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Therapist Attachment, Client Attachment to Therapist, and Expected Working Alliance: An Analogue Study

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Forty-six therapists-in-training listened to an audiotape in which one of three client-attachment-to-therapist styles was portrayed (Secure, Preoccupied-Merger, Avoidant-Fearful). Participants completed an expected working alliance inventory for working with the audiotape client, as well as a measure of their own attachment dimensions. Results indicated that client attachment styles predicted differences in expected working alliance ratings, with the Secure audiotape yielding significantly higher total working alliance ratings than either the Preoccupied-Merger or Avoidant-Fearful audiotapes. The client audiotapes yielded the same ratings when therapists' own attachment dimensions were statistically controlled for, suggesting that therapists did not impose their attachment dimensions when predicting working alliance.

Bowlby (1988) argued that the therapeutic relationship can be construed as an attachment relationship for the client in that the therapist could act as a secure base and a safe haven from which the client explores potentially threatening issues. The client perceives the therapist as a "wiser and stronger" individual who will act as a secure base for the client to explore new ways of perceiving and being in the world. Holmes' (1993) characterization of the therapist as a secure base included being "courteous, compassionate, caring, being able to set limits and boundaries, and not burdening the client with the therapist's own difficulties and preoccupations" (p. 153). The therapist, then, must have the capacity to be a secure base, in some sense an attachment figure, from which the client may investigate personal problems and to which the client may retreat in times of crises. Holmes clearly acknowledged that

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therapists may have difficulties in becoming a secure base and a safe haven for the client. The therapist's own experiences in close relationships may, in fact, interfere with his or her ability to provide a secure base for the client. Thus, issues surrounding attachment for both client and therapist may contribute to the therapeutic relationship, and more specifically to the working alliance.

The working alliance in therapy is seen by many researchers as the most fundamental aspect of the therapy relationship and a strong predictor of outcome (Gelso & Hayes, 1998; Horvath & Symonds, 1991). Gelso and Hayes (1998) defined the working alliance as the "alignment or joining together of the reasonable self or ego of the client and the analyzing/therapizing self or ego of the therapist for the purpose of the work" (p. 2). From Bordin's (1979) theory, the alliance is influenced by therapist and client agreement on the goals and tasks of therapy as well as the bond between client and therapist. The working alliance, therefore, may be seen as consisting of three integrated components: (a) the goals—the mutually agreed upon outcomes of the therapeutic interventions; (b) the tasks—referring to the agreement between client and counselor on the in-counseling behavior and discussion; and (c) the bond—the complex of positive personal attachments between the counselor and client which include mutual trust, confidence, and respect (Bordin, 1979).

Research indicates that therapists' facilitative behaviors in forming alliances can be affected by their own attachment dimensions (Dozier, Cue, & Barnett, 1994; Dunkle & Friedlander, 1996; Mohr, Gelso, & Hill, 2005). Studies have shown that therapists with higher ratings on secure attachment dimensions (i.e., comfort in close relationships, an ability to rely on others in times of need, and little fear of abandonment in relationships) also have the qualities necessary to form strong working alliances (Dunkle & Friedlander, 1996). Likewise, therapists with dismissing attachment dimensions tend to exhibit hostile countertransference behaviors (Mohr, Gelso, & Hill, 2005). On the other hand, some studies show no significant relationships between therapist attachment styles and ratings of either the overall working alliance or the individual working alliance components of goals, tasks and bond (Ligiero & Gelso, 2002).

Studies examining the attachment style of clients suggest that clients with secure attachment dimensions are able to form stronger working alliances than clients with insecure attachment dimensions (Satterfield & Lyddon, 1995). In addition, research on the interaction of therapist and client attachment dimensions on therapy processes and outcomes shows that drop out rates are higher when insecurely attached therapists are paired with insecurely attached clients than in securely matched dyads (Dozier et al., 1994; Stuart, Pilkonis, Heape, Smith, & Fisher, 1998). Other research on the interaction of therapist and client attachment dimensions finds that the greater the difference in personality style, the better the outcome, as long as that difference is based on the therapists having more secure attachment styles and more positive (loving) introjects as compared to clients (Bruck, Winston, Aderholt, & Muran, 2006). Surprisingly, a study on the development of the early working alliance suggests that therapist attachment anxiety has a significant, positive effect on initial ratings by clients of the working alliance (Sauer, Lopez, & Gormley, 2003). Psychotherapy researchers, therefore, are beginning to examine the separate influences of client and therapist attachment dimensions on working alliance, as well as the interaction of client and therapist attachment on therapy process and outcome.

However, very little is known about the dynamic relationship between the working alliance, a therapist's attachment dimensions, and a client's specific attachment to the therapist. In one study, Mallinckrodt, Gantt, and Coble (1995) sought to describe and empirically investigate the therapeutic relationship as an attachment relationship, with the therapist being the figure for the client's attachment. According to Mallinckrodt et al. (1995), the client who has a secure attachment to the therapist experiences the therapist as responsive, understanding, and emotionally available. This client regards the therapist as a safe haven from which to explore troubling events. The client with an avoidant-fearful attachment to the therapist has suspicions that the therapist is disapproving and dishonest; hence, the client is reluctant to make self-disclosures during the session. The avoidant-fearful client feels easily rejected, humiliated, or shamed during the therapy session. The client with a preoccupied-merger attachment to the therapist, on the other hand, yearns to be "at one" with the therapist and wishes to expand the therapeutic relationship beyond the boundaries of therapy. Woodhouse,

Schlosser, Crook, Ligiero, and Gelso (2003) found that a client's secure attachment to the therapist was positively correlated with time in treatment and thus lower drop out rates.

It should be noted that Mallinckrodt et al.'s (1995) investigation focused on clients' perceptions of their therapists, but did not examine therapists' reactions to being an attachment figure for clients. Perhaps, depending on their own attachment dimensions, therapists may fail to differentially respond to clients who attach to them in secure, avoidant-fearful, or preoccupied-merger ways. If therapists' attachment dimensions predominate the relationship, then they may not accurately perceive the needs of the client. Rather than understanding the probable issues in the working alliance, they may simply see every therapeutic situation as the same. Differing perceptions between clients and therapists can be seen in research comparing the perceptions of client pathology by the therapist and by client self-report which finds that discrepancies do exist; the therapists tend to rate the clients as more anxious, depressed and hostile than the clients report themselves (Cowan, Weiner, & Weiner, 1974). Other studies have also shown discrepancies between perceptions of clients and therapists. Cooley and Lajoy (1980) found little agreement between the client and therapist perceptions of the same therapeutic relationship. The purpose of the present study, therefore, was to investigate whether therapists tend to anticipate varying strengths of the working alliance based on clients' attachment styles without primary reference to their own or whether they are predominantly influenced in their perceptions by their own attachment style.

Although current trends in therapy research favor field studies over laboratory research (Gelso & Fretz, 2001), we felt that an analogue design, in which the researcher does not study the activity of interest directly, but rather approximates or simulates the activity, would be useful in isolating the variables of interest and holding constant other variables (i.e., the length of time in treatment, presenting problem, and client demographics) that would be difficult to control in the field. Likewise, although participants were not actively engaged in forming a working alliance with the audiotaped client, research in other areas shows that therapists' personal biases can affect their perceptions and behavior in therapy (Little & Hamby, 1996; Pope & Vasquez, 1998). Furthermore, by manipulating the client's attachment style to therapist in an audiotaped format, we expected to activate the therapist-participants' comfort, trust, and fear of intimacy in a controlled manner.

METHOD

Participants

Therapist-participants in the study consisted of 26 male and 20 female graduate students at a large eastern state university and a large western private university. The majority of the participants were enrolled in doctoral programs in clinical (n = 21) and counseling (n = 19) psychology. Others (n = 6) were in masters programs in counseling or marriage and family therapy. Therapists averaged 28.36 years of age (range from 22-49 years). Therapist experience ranged from 1 practicum course to 18 practica, externships, and other clinical work; and the mean number of practica classes was 5. Five of the counselors were African American, 3 identified as Asian/Asian American/Pacific Islander, 39 identified as White/European American, and one identified the Other category. Participants rated the extent to which they believed in and adhered to the theory and techniques of the following therapies (5- point Likert scale, 1 = Low, 5 = High): Psychoanalytic/Psychodynamic (M = 2.74, SD = 1.06), Humanistic/Existential (M = 3.80, SD = .83), Cognitive/Behavioral (M = 3.57, SD = 1.28).

Client Attachment to Therapist Style Conditions

Client descriptions and audiotapes were created which reflected three different client attachment to therapist styles: Secure, Avoidant-Fearful, and Preoccupied-Merger. These styles were based on the Client Attachment to Therapist Scale (CATS; Mallinckrodt et al., 1995). Female actresses were chosen to portray the audiotaped therapist and client given that women are more likely to use outpatient mental health services (Greenley, Mechanic, & Cleary, 1987) and make up a majority of new doctorates in psychology (Norcross, Kohout, & Wicherski, 2005).

Client Descriptions. The client descriptions, presented to the participants before listening to the audiotape, reflected the three client attachment styles and included identical information about the client's age, sex, race, major, and presenting problem, i.e., guilt over a broken relationship. The secure client description character-

ized the client as being comfortable depending on others and having a good relationship with her parents. The preoccupied-merger client description portrayed the client as being uncomfortable without close relationships and having anxiety that others do not value her as much as she values them. This client described her relationship with her parents as inconsistent in that they were not reliably supportive and receptive to her. The avoidant-fearful client description characterized the client as feeling uncomfortable trusting and depending on others. This client reported that her parents were fairly cold, distant, rejecting, and unresponsive.

Client Audiotapes. Each of two experienced,White female actresses in their 20s played a client with secure, avoidant-fearful, or preoccupied-merger attachment to therapist style. The design of the study involved two actresses to allow detection of any possible actress effects. Thus, six audiotapes (3 to 5 minutes in length) were made, although each participant listened to only one audiotape. The client-actress with a secure attachment style to the therapist responded to her therapist's gentle exploration with descriptions of her emotions about the terminated relationship with a boyfriend. The secure client was able to explore with the therapist her feelings of frustration and sadness, and expressed some hope that working with her therapist would help her feel better. In contrast, the client-actress with an avoidant-fearful style of attachment to the therapist did not initially respond to the therapist's exploration of her feelings. She denied experiencing any painful feelings about the break-up and described her relationship to her therapist as cool and businesslike. Finally, the client-actress with a preoccupied-merger style of attachment to the therapist longed for more contact with her therapist and was preoccupied with knowing more about her therapist. The preoccupied-merger client expressed frustration at not being able to talk to her therapist every day and wondered if her therapist was as understanding with the rest of her clients.

Independent Raters. To assess the extent to which the client descriptions and audiotapes differed, two independent judges (White female advanced doctoral students in counseling psychology who were familiar with attachment literature) read each client description, listened to each of the six audiotapes, and rated the tapes on believability, therapist competency, and sound quality. The raters were also instructed to assess each audiotaped client's perception of her therapist by completing the CATS.

Results indicated that there were no differences between the audiotape conditions in terms of client and therapist believability, therapist competency, sound quality, and actress effects. However, as predicted, the independent judges identified differences between audiotape conditions in terms of the client's relationship to the therapist. Results showed that the secure audiotapes were rated significantly higher on the Secure subscale of the CATS than were the avoidant-fearful audiotapes (one-way ANOVA, $F(2, 11) = 10.81$, $p < .01$). There were no differences between the secure audiotape and the preoccupied-merger audiotape on the Secure subscale of the CATS. We reasoned that the independent judges perceived both the secure and preoccupied-merger clients as trusting the therapist and feeling safe exploring troubling issues, behaviors that indicate a secure attachment to the therapist. In the development of the CATS, Mallinckrodt et al. (1995) yielded similar results in their sample of 138 clients in that the Secure and Preoccupied-Merger subscales were positively correlated. Conversely, the avoidant-fearful audiotapes received significantly higher ratings on the Avoidant-Fearful subscale of the CATS than either the secure or preoccupied-merger audiotapes, $F(2, 11) = 73.96$, $p < .001$. In a similar fashion, the preoccupied-merger audiotapes yielded significantly higher ratings on the Preoccupied-Merger CATS subscale than either the secure or avoidant-fearful audiotapes, $F(2, 11) = 93.08$, $p < .001$.

Measures

Attachment assessment. Therapist attachment—the ability to develop healthy relationships—was measured using the Adult Attachment Scale (AAS; Collins & Read, 1990). The 18-item measure consists of three subscales, six items per subscale: (a) Depend—the extent to which an individual relies on or trusts others in times of need; (b) Anxiety—the extent to which an individual fears abandonment in relationships; and (c) Close—the extent to which an individual is comfortable with intimacy. Each item is rated on a scale from 1 (not at all characteristic of me) to 5 (very characteristic of me). Collins and Read (1990) reported test-retest correlations of .71, .52, and .68 for the Depend, Anxiety, and Close subscale scores of 101 college students over an interval of two months. Similar to those reported

by Collins and Read, in the current study therapist-participants' AAS scores yielded similar internal reliability coefficients of .79, .58, and .77 for the Depend, Anxiety, and Close subscales, respectively. Collins and Read (1990) report extensive construct validity for the AAS subscales. The Adult Attachment Scale has been used in research assessing both client and therapist attachment styles (Dunkle & Friedlander, 1996; Mallinckrodt, Gantt, & Coble, 1995).

Working alliance. Expected working alliance was measured using a modified therapist form of the Working Alliance Inventory (WAI-T, Horvath & Greenberg, 1989), a 36-item self-report measure comprising three subscales—tasks, goals, and bonds—that correspond to Bordin's (1979) concepts of therapeutic tasks, goals, and bonds. The Tasks subscale taps into the agreed upon in-counseling behaviors of therapist and client. The Goals subscale refers to the mutually agreed upon goals or outcomes of the therapeutic interventions. The Bond subscale includes the personal attachment (i.e., mutual trust, acceptance, and confidence) between client and therapist. A 7-point Likert scale was used by therapists to rate the level of agreement or disagreement for each statement. The therapist WAI was modified slightly to reflect the working alliance that the therapist-participants expected to form with the audiotaped client. In a counseling analogue study, Burkard, Ponterotto, Reynolds, and Alfonso (1999) found preliminary evidence for content validity of a modified WAI-T form. Burkard et al. revised the WAI-T to be written in the future tense and found it to be related to counselor trainees' levels of White racial identity. For the current study, we obtained Cronbach's alphas of .75 for task, .70 for bond, .81 for goal, and .90 for total working alliance. Construct validity for the counselor WAI was reported by Horvath and Greenberg (1994) using expert raters and multitrait-multimethod analyses.

Procedure

Lists of potential participants were obtained from the respective departments at a large, private western university and a large eastern state university, and individuals were invited to participate in the study by an introductory recruitment letter that explained the study. A lottery drawing for a $50 gift certificate was offered as an incentive for research participation. Identical procedures were followed at both data collection sites. One of the investigators followed up the recruitment letter with a personal telephone call or email message to each potential participant. Those interested in participating were scheduled for individual experimental sessions in a private office. The participants were informed that the purpose of the study was to examine therapist and client variables that influence the therapy process. Following a research script, the investigator asked the participant to complete the consent form. The counselor-participant was instructed to read a client description and listen to one audiotape of an excerpt of a session with a client. Participants were informed that they would not actually be working with the audiotaped client, but were asked to report the working alliance they would expect to have if they had worked with that client. After giving the instructions, the investigator left the room, and the participant reviewed the tape and completed the measures in the following order: WAI, AAS, and demographic sheet.

RESULTS

Preliminary analyses revealed that there were no significant site, gender, actress, experience, or psychotherapy preference effects. There were no differences between the two sites in terms of Total Working Alliance scores [$t(44) = 1.87, p = .068$], nor the Depend [$t(44) = -.75, p = .457$], Anxiety [$t(44) = .99, p = .325$] or Close [$t(44) = -.77, p = .448$] subscales of the AAS. There were no significant differences between men and women in the sample in terms of the Total Working Alliance scores [$t(44) = -.45, p = .652$] nor between participants' responses to the two actresses across the three conditions that they portrayed [$t(44) = -.04, p = .969$]. There was no significant correlation between Experience and Total Working Alliance scores [$r_s(44) = -.16, p = .297$]. There were no significant correlations between Total Working Alliance scores and therapists' Psychoanalytic preference [$r_s(44) = -.27, p = .073$], Humanist preference [$r_s(44) = -.27, p = .068$], or Cognitive-Behavioral preference [$r_s(44) = .21, p = .160$].

A preliminary ANOVA was conducted to test the differences among the audiotaped client groups according to Total Working Alliance ratings. The test of differences among the groups was significant [$F(2, 43) = 13.50, p < 0.0001$]. Post hoc Tukey HSD tests revealed that all three groups were significantly different from each other. The Preoccupied-Merger audiotaped client

received the lowest mean Total Working Alliance score of 170.20 (SD = 12.41); the Avoidant-Fearful audiotaped client received a mean Total Working Alliance score of 184.20 (SD = 16.61); and the Secure audiotaped client received the highest mean Total Working Alliance score of 197.81 (SD = 15.02).

An ANCOVA was conducted to remove the effect of therapist characteristics from the analysis. The ANCOVA removed the effects of therapist attachment dimensions and still revealed significant differences among the client audiotape conditions in terms of Total Working Alliance ratings [$F(2, 40) = 8.70$, $p = 0.001$]. The estimated marginal means were all significantly different from each other and maintained their same order, with the Preoccupied-Merger audiotaped client receiving lower Total Working Alliance ratings than the Avoidant-Fearful audiotaped client, which was lower than the Secure audiotaped client. Results from the ANCOVA revealed that the covariates due to therapist attachment dimensions were not significant for therapist Depend scores [$F(1, 40) = .09$, $p = 0.36$], for therapist Close scores [$F(1, 40) = 2.58$, $p = .17$], and for therapist Anxiety scores [$F(1, 40) = .06$, $p = 0.81$]. Hence, when we controlled for the therapists' own attachment dimensions, it became evident that clients' attachment styles were significantly predictive of how therapists anticipated the working alliance.

DISCUSSION

We found that therapists expected a stronger working alliance with the securely attached to therapist client audiotapes than with insecurely attached clients. This finding is consistent with previous research (Mallinckrodt et al., 1995; Mallinckrodt, Porter, & Kivlighan, 2005) showing a strong association between secure client attachment to therapist and positive working alliance. Therapists in general may find it easier to form an alliance with clients who are willing to explore emotions and respect the therapeutic boundaries. In contrast, therapists most likely find it more difficult to develop an overall alliance with a client who either wishes to merge with the therapist or who appears uncooperative to the therapist's suggestions. Thus, it seems logical that a therapist who is perceived by a client as a supportive attachment figure would expect a stronger overall working alliance with that client than would a therapist who is perceived as either a merger object or a fear-inducing agent.

It is very encouraging to note the finding that therapists' own attachment dimensions did not seem to influence their perceptions of the audiotaped client. Rather than having a fixed frame of reference shaped by their own attachment needs, results showed that therapists consistently rated the insecurely attached client audiotapes lower on expected working alliance. If the working alliance was predominated by the therapists' own attachment style, the statistical tests would not have resulted in significant differences among the client groups. Nonsignificant results would have indicated that therapists would have imposed their attachment style on every client to predict the working alliance. As it turns out, whatever the therapist's attachment dimensions might have been, client characteristics were significantly influential in the anticipated working alliance.

Limitations

Several limitations should be considered when interpreting the present findings. First, the audiotapes were of varying lengths, from 3 – 5 minutes. It is possible that the longer audiotapes showed more examples of the therapist and client agreeing on tasks and goals in session as well as forming a bond. In addition, the notion of a "good/easy" and "bad/difficult" client is necessarily constrained with the client attachment to therapist presentation. It may be that therapists were reacting to the audiotapes as examples of good or bad clients rather than attending to the client attachment to therapist styles portrayed in the audiotapes. Finally, the analogue nature of the study necessarily constrains the generalizability of the results. Rather than actual interactions with a real client, therapists' expectations about working with audiotaped clients were assessed. However, social psychology research indicates that individuals' beliefs and expectations affect subsequent interpersonal interactions (Harris & Rosenthal, 1985). By examining a therapist's expectation about working with a client who displays a secure attachment to the therapist in an analogue study, we obtain a glimpse of how such a therapist may actually interact at least initially with such a client. Furthermore, efforts were made to augment external validity by making the audiotaped client presentation as realistic as possible, by emphasizing the importance of participants placing themselves in the counselor role when reviewing the audiotape and completing the mea-

sures, by arranging the experiment so that the experimenter was outside the counseling room, and so forth.

Implications for Practice and Research

This analogue study offers some implications for clinicians in working with clients. Therapists should be aware of the potential for clients to consider the therapist as an attachment figure and how such attachment might impact the development of the working alliance. Supervisors and training directors should be aware of and attend to therapist-trainees' attachment dimensions as well as the clients' attachment to the therapist-trainees in considering how to facilitate working alliance formation. Using actual therapist/client dyads, therapists with a wider range of experience levels, client ratings of working alliance, a more diverse sample, and in-therapy behaviors, future studies should continue to examine the relation between attachment dynamics and therapeutic processes.

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