiver is absent, they prefer to be with the caregiver than with strangers. Children who exhibit the characteristics of anxious / ambivalent attachment are nervous and wary of strangers. They demonstrate signs of anxiety when the caregiver is absent but they do not demonstrate positive emotions upon the return and do not seem comforted by their return. Children who exhibit the characteristics of avoidant attachment actually avoid the caregivers, especially after a time of absence. These children may not actively reject attention but they do not actively seek comfort or contact when distressed. Children with an avoidant attachment show little preference between a caregiver and a stranger.

Main: Attachment patterns continue into adulthood

Freud (1914) drew our attention to the compulsion to repeat and Bowlby (1988) observed the self-perpetuating quality of internal working models but there was no empirical proof of these theories. Mary Main (2000) conducted a longitudinal study of attachment that followed infants as they developed through childhood, adolescence and beyond. This study provided evidence to support the theoretical

assertions that first relationship experiences dictate one's attachment style and form the basis for one's internal working model become rules to live by (Wallin, 2007).

In order to conduct this study, Main (Main, Kaplan & Cassidy, 1985) devised a loosely structured protocol, called the Adult Attachment Interview (AAI). The respondents were asked to recollect and reflect on the history of their relationships with their parents. The AAI questions were designed to "surprise the unconscious" and "prime" the attachment system (Main, 1995, p 436 - 437).

Attachment styles defined:

The childhood attachment characteristics described by Ainsworth were later developed by Havan & Shaver (1987) into three statements to develop a self-reporting measure of adult attachment style. Respondents are asked to selecting the description that best characterise their feelings and behaviours from the following three statements (Mikulincer & Shaver, 2010):

Secure: I find it relatively easy to get close to others and am comfortable depending on them, and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.

Avoidant: I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, and difficult to allow myself to depend on them. I am nervous when anyone gets too close, and others often want me to be more intimate than I feel comfortable being.

Anxious: I find that others are reluctant to get as close as I would like. I often worry that my partner does not really love me or will not want to stay with me. I want to get very close to my partner and this sometimes scares people away.

Adult attachment styles describe people's comfort and confidence in close relationships, their fear of rejection and yearning for intimacy, and their preference for self-sufficiency or interpersonal distance (Cassidy & Shaver, 1999).

Attachment styles are governed by internal working models

The attachment style that was developed as a child is carried forward into adulthood and has a major influence on adult close relationships (Hazan & Shaver, 1994; Mikulincer & Shaver, 2010; Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993; Kobak & Sceery, 1988). The behaviour demonstrated in these relationships is governed by the internal working models which exist and operate largely at an automatic, preconscious level (Main, Kaplan & Cassidy, 1985). The internal working models have stored and organised memories of past experiences, so the ingrained patterns from childhood may be repeated in any close or intimate relationship that provokes feelings of love, security, or comfort. These relationships include friendship, romantic partnership, or the therapeutic alliance (Ainsworth, 1989; Skourteli & Lennie, 2011). The attachment behaviours are repeated in each relationship that is encountered, and those behaviours evoke familiar responses, responses that are similar to those that the child experienced from their caregiver. As a result the attachment styles are reinforces with each new relationship (Holmes, 2001).

In a study investigating romantic love as an attachment process, Hazan and Shaver (1987) measured the adult attachment styles of 620 participants. They found that 56% classified themselves as secure, 25% as avoidant and 19% as anxious / ambivalent. These results are similar to the proportions found in studies of infants when Campos, Barrett, Lamb, Goldsmith & Stenberg (1983) found that 62% of the infants studied were secure, 23% avoidant and 15% anxious / ambivalent. The similarities of the proportions lend weight to the theory that attachment style is relatively stable throughout one's life time.

Attachment Styles are relatively stable, but can be subject to change

While Bowlby (1981) believed that attachment styles demonstrate significant stability over time, he also held that attachment styles are also open to modification under certain circumstances. Significant romantic relationships, transitions in life such as becoming a parent, engaging in psychotherapy or any significant relationship that does not follow pre-existing patterns may result in a change in attachment style (Bowlby, 1988; Ricks, 1985). The change occurs specifically because the relationship does not

follow pre-existing patterns and this provides an opportunity for the individual to reframe past attachment experiences (Allen & Hauser, 1996; Ryan & Deci, 2000). Attachment theorists believe that the psychotherapist has an active rather than a passive role in eliciting the change (Bowlby, 1988; Strupp & Binder, 1984).

The Therapeutic Relationship resembles the child / caregiver relationship

The attachment patterns from childhood are repeated in close relationships, and the therapeutic relationship is no exception. The role for the psychotherapist is very similar to the concept of the primary caregiver providing a secure base for the child, facilitating healthy attachment. The relationship between the client and the psychotherapist can be examined as an example of attachment because like the parent-child relationship it will exhibit the same characteristics: Proximity Maintenance - the client will seek the psychotherapist to discuss problems and the psychotherapist is emotionally available; Separation Distress - the client will experience some degree of distress when needing the psychotherapist, if the psychotherapist is not available; Safe Haven - the client will seek the psychotherapist when needing help in resolving distress, the psychotherapist provides a comforting presence and the potential for emotion regulation; and Secure Base - the client will use the psychotherapist as a secure base to for safe exploration of difficult psychological issues (Bowlby, 1988).

What happens in therapy?

In therapy, sooner or later, as with all close relationships, the ingrained patterns or attachment behaviour will be repeated. The client recreates and relives the experiences of early childhood attachment that helped mould their internal working models (Jones, 1983). As the re-enactment occurs, the psychotherapist has an opportunity to respond in a different manner to previous interactions by being an empathic and emotionally available attachment figure. The client can become aware of their internal working model and this allows the psychotherapist and client to explore their relationship and the client's relationships outside therapy (Sperling & Lyons, 1994). If a good working alliance is formed, a secure

attachment relationship is created with the psychotherapist, and this contributes to a corrective emotional experience for the client (Jones, 1983; Mallinckrodt, 2000; Slade 2008).

The working alliance is the critical component

Freud (1913) created the concept of a therapeutic working alliance. He proposed that the working alliance consisted of the positive transference from the patient towards the psychotherapist. Since then, the therapeutic alliance has developed into one of the most important variables in the understanding of the psychotherapeutic process and outcome (Ackerman & Hilsenroth, 2001). Bordin (1979) referred to the therapeutic relationship as a working alliance. He proposed that, ―the working alliance between the person who seeks change and the one who offers to be a change agent is one of the keys, if not the key, to the change process" (Bordin, 1979, p. 252). Holmes (2001, p46) asked the question, ―What is the therapeutic alliance if it is not an attachment bond?" Bordin held that when psychotherapy is successful the psychotherapist and client work together to create a secure base, and from there they explore the client's problems and potential solutions. Bordin's (1979) research showed that the strength of relationship between the client and psychotherapist has more influence on the effectiveness of the therapy than the model of therapy. This finding corroborated other research demonstrating that a working alliance is necessary for a successful outcome regardless of the theoretical approach or the presenting problem (Kokotovic & Tracey, 1990; Bachelor, 1991; Horvath & Symonds, 1991).

Dunkle and Friedlander (1996) conducted a study to investigate the contribution of the therapist's experience and personal characteristics to the working alliance. They measured the therapist's ability to develop close relationships with the Adult Attachment Survey (Collins and Read, 1990) and they asked the client rate the quality of the working alliance. As they predicted, they found that clients whose therapists reported greater comfort with closeness were more likely to report a strong emotional bond early in treatment. They also hypothesised that the therapist's experience would have a positive influence on the quality of the working alliance, as reported by the clients, but they found no correlation.

Holmes (2001) holds that the creation of a working alliance is vital in order for the client to feel committed to the therapy and trust that the therapist can help. He continued, ―Without the alliance there can be no secure base, and without the secure base there will be no exploration" (Holmes, 2001, p 17).

Psychotherapists must adapt to each attachment style

Psychotherapists aim to create an environment which represents some of the features of a secure base in their working alliance with clients: consistency, reliability, responsiveness, non-possessive warmth, firm boundaries. The goal is that this environment becomes internalised as a place where the client can turn when troubled, a place that can be a resource for the client when the therapy ends (Holmes, 2001).

Most clients do not fit tidily into categories, and many demonstrate different attachment relationships because of the influence of multiple caregivers, i.e. mother, father, grandparents (Holmes, 2001). Psychotherapists must respond flexibly to the client's attachment styles, changing interventions on a moment-to-moment basis to accommodate emerging clinical needs (cf. Stiles, Honos-Webb, & Surko, 1998). Securely attached patients might engage productively in most therapy settings, whereas those with avoidant or anxious / ambivalent attachment styles may require concentrated or targeted interventions, helping them overcome their characteristic issues (Fonagy et al., 1996). Some generalisations can be made about how psychotherapists must adapt:

Avoidant:

Generally, individuals with an avoidant attachment style stay close to a protective other, but they are cautious not to be too close because they have experienced aggression or rejection. As a result, intimacy is sacrificed, and emotion is deactivated (Mallinckrodt, 2000). The task for psychotherapists, working with clients who have predominately avoidant attachment style, is to help them get in touch with their emotions. They need help searching their history for less black-and-white accounts of their lives. The psychotherapist must be empathetic and be particularly alert to the client's expectations of rejection or aggression (Holmes, 2001).

Anxious / Ambivalent:

Generally, individuals with an anxious / ambivalent attachment style have been subjected to inconsistent responses when distressed, and so they overly emotionally cling to the protective other even when no danger is present (Mallinckrodt, 2000). The task for psychotherapists, working with clients who have predominately anxious / ambivalent attachment style, is to help them achieve some relief or distance from their emotions. The psychotherapist should be aware not to be pulled into a role of unreliability that the client has experienced from their caregiver. The psychotherapist should establish firm boundaries and structures (Holmes, 2001).

Secure:

Generally, individuals with a secure attachment style have positive working models of the self and others. They tend to perceive their psychotherapists as emotionally responsive (Mallinchrodt, 2000). A securely attached individual may be able to work productively to explore their emotional experience without having the psychotherapist customising interventions, and they have the capacity to seek support from others when it is needed (Hesse, 1999).

In close relationships, individuals who are securely attached have the ability to maintain balance when presented with the emotion that is characteristic of anxious / ambivalent attachment behaviour. Similarly, the securely attached individual has the ability to maintain balance when they experience the disconnectness of avoidant attachment.

In order to respond flexibly and to change interventions accommodate the client's attachment styles, Holmes (2001) believes that the psychotherapist should be securely attached. He wrote, "Secure therapists counterbalance clients' attachment patterns, insecure therapists reinforce them" (Holmes, 2001, p147).

"The relationship is the therapy" (Kahn, 1991, p1)

Many researchers and theorists have pointed out common factors needed for a successful outcome in treatment. Their findings converge to present highlight the importance of the relationship. While the authors may not specifically use the term ―secure attachment‖ the relationship they outline can be described as secure attachment.

Frank (1973) listed four features shared by all psychotherapies,

1. The client has confidence in the psychotherapist's ability and willingness to help

2. Psychotherapy occurs in a place of healing

3. All psychotherapies have an explanatory rationale

4. All psychotherapies have a task or procedure

The client must feel that the psychotherapist is genuine and cares about the client. The place of therapy becomes a place of refuge for the client. The rationale behind the psychotherapist's particular school of therapy helps the psychotherapist to accept the client's behaviour because it helps them understand that their current behaviour and situation is only part of the whole person. The tasks or procedures keep the psychotherapist and client together until an attachment relationship develops.

Rogers (1957) in his classic work ―The Necessary and Sufficient Conditions of Therapeutic Personality Change,‖ proposed that change is possible in psychotherapy if the following six factors are present:

1. Psychological contact exists between the client and therapist

2. The client is in a state of ―incongruence‖ (i.e., is vulnerable or anxious)

3. The therapist appears as a congruent, integrated, and genuine person

4. The therapist has unconditional positive regard for the client

5. The therapist has an empathic understanding of the client's internal frame of reference

6. The therapist is able to communicate their empathic understanding and unconditional positive regard to the client, and the client perceives the therapist's acceptance and empathy

Strupp (1974) elaborated on Roger's six conditions by emphasising the importance of ‑knowing when and how to communicate interest, respect, understanding, empathy, etc., and, perhaps even more important, when not to" (p. 251).

The psychotherapist should be securely attached

Bowlby (1988) said that the psychotherapist's role is to provide an example of a relationship that is contrary to the client's repetitive problematic working models of relationships. To accomplish this, the psychotherapist creates a secure base by being available and appropriately responsive, creating a relationship where the client feels soothed and safe. The psychotherapist should provide a holding environment (Winnicott, 1991) for the client. This task is a challenge because the client has a strong repetitive impulse to respond in ways that confirm their existing internal working models. If the psychotherapist's task is to provide a secure base for the client, this task would be considerable easier to accomplish is the psychotherapist is themselves securely attached (Cue & Barrett, 1994).

Goodman (2002) holds that psychotherapists should be sufficiently secure and flexible in their own attachment style so that they can challenge whatever style a client presents by adopting a non-complementary style to provide a corrective emotional experience for the client.

If the therapeutic relationship contains the qualities of a secure attachment relationship and the psychotherapist acts as an attachment figure for the client, research shows that therapy can facilitate client's deconstruction and reappraisal of their working models. The result is that client's attachment style becomes more secure (Mallinckrodt, 2000).

Studies that focus on attachment in the therapeutic space

Early studies focused primarily on attachment during childhood (e.g., Ainsworth, Blehar, Waters, & Wall, 1978), then subsequent research focused on adult attachment, especially in the area of romantic relationships (e.g., Hazan & Shaver, 1987, 1994; Simpson & Rholes, 1998). The next development in

research was to focus on attachment theory's implications for psychotherapy and the relationship in psychotherapy (e.g., Mace & Margison, 1997; Strauss, 2000).

There are many studies that examine attachment in the therapeutic space:

Several studies examine the influence of the client's attachment style on the outcome of the treatment (e.g. Fonagy et al, 1996, Meyer & Pilkonis 2001).   While is difficult to compare results from these type of studies because they all use different measurements and different treatments or focus on very different demographic groups of clients, the general conclusion from these studies is that securely attached clients benefited most from the treatment.

Several studies examine the client's attachment style and its influence on the therapeutic alliance (Mallinckrodt, Gantt & Coble, 1995, Kanninen, Salo & Punamaki, 2000, Eames & Roth, 2000, Satterfield & Lyddon, 1995). Similarly, while it is difficult to compare the findings due to different variables, the general conclusion from these studies is that more securely attached clients form stronger, relatively stable and effective alliances throughout the duration of the treatment, while those less securely attached had weaker, erratic or problematic alliances. In some cases the alliances involving insecurely attached clients gained strength over time, but often the alliances deteriorated again as the end of therapy approached.

It is important to acknowledge that there are two people present in psychotherapy. The psychotherapist and the client bring their respective attachment styles and internal working models into the therapeutic space. The psychotherapist's own experiences and areas of unresolved conflict may influence the therapeutic relationship in ways equally significant to those of clients (Maroda, 2010; Meszaros, 2004). Surprisingly however, there have been relatively few studies that have focused on the influence of the psychotherapist's attachment on the treatment process and outcome.

In a study investigating the importance of attachment states of mind while treating patients with serious psychiatric disorder, researchers found that most patients were rated as insecurely attached whereas most

case managers were rated as securely attached. The study found that there was a correlation between the strength of working alliance and the attachment states of mind of the clients and case managers (Tyrell, Dozier, Teague, & Fallot, 1999).

While studying the role of therapist and patient attachment styles in potential alliance ruptures the researchers found that therapists with secure attachment may handle ruptures in the relationship with patients more easily, whereas those with anxious or avoidant attachment, due to their characteristic fear of rejection, may have difficulties in this regard (Rubino, Barker, Roth, & Fearon, 2000).

Summary:

The literature reviewed clearly indicates that in order for the client to have a transformational experience in psychotherapy, it is necessary for them to have a new experience in a close attachment relationship. The literature highlights the importance of the therapeutic relationship or working alliance. The literature also says that it is vital for the client to experience the psychotherapist as consistent, reliable and responsive and to experience the therapeutic relationship as a secure base. In order for the psychotherapist to accomplish the tasks necessary for a positive outcome and to respond appropriately to the client's attachment behaviour, the literature reviewed proposes that it would be beneficial for the psychotherapist to be securely attached.

If the theory is correct, one would assume that psychotherapists are more securely attached than the general public, the objective of this study was to investigate if that assumption is correct.

Methodology:

The objective of this research was to investigate if psychotherapists are more securely attached than the general population.

Participants:

113 participants took part in this study, 36 were psychotherapists and 77 were members of the general population. Participants were asked to identify their gender and age group.

Psychotherapists were telephoned and asked to participate in the study. They were sourced from IACP webpage directory from Co. Kildare and Co. Laois ((http://www.irish-counselling.ie). The psychotherapists were survey first to allow an attempt to match the demographic groups to minimise any bias resulting from gender or age. The general population were sourced by using the author's social network, selecting candidates to approximate the demographics of the psychotherapists. In order to get a cross-section of the general population, participants were encouraged to invite participation from their social network, this resulted in snowballing.

The survey was completed online, using the Survey Monkey (http://www.surveymonkey.net) webpage. A link was sent to each participant and this service provides complete anonymity and confidentiality.

Adult Attachment Scale

Participants completed the Adult Attachment Scale (Collins & Read, 1990) which measures the extent to which one feels secure, avoidant, and anxious / ambivalent in close relationships.

Following observations of infants and caregivers in the ―Strange Situation‖ experiment Ainsworth (1978) identified and described three distinct patterns or attachment styles: secure, anxious/avoidant, and anxious / ambivalent. Hazan and Shaver (1987) began by translating these descriptions into terms appropriate for adult relationships, resulting in the three attachment descriptions below:

Secure: I find it relatively easy to get close to others and am comfortable depending on them, and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me.

Avoidant: I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, and difficult to allow myself to depend on them. I am nervous when anyone gets too close, and others often want me to be more intimate than I feel comfortable being.

Anxious: I find that others are reluctant to get as close as I would like. I often worry that my partner does not really love me or will not want to stay with me. I want to get very close to my partner and this sometimes scares people away.

_____

In its original form, participants were asked to read the statements and identify which one best described them in close relationships. Collins & Read (1990) improved on the precision of Hazan and Shaver's (1987) measure by deconstructing these three statements into 18 individual statements. This survey is known as the Adult Attachments Survey.

Adult Attachment Survey

1. I find it difficult to allow myself to depend on others. (Av)

2. I do not often worry about being abandoned (S)

3. I find it relatively easy to get close to others (S)

4. People are never there when you need them (Av)

5. I often worry that my partner does not really love me (Ax)

6. I do not often worry about someone getting too close to me (S)

7. I am comfortable depending on others (S)

8. I find others are reluctant to get as close as I would like (Ax)

9. I am somewhat uncomfortable being close to others (Av)

10. I know that others will be there when I need them (S)

11. I often worry that my partner will not want to stay with me (Ax)

12. I am nervous when anyone gets too close (Av)

13. I find it difficult to trust others completely (Av)

14. I want to merge completely with another person (Ax)

15. I am comfortable having others depend on me (S)

16. I am not sure that I can always depend on others to be there when I need them (Ax)

17. My desire to merge sometimes scares people away (Ax)

18. Often, love partners have wanted to be more intimate than I felt comfortable being (Av)

Each response was rated and scored on a seven item Likert scale, where 1 = strongly disagree and 7 = strongly agree.

Secure attachment style is measured by combining items 2, 3, 6, 7, 10 and 15

Avoidant attachment style is measured by combining 1, 4, 9, 12, 13, and 18

Anxious / ambivalent attachment style is measured by combining 5, 8, 11, 14, 16 and 17

The author considered using measurement tools instead of or in conjunction with the Adult Attachment scale.   The most extensive data measurement is the Main's Adult Attachment Interview (AAI) (George, Kaplan & Main, 1996). However, this option was dismissed for several reasons:

1. Extensive training and calibration is required to be used effectively and accurately use the Adult Attachment Interview.
2. Recent studies (Roisman et al., 2007) found that while self-reporting surveys and the Adult Attachment Interview use similar terminology in their classification systems, the data returned has little, if any correlation.
3. Ethical considerations – see below

There was a difference between the age grouping of the psychotherapist and the general population participants. However, a t-test was conducted to investigate if there was any correlation between age group and attachment style, and the results showed that there was no significant correlation.

Ethical Considerations

The survey was completed online using the Survey Monkey (http://www.surveymonkey.net) web page service which provides complete anonymity and confidentiality.

In order to get more in-depth research the author considered conducting interviews with representatives from both groups to gain additional insight into the results obtained. From an ethical perspective, there was a concern that the in-depth, uncovering psychological nature of the questions and topics being covered could leave participants from the general public in a vulnerable state with little support. As a result, interviews were not conducted.

Results:

The findings support the hypothesis being tested, that psychotherapists are more securely attached than the general population.

Table 1 shows the descriptive statistics for the 113 participants who took part in this study of whom 36 were psychotherapists and 77 members of the general population.

Table 1: Gender and Age of Participants

Characteristic	Psychotherapist		General Population	
	n	%	n	%
Gender				
Male	7	19.4	12	15.6
Female	29	80.6	65	84.4
Age				
20-29	1	2.8	3	3.9
30-39	3	8.3	19	24.7
40-49	10	27.8	20	26.0
50-59	15	41.7	29	37.7
60-69	6	16.7	5	6.5
70+	1	2.8	1	1.3

Participants completed the Adult Attachment Scale (ref) which measured the attachment style in terms of three types, namely Secure, Avoidant and Anxious. Participants were presented with 18 items and asked to rate on a likert scale between 1 and 7 (where 1 = strongly disagree and 7 = strongly agree). Results show the general population were more likely to have a predominantly avoidant or anxious attachment style than psychotherapists. In terms of Avoidant style the results show a significant difference between the general population (m = 19.52, sd = 6.24) and psychotherapists (m = 14.78, sd = 5.01), (t = -3.99, DF 111, p < 0.001). Results for the Anxious attachment style shows that the general population (m = 18.12, sd = 5.68) is significantly more likely to fall into this category than psychotherapists (m = 13.14, sd = 3.81), (t = 5.49, DF 111, p < 0.001). Finally in terms of a Secure attachment style psychotherapists (m = 31.56, sd = 4.27), were more likely than general population (m = 29.31, sd = 4.67) to be securely attached, (t = 2.44, DF 111, p < 0.02).

Table 2: Means and Standard Deviations for Attachment styles across psychotherapists and the general population.

	Range	Psychotherapists		General Population	
		m	sd	m	sd
Secure	7 - 42	31.56	4.27	29.31	4.67
Avoidant	7 - 42	14.78	5.01	19.52	6.24
Anxious	7 - 42	13.14	3.81	18.12	5.68

The attachment style distribution of the respondents is shown in Table 3 below:

Table 3:

	Psychotherapists	General Population
	%	%
Secure	94.4	83.1
Avoidant	5.6	10.4
Anxious / Ambivalent	0.0	3.9
No dominant style	0.0	2.6

A t-test was conducted to determine if there was a correlation between attachment style and the participant's age. No correlation was found. This was an important finding because it suggests that there is no distortion in the results due to the difference in the age distribution between the psychotherapist group and the general population group.

Dunkle & Friedlander (1996) had found that there was no correlation between attachment style and the number of years a therapist had been practicing. Of course, the number of years practicing psychotherapy does not equal age, but there is likely some correlation.

Graphs:

In the Adult Attachment Survey (Collins & Read, 1990) each of the 18 attachment statements corresponds to one of the three attachment styles: Secure, Avoidant, Anxious / Ambivalent.

Below are graphs showing the variances between the responses given by the general population and the psychotherapists. For comparison purposes, and in order to observe any trends, the graphs are grouped according to their attachment style, i.e. the first six graphs show the statements relating to Secure Attachment Style, the next six graphs statements relation to Avoidant Attachment Style and the final six graphs show the statements relating to Anxious / Ambivalent Attachment Style.

Secure:

In this series of graphs, one would expect to see that the psychotherapist group are more likely than the general population group to respond on the agree side of the continuum for the six statements measuring the Secure dimension.

I do not often worry about being abandoned
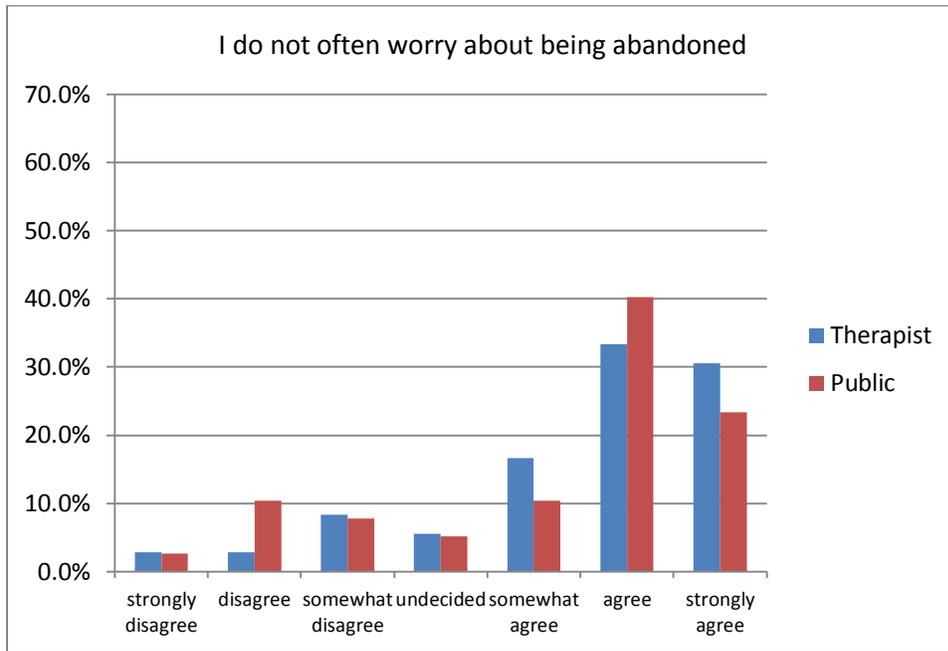
Adult Attachment Survey Statement 2

13.9% of the psychotherapists responded on the disagree side of the continuum, compared to 20.8% of the general public. 80.6% of psychotherapists responded on the agree side of the continuum, compared to 74% of the general public. The mean for the psychotherapist group was 5.59 vs. 5.25 for the general public (range = 7).
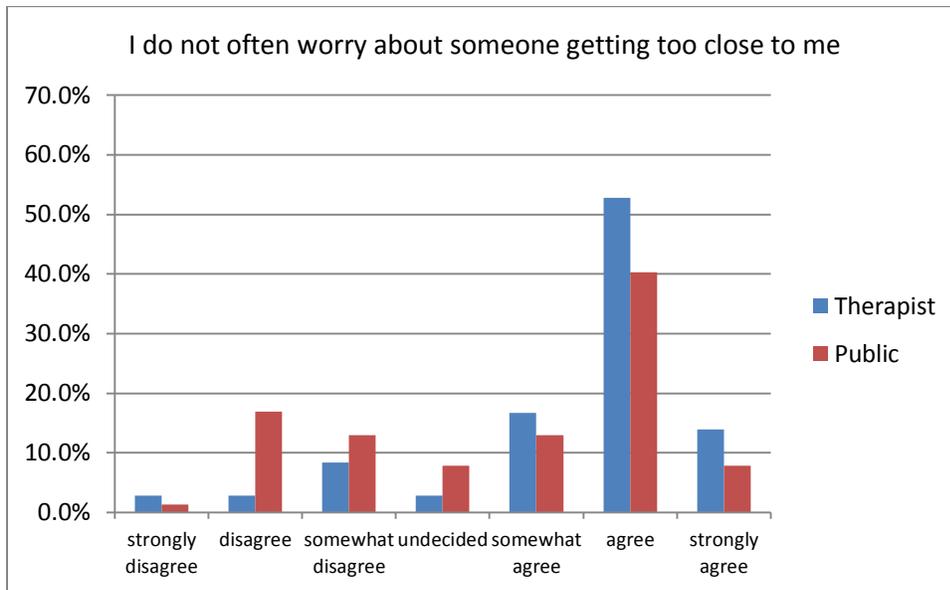
Broadly, the responses to this statement are similar for the two groups – both groups strongly agreed with the statement
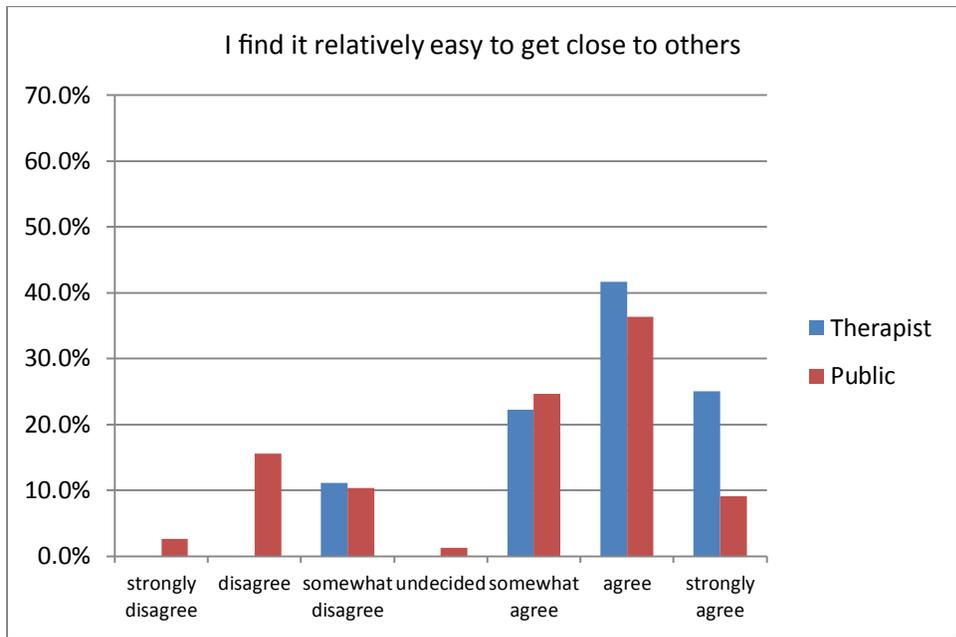
Adult Attachment Survey Statement 3

88.9% of psychotherapists responded on the agree side of the continuum, compared to 70.1% of the general public. Only 11.1% of psychotherapists responded on the disagree side of the continuum. In contrast, 28.6% of the general public indicated that they disagreed with the statement. The mean for the psychotherapist group was 5.67 vs. 4.75 for the general public (range = 7).

There is a marked difference between the ways the groups felt about getting close to others – the psychotherapists group indicated that they are considerably more comfortable getting close to others.

I do not often worry about someone getting too close to me

A bar chart comparing Therapist and Public responses across the continuum from "strongly disagree" to "strongly agree," with the y-axis ranging from 0.0% to 70.0%.

Adult Attachment Survey Statement 6

13.9% of the psychotherapists responded on the disagree side of the continuum, compared to 31.2% of the general public. 83.3% of psychotherapists responded on the agree side of the continuum, compared to 61% of the general public. The mean for the psychotherapist group was 5.42 vs. 4.66 for the general public (range = 7).

The responses to this statement indicate that the psychotherapist group is much more secure than the general population group about having someone get close to them.

I am comfortable depending on others
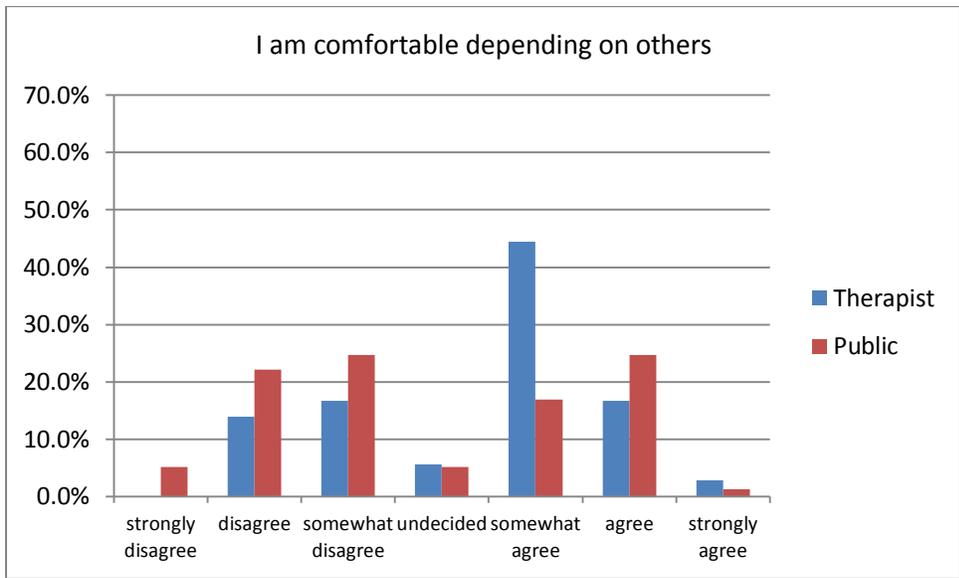
Adult Attachment Survey Statement 7

30.6% of the psychotherapists responded on the disagree side of the continuum, compared to 51.9% of the general public. 63.9% of psychotherapists responded on the agree side of the continuum, compared to 42.9% of the general public. The mean for the psychotherapist group was 4.42 vs. 3.86 for the general public (range = 7).
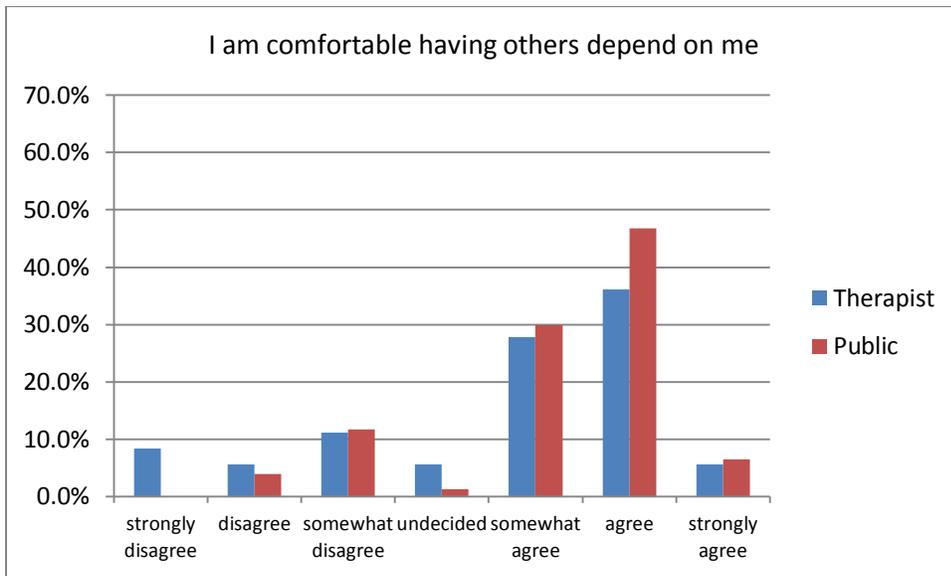
For this statement, the mean for both groups was the lowest of the secure statements. This indicates that both the groups are somewhat relatively insecure about depending on others.

I know that others will be there when I need them
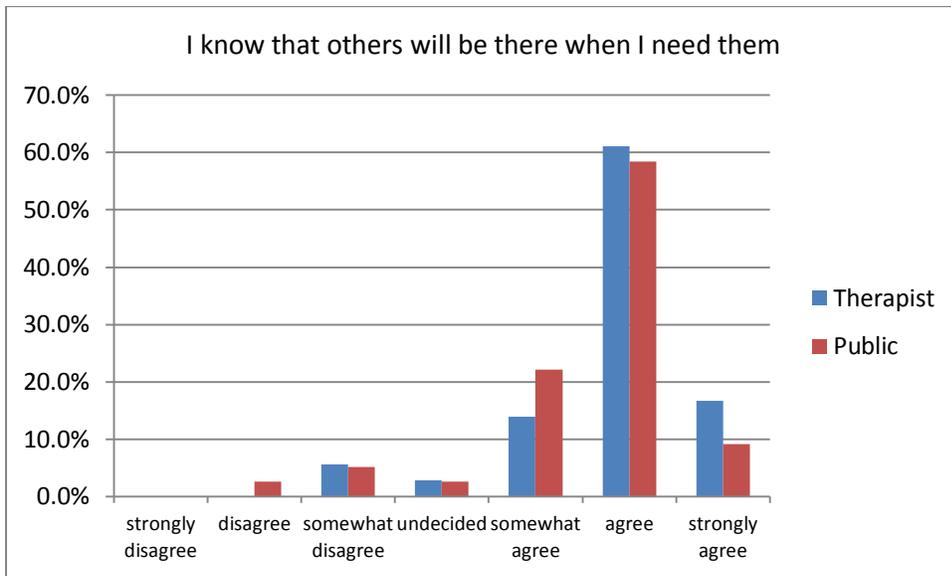
Adult Attachment Survey Statement 10

5.6% of the psychotherapists responded on the disagree side of the continuum, compared to 7.8% of the general public. 91.7% of psychotherapists responded on the agree side of the continuum, compared to 89.6% of the general public. The mean for the psychotherapist group was 5.81 vs. 5.56 for the general public (range = 7).

On this statement, the mean for both groups was the highest of the secure statements. This indicates that the groups are relatively very secure in the belief that others will be there when needed.

I am comfortable having others depend on me

A bar chart titled "I am comfortable having others depend on me" comparing Therapist (blue) and Public (red) responses across categories: strongly disagree, disagree, somewhat disagree, undecided, somewhat agree, agree, strongly agree. The y-axis ranges from 0.0% to 70.0%.

Adult Attachment Survey Statement 15

25% of the psychotherapists responded on the disagree side of the continuum, compared to 15.6% of the general public. 69.4% of psychotherapists responded on the agree side of the continuum, compared to 83.1% of the general public. The mean for the psychotherapist group was 4.69 vs. 5.23 for the general public (range = 7).

It is interesting to note that the general population were more likely to agree with this statement than the psychotherapists. This would indicate that for this statement, the general population is more secure.

Avoidant

In this series of graphs, one would expect to see that the psychotherapist group are more likely than the general population group to respond on the disagree side of the continuum for the six statements measuring the Avoidant dimension.

I find it difficult to allow myself to depend on others
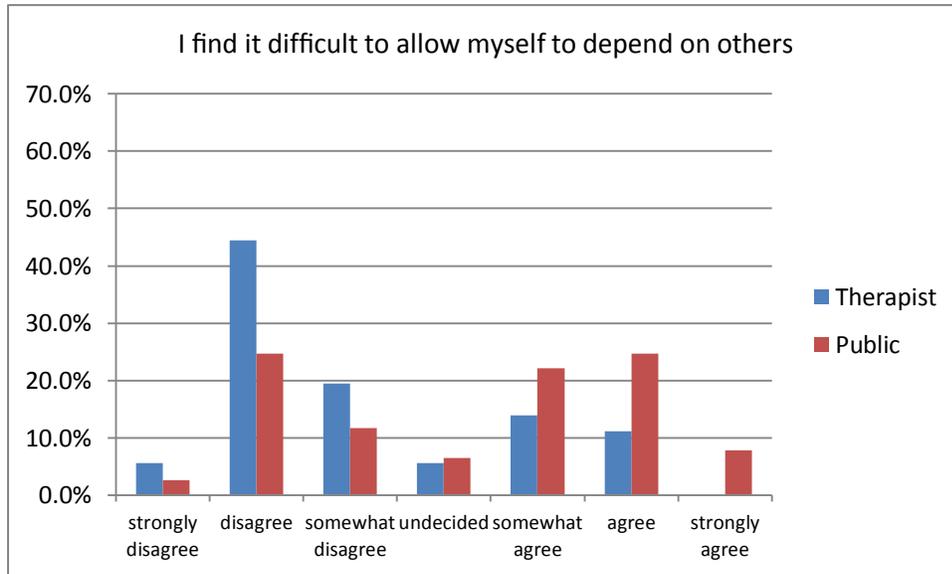
Adult Attachment Survey Statement 1

69.4% of the psychotherapists responded on the disagree side of the continuum, compared to 39% of the general public. 25% of psychotherapists responded on the agree side of the continuum, compared to 54.5% of the general public. The mean for the psychotherapist group was 3.11 vs. 4.26 for the general public (range = 7).

For this statement the psychotherapist group are considerably less avoidant than the general population group to be avoidant.

People are never there when you need them
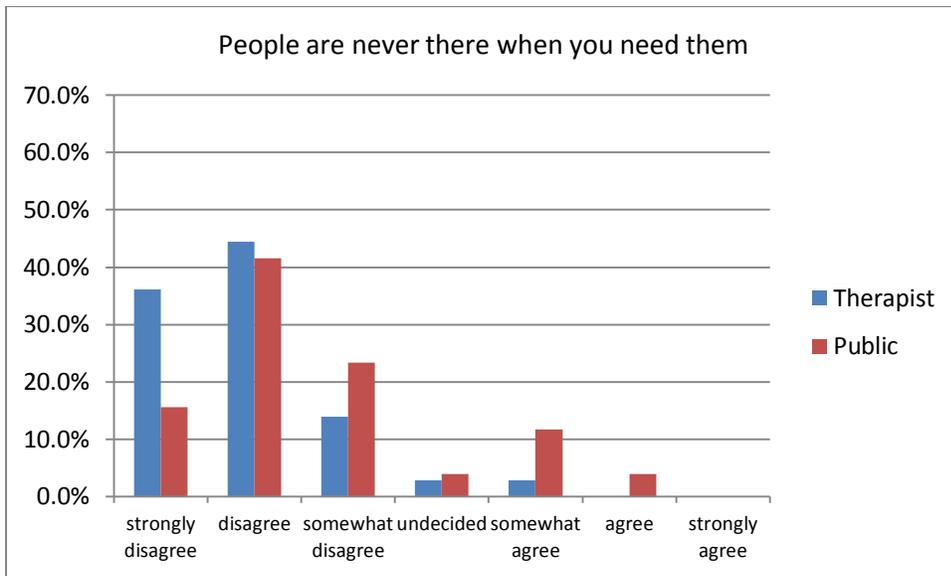
Adult Attachment Survey Statement 4

94.4% of the psychotherapists responded on the disagree side of the continuum, compared to 80.5% of the general public. 2.8% of psychotherapists responded on the agree side of the continuum, compared to 15.6% of the general public. The mean for the psychotherapist group was 1.92 vs. 2.66 for the general public (range = 7).
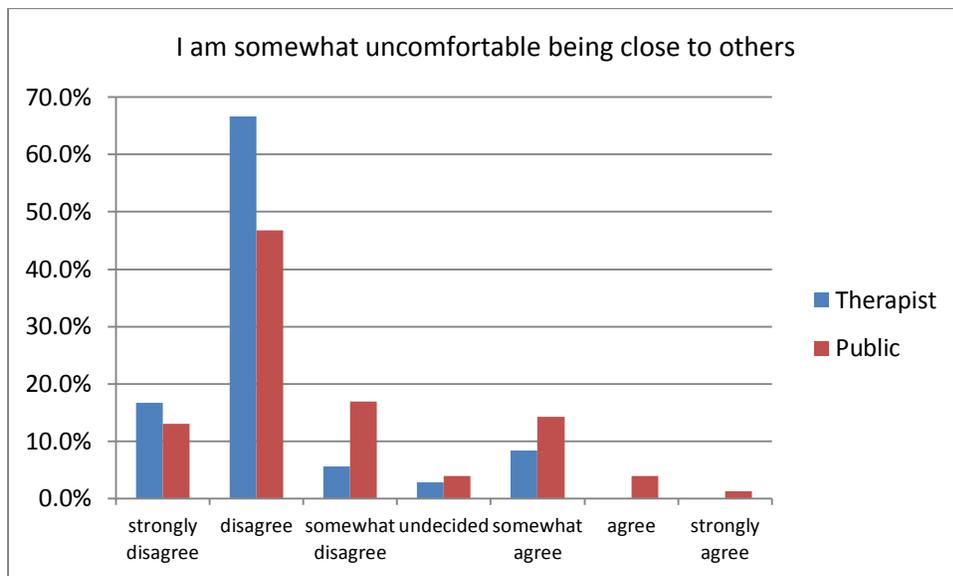
The psychotherapist group very strongly disagree with the statement that people are never there when you need them.

I am somewhat uncomfortable being close to others

A bar chart titled "I am somewhat uncomfortable being close to others" compares Therapist (blue) and Public (red) responses across a 7-point continuum. The y-axis ranges from 0.0% to 70.0% in 10.0% increments.

- **strongly disagree**: Therapist ≈ 16.5%, Public ≈ 13%
- **disagree**: Therapist ≈ 66.5%, Public ≈ 46.5%
- **somewhat disagree**: Therapist ≈ 5.5%, Public ≈ 17%
- **undecided**: Therapist ≈ 2.5%, Public ≈ 3.5%
- **somewhat agree**: Therapist ≈ 8.5%, Public ≈ 14%
- **agree**: Therapist ≈ 0%, Public ≈ 3.5%
- **strongly agree**: Therapist ≈ 0%, Public ≈ 1%

Adult Attachment Survey Statement 9

88.9% of the psychotherapists responded on the disagree side of the continuum, compared to 76.6% of the general public. 8.3% of psychotherapists responded on the agree side of the continuum, compared to 19.5% of the general public. The mean for the psychotherapist group was 2.19 vs. 2.77 for the general public (range = 7).
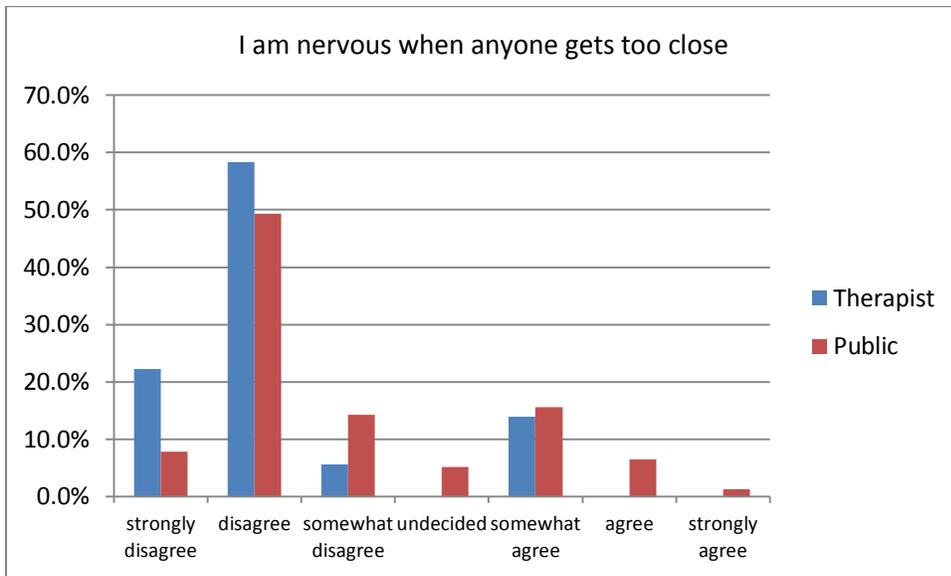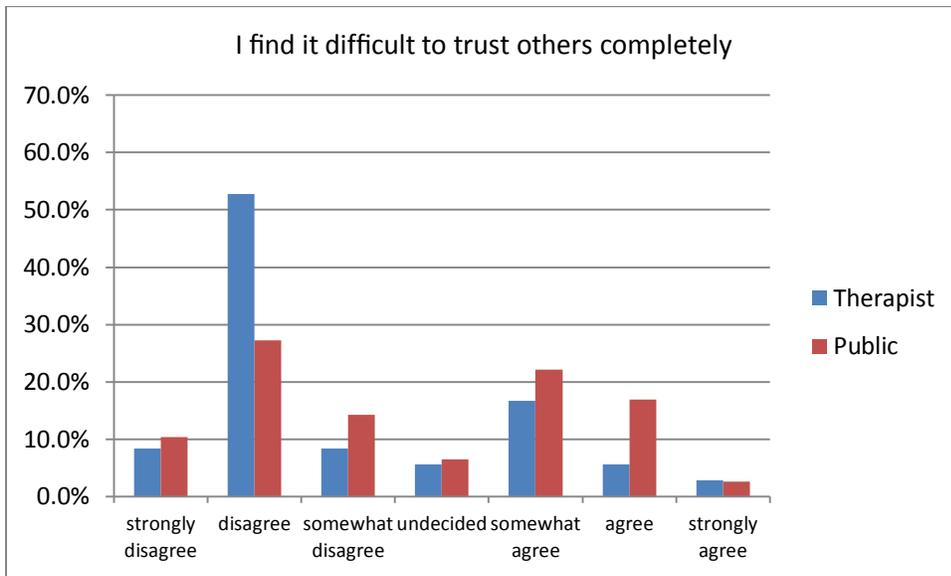
Although both groups strongly disagree with the statement, the psychotherapist group more strongly disagreed than the general population group.

I am nervous when anyone gets too close

Adult Attachment Survey Statement 12

86.1% of the psychotherapists responded on the disagree side of the continuum, compared to 71.4% of the general public. 13.9% of psychotherapists responded on the agree side of the continuum, compared to 23.4% of the general public. The mean for the psychotherapist group was 2.25 vs. 2.96 for the general public (range = 7).

Both groups strongly disagreed with the statement that they get nervous when anyone gets too close.

I find it difficult to trust others completely

A bar chart comparing Therapist (blue) and Public (red) responses across the continuum from strongly disagree to strongly agree, with the vertical axis ranging from 0.0% to 70.0%.

Adult Attachment Survey Statement 13

69.4% of the psychotherapists responded on the disagree side of the continuum, compared to 51.9% of the general public. 25% of psychotherapists responded on the agree side of the continuum, compared to 41.6% of the general public. The mean for the psychotherapist group was 2.97 vs. 3.64 for the general public (range = 7).

Although both groups strongly disagree, the psychotherapist group more strongly disagreed with the statement that they find it difficult to trust others completely than the general population group.

Often, love partners have wanted to be more intimate than I felt comfortable being
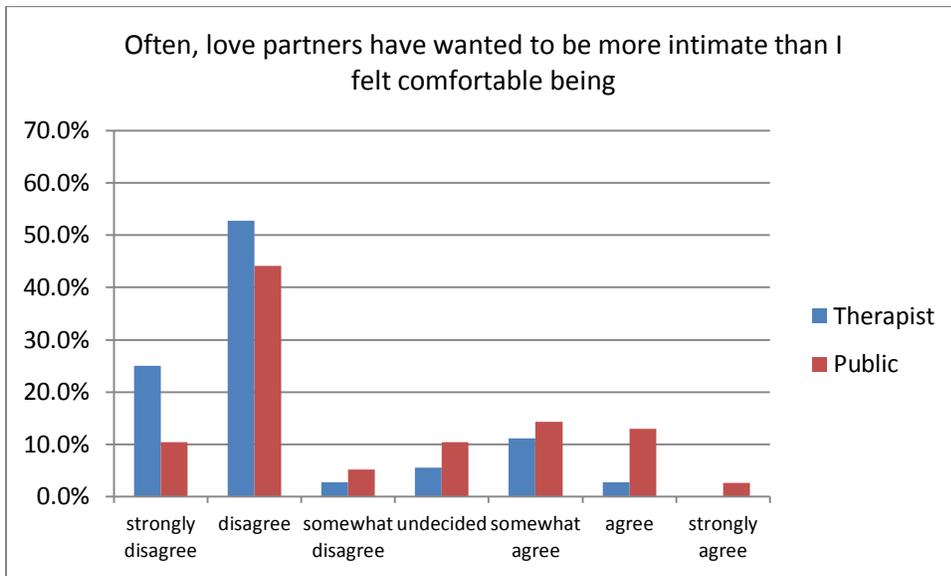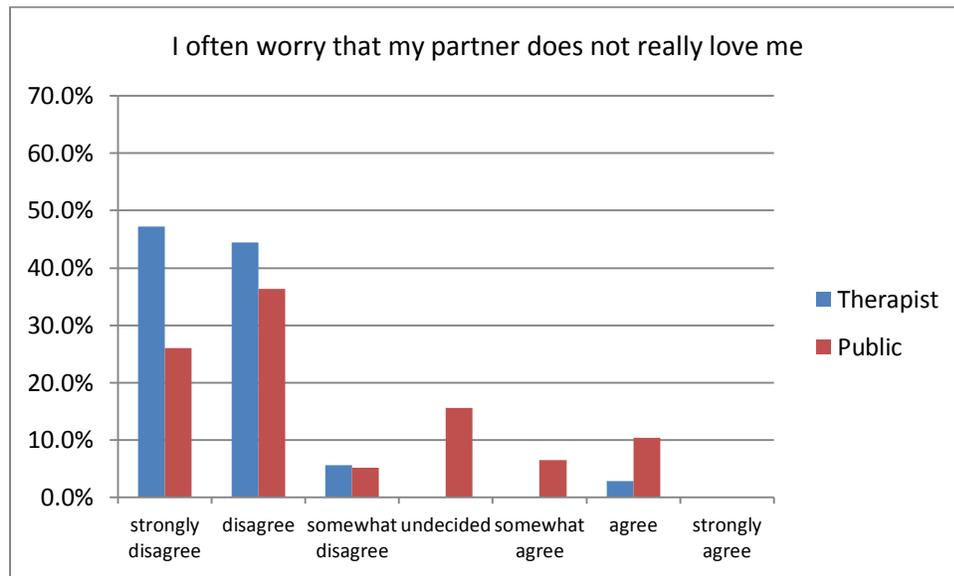
Adult Attachment Survey Statement 18

80.6% of the psychotherapists responded on the disagree side of the continuum, compared to 59.7% of the general public. 13.9% of psychotherapists responded on the agree side of the continuum, compared to 29.9% of the general public. The mean for the psychotherapist group was 2.33 vs. 3.623 for the general public (range = 7).

Anxious / Ambivalent

In this series of graphs, one would expect to see that the psychotherapist group are more likely than the general population group to respond on the disagree side of the continuum for the six statements measuring the Anxious / Ambivalent dimension.

I often worry that my partner does not really love me

Adult Attachment Survey Statement 5

97.2% of the psychotherapists responded on the disagree side of the continuum, compared to 67.5% of the general public. 2.8% of psychotherapists responded on the agree side of the continuum, compared to 16.9% of the general public. The mean for the psychotherapist group was 1.69 vs. 2.71 for the general public (range = 7).

The statement that I often worry that my partner does not really love me is the statement that the psychotherapist group most strongly disagreed with on the survey. It is interesting that the psychotherapist group indicated that they are very secure in this respect, as Storr (1990) points out that the confidentiality required of a psychotherapist can undermine relationships with a spouse or significant other.

I find others are reluctant to get as close as I would like
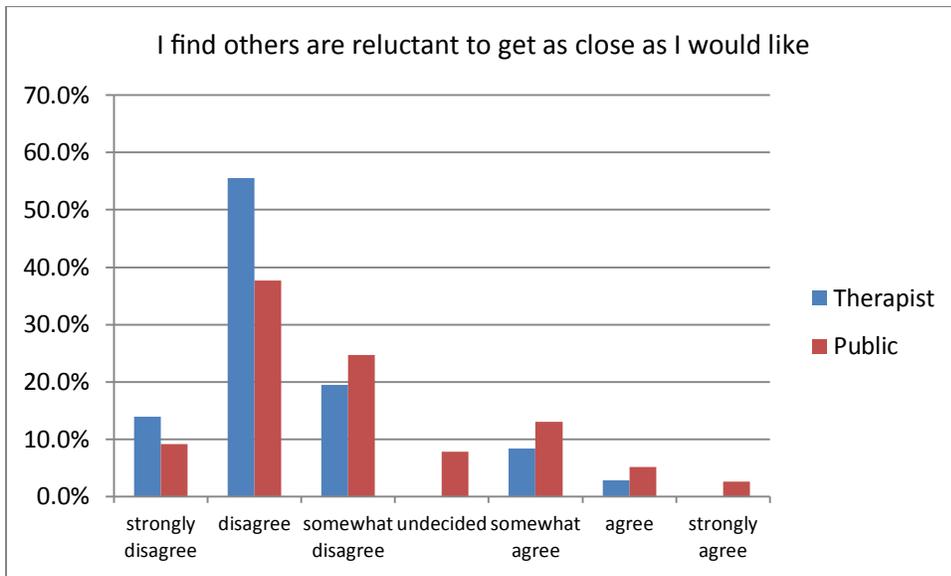
Adult Attachment Survey Statement 8

88.9% of the psychotherapists responded on the disagree side of the continuum, compared to 71.4% of the general public. 11.1% of psychotherapists responded on the agree side of the continuum, compared to 20.8% of the general public. The mean for the psychotherapist group was 2.42 vs. 3.04 for the general public (range = 7).

Although both groups strongly disagree, the psychotherapist group more strongly disagreed with the statement that they find others are reluctant to get as close as they would like, than the general population group.

I often worry that my partner will not want to stay with me
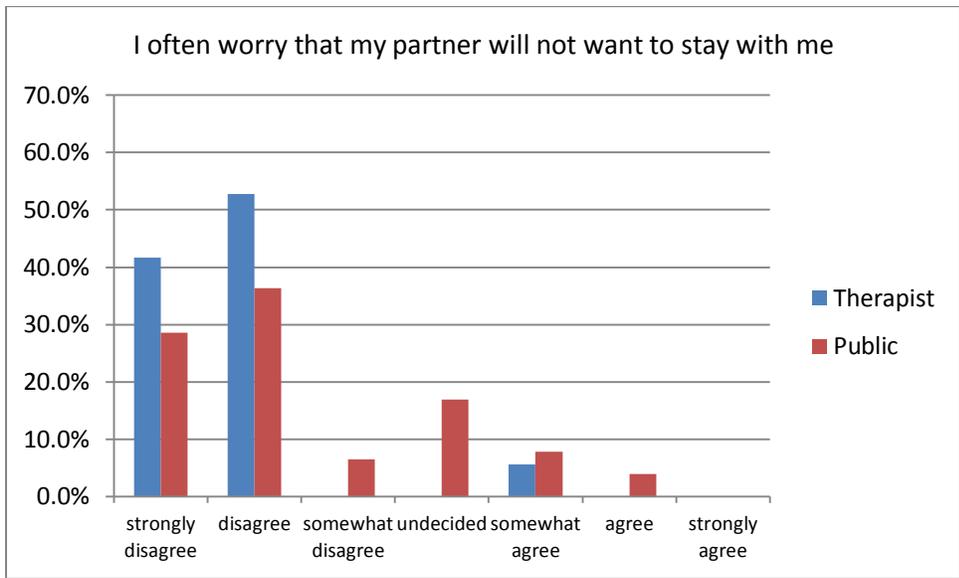
Adult Attachment Survey Statement 11

94.4% of the psychotherapists responded on the disagree side of the continuum, compared to 71.4% of the general public. 5.6% of psychotherapists responded on the agree side of the continuum, compared to 11.7% of the general public. The mean for the psychotherapist group was 1.75 vs. 2.51 for the general public (range = 7).
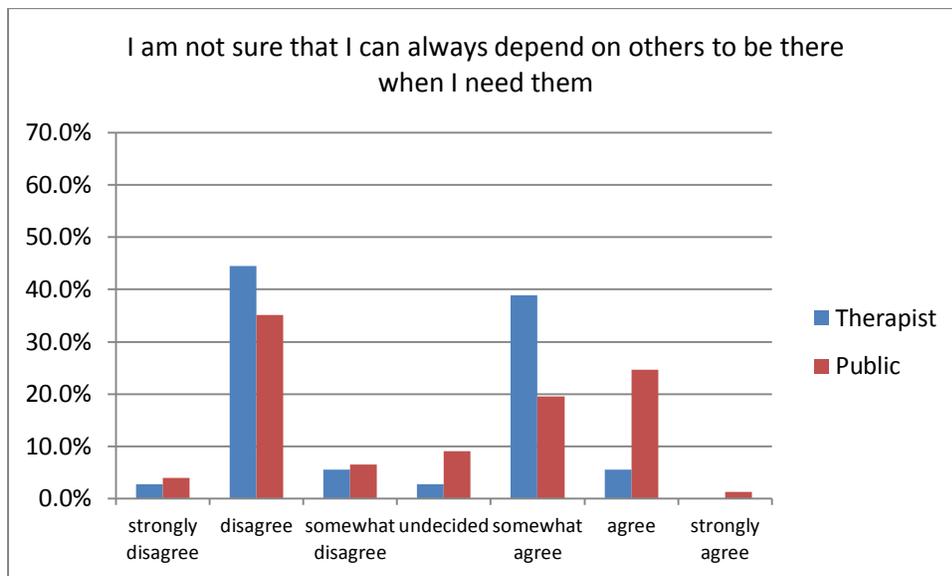
The statement that I often worry that my partner will not want to stay with me, elicited the second strongest disagreement from the psychotherapist group. This response combined with the response to statement 6 may indicate that the psychotherapist group are very secure in the relationships with their partners.

I want to merge completely with another person
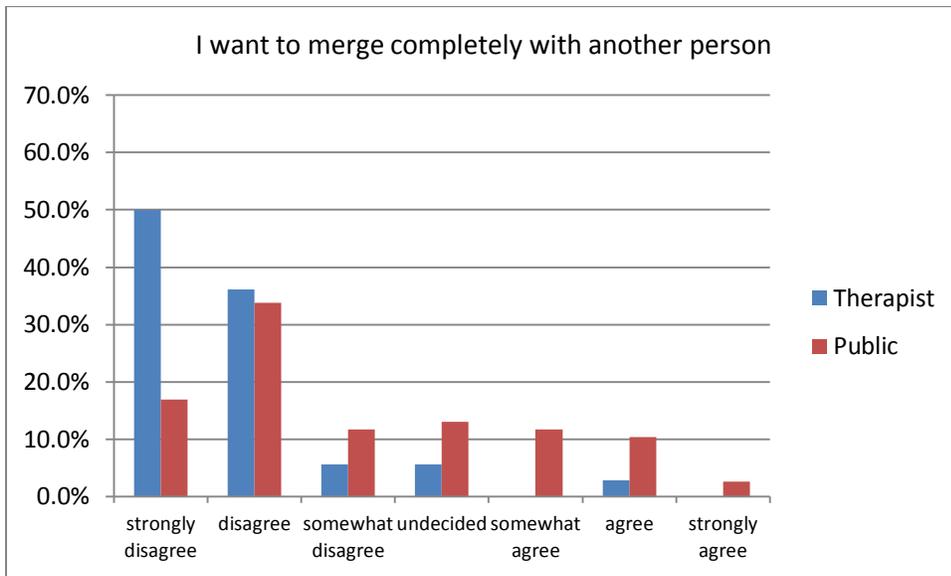
Adult Attachment Survey Statement 14

91.7% of the psychotherapists responded on the disagree side of the continuum, compared to 62.3% of the general public. 2.8% of psychotherapists responded on the agree side of the continuum, compared to 24.7% of the general public. The mean for the psychotherapist group was 1.78 vs. 3.10 for the general public (range = 7).

The statement that I want to merge completely with another person prompted another strong disagreement response from the psychotherapist. These strong disagree responses indicate that as a group the psychotherapists are not anxiously / ambivalently attached.

I am not sure that I can always depend on others to be there when I need them

[Bar chart showing response distribution for Therapist (blue) and Public (red) groups across a 7-point scale. Y-axis ranges from 0.0% to 70.0% in 10% increments. X-axis categories: strongly disagree, disagree, somewhat disagree, undecided, somewhat agree, agree, strongly agree.

- strongly disagree: Therapist ~3%, Public ~4%
- disagree: Therapist ~44%, Public ~35%
- somewhat disagree: Therapist ~6%, Public ~7%
- undecided: Therapist ~3%, Public ~9%
- somewhat agree: Therapist ~39%, Public ~20%
- agree: Therapist ~6%, Public ~25%
- strongly agree: Public ~1%]

Adult Attachment Survey Statement 16

52.8% of the psychotherapists responded on the disagree side of the continuum, compared to 45.5% of the general public. 44.4% of psychotherapists responded on the agree side of the continuum, compared to 45.5% of the general public. The mean for the psychotherapist group was 3.47 vs. 3.84 for the general public (range = 7).

The responses from both groups on the statement I am not sure that I can always depend on others to be there when I need them, are notable similar. One could speculate that the work ―always‖ may have influenced the responses from the psychotherapist group. This is the only statement of the 18 that has an element of that past, with the word ―always‖. Perhaps, while the psychotherapists group is securely attached now, perhaps they were not always securely attached and they have previously been hurt by someone on whom they depended.
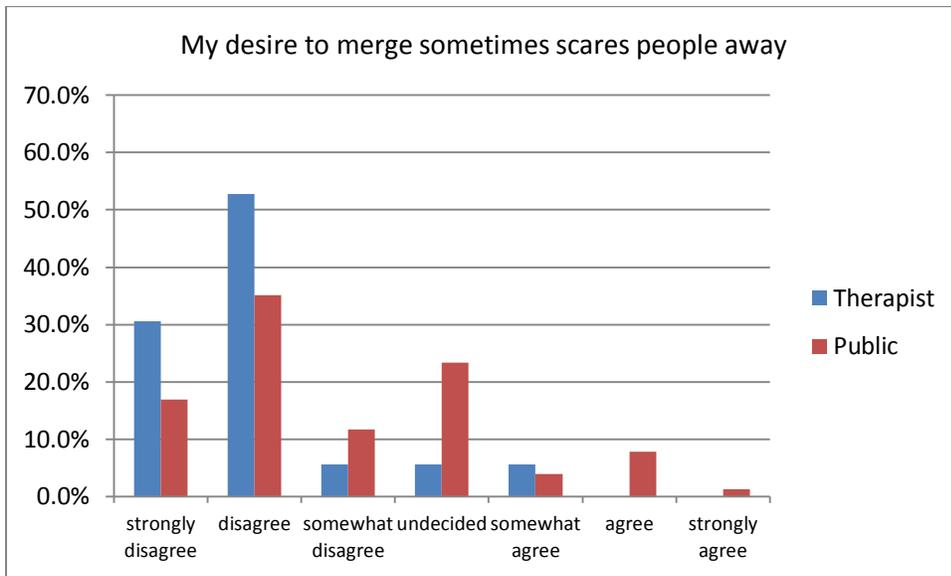
Adult Attachment Survey Statement 17

88.9% of the psychotherapists responded on the disagree side of the continuum, compared to 93.6% of the general public. 5.6% of psychotherapists responded on the agree side of the continuum, compared to 13% of the general public. The mean for the psychotherapist group was 2.03 vs. 2.91 for the general public (range = 7).

The statement, my desire to merge sometimes scares people away, prompted another strong disagreement response from the psychotherapist group.

Limitations:

The primary limitation of this study is the self-reporting nature of the Adult Attachment Scale (Collins & Read, 1990) used to gather the data. Self-reporting measures are inherently open to distortion by participants lacking in self-awareness, so defences such as denial may bias the results (Bifulco, 2002).

The Adult Attachment Scale survey (Collins & Read, 1990) asks the respondent to evaluate their feelings, tendencies, and behaviours in relationships, but it does not measure what may be inside their conscious or unconscious mind that account for these feelings, tendencies, and behaviours. Consequently, the survey only explicitly measures the way a person views his or her experiences and reactions in close relationships which does not address the unconscious element of the internal working models described by Bowlby (1988). However many researchers use this survey because of its brevity, face validity and ease of administration (Mikulincer & Shaver, 2010).

Another limitation is the possibility that due to training and exposure to relevant literature the psychotherapists were influenced by their knowledge to respond to the survey statements with what they perceived to be the correct responses rather than respond according to their own personal experience. This limitation is known as "idealisation", this is when people perceive themselves in the best possible light. They know the "correct" answer and are reluctant give any other response.

Comments and Conclusions:

The main proposition of this study was to investigate if psychotherapists are more securely attached than the general population. The research supported the hypothesis, finding that psychotherapists surveyed for this study were significantly more securely attached than the general population.

If psychotherapists are more securely attached that the general population, there are several potential explanations:

- More securely attached people are attracted to the profession

- More securely attached people pass the eligibility criteria to enter training

- The training makes people become more securely attached

- Over time, with experience psychotherapists become more securely attached

More securely attached people are attracted to the profession

It is possible that securely attached people are drawn to becoming psychotherapists. The literature reviewed proposes that securely attached individuals are more empathetic and develop better relationships than less securely attached individuals (Bowlby, 1988: Holmes, 2001). It is possible that people who have these skills are drawn to a helping profession.

It is also possible that people, who were not securely attached, had an opportunity to attend therapy. They may have benefited from the therapeutic relationship and the experience of a secure base, and as a result their attachment style may have become more secure. Many theorists believed that psychological problems may be a benefit to psychotherapists. Storr (1990, p 169) wrote that, ―Most (psychotherapists) will admit that their interest in the subject (psychotherapy) took origin from their own emotional problems". Jung (1989, p 134) wrote, ―The doctor is effective only when he himself is affected … only the wounded physician heals." May (1995, p 98) proposed ―that we heal others by virtue of our own wounds".

More securely attached people pass the eligibility criteria to enter training

The Irish Association for Counselling & Psychotherapy (IACP), the largest professional body for psychotherapists in Ireland, has published criteria and guidelines for colleges and courses seeking recognition and accreditation (http://www.irish-counselling.ie).

The entry requirements that the IACP recommend are below. Students should show evidence of:-

- – self-awareness, maturity and stability;

- – ability to make use of and reflect upon life experience;

- – capacity to cope with the emotional demands of the course;

- – experience in personal development or group work;

- – potential to form a client/counsellor relationship;

- – ability to be self-critical and to give and receive constructive feedback;

- – potential for further development;

This checklist of attributes for aspiring trainees is an excellent summary of someone who is securely attached (Mikulincer& Shaver, 2010).

If colleges are following the IACP guidelines when selecting candidates for Psychotherapy courses, they are probably selecting trainees who are more securely attached that the general population.

The training makes people become more securely attached

To be recognised as an accredited course, the IACP have a list of the requirements that include:

- – Not less than 450 hours of staff/student contact

- – A balance of theoretical matter, personal development, skills, and supervised client work, consistent with the core theoretical model.

- – A minimum of 50 hours of personal therapy

- A minimum of 100 hours of clinical practice with suitable individual clients, because

- Supervision of not less than l hour of presenting time to 8 hours client work

- Regular and systematic approaches to self-awareness work, either individually or in a group

- Students must maintain a record which monitors their own self development and submit a report showing evidence of personal growth.

The focus on self-awareness is consistent with Holmes' (2001) assertion that ─one of the benefits of having a secure attachment style is the ability to reflect on one's own story.

The IACP recommendations are for minimum standards, many colleges exceed these requirements, requiring students to attend three years of personal therapy, requiring attendance at two years of Group Analytic Process and group supervision in addition to personal supervision.

The literature and studies reviewed indicate that the personal psychotherapy results in the client becoming more secure. Much of the training recommended by the IACP requires the trainee to be a client and to practice self-reflection and self-awareness. As a result, it is likely that the trainee will become more securely attached.

Over time, with experience psychotherapists become more securely attached

The IACP recommend that qualified psychotherapists attend a minimum of one hour of supervision to every fifteen hours of client work. The supervision relationship is another example of a secure relationship experienced by the psychotherapist. The supervisor can be seen as a safe haven where that therapist can explore their emotional reactions and challenges in their practice.

Psychotherapists may continue to attend personal therapy after their training is complete, or they may return to personal therapy periodically as they deem necessary. Additional experiences of secure therapeutic relationships as a client will likely result in the psychotherapist becoming more secure.

Importance of Colleges keeping a focus on experiential learning

In a recent letter to the editor of the Éisteach Journal (Moran, 2012, p. 25) concern was raised about some training organisations offering academic qualifications in Counselling and Psychotherapy where there is no requirement to participate in personal development, and, according to the author of the letter, ―there seems to be a lack of importance attached to building a therapeutic relationship of trust with clients, very little skills practice, and supervision is seen as ticking the box rather than necessary support and resource for trainee counsellor and their clients". If this practice becomes the norm, trainees may not experience the appropriate environment to influence their attachment style. This may result in trainees earning their qualification without becoming more securely attached than the clients they may be treating.

The increasing need for psychotherapy in modern western society

In traditional societies, the secure base was provided by the family or the tribal group, with a hierarchy of available caregivers (Van Ijzendoorrn & Sagi 1999). As this traditional pattern has eroded, as a result of both parents working, non-traditional family units, separation and divorce, etc. individualism, anomie and alienation have become the themes of modern psychological life. Consequently, a secure base or the experience of a secure attachment relationship may not be available. Psychotherapy may be the only available opportunity for some people to have this experience.

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Of the 36 psychotherapists who completed the survey, two indicated that they were not securely attached. Can it be concluded that these two psychotherapists are not suitable to work with clients? It should be remembered that the Adult Attachment Scale survey only measures a point in time. Many factors or recent experiences (i.e. a recent divorce or bereavement, etc.) could have influenced these two psychotherapists to respond the way they did.

One of the dangers of studies is that the results are taken too literally or taken to extremes, of example, clients could request that their psychotherapist complete an attachment survey before agree to work with

them, or therapy centres could use attachment surveys as a criteria of employment, similar to the way some companies use psychometric tests, or colleges could use attachment surveys as a criteria for graduation from psychotherapy courses. Clearly this would be inappropriate use of attachment surveys but perhaps this explains why relatively few studies focus on the psychotherapist's attachment style, even though there are many studies that focus on the client's attachment style.

This study indicated that of the general population participants, 83.1% classified themselves as secure, 10.4% as avoidant and 3.9% as anxious / ambivalent. These proportions are markedly different to the self-assessed results found by Hazan and Shaver (1987) measured the adult attachment styles of 620 participants. They found that 56% classified themselves as secure, 25% as avoidant and 19% as anxious / ambivalent.

The variance may be caused by the proliferation of pop-psychology television shows (e.g. Dr Phil, Oprah), dramas with psychotherapy as a main story-line (e.g. In Treatment, Frasier, The Sopranos) and self-help books may have influenced the general population to answer the survey questions with what they perceived to be the correct answers rather than answer the questions according to their own personal experience.

The gender mix of the psychotherapist group showed that 80.6% of the psychotherapist participants were female compared with 19.4% male. The author was unable to find any reliable statistics on the gender breakdown of registered psychotherapists in Ireland, however scanning the list of psychotherapists who are members of the IACP (http://www.irish-counselling.ie); it appears that circa 1 in 6 psychotherapists are male.

It was noted that the majority of psychotherapist participants were over the age of 40. This is to be expected as many psychotherapy training colleges have a minimum age requirement of 25, and many psychotherapists come to the profession as their second career. The experience that they bring to the psychotherapeutic alliance is undoubtedly beneficial.

Recommendations for further study

This study provides some evidence that psychotherapists are more securely attached than the general population. It would be interesting to investigate if people drawn to the profession of psychotherapy are more securely attached than the general public or if they become more attached as a result of their training.

Following on from the above suggestion, it would be interesting to conduct a longitudinal study investigate how attachment styles change from the time of application to a psychotherapy training college through to practicing as an experienced psychotherapist.

There have been studies (e.g. Parish & Eagle, 2003) investigating the client's attachment style and its impact on the therapy, and on the closeness of the therapeutic relationship, but to the author's knowledge there are no studies investigating the relationship between the attachment style of the therapist and the effectiveness of the therapy. This may be an informative exploration.

In this study, some of the responses to the statements on the Adult Attachment Scale (Collins & Read, 1990) regarding the respondents relationship with their partner indicated that the psychotherapist group is quite securely attached in their romantic relationships. It may be useful to further explore the close romantic relationships of psychotherapists from an attachment perspective.

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Appendix 1:

Attachment Style Survey – Research for Thesis – February 2012

1. Are you male or female?

☐ Male   ☐ Female

2. Which category below includes your age?

☐ 19 or younger ☐ 20 - 29 ☐ 30 - 39 ☐ 40 - 49 ☐ 50 - 59 ☐ 60 - 69 ☐ 70 or older

3. I find it difficult to allow myself to depend on others

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

4. I do not often worry about being abandoned

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

5. I find it relatively easy to get close to others

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

6. People are never there when you need them

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

7. I often worry that my partner does not really love me

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

8. I do not often worry about someone getting too close to me

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

9. I am comfortable depending on others

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

10. I find others are reluctant to get as close as I would like

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

11. I am somewhat uncomfortable being close to others

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

12. I know that others will be there when I need them

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

13. I often worry that my partner will not want to stay with me

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

14. I am nervous when anyone gets too close

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

15. I find it difficult to trust others completely

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

16. I want to merge completely with another person

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

17. I am comfortable having others depend on me

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

18. I am not sure that I can always depend on others to be there when I need them

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

19. My desire to merge sometimes scares people away

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

20. Often, love partners have wanted to be more intimate than I felt comfortable being

☐ Strongly Disagree ☐ Disagree ☐ Somewhat Disagree ☐ Undecided ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree