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Therapeutic relationship affiliation: Influence of the therapist's attachment styles

Vpliv terapevtovih stilov navezanosti na povezanost v terapevtskem odnosu

SHORT ABSTRACT

Our research concentrated on ascertaining the influence of the therapist's attachment styles on the affiliation of the therapeutic relationship (hate – love dimension). 33 psychotherapists and trainees of different psychotherapeutic schools, as well as 90 of their clients were involved in the research project.

Therapists and clients filled out the following assessment instruments: Structural Analysis of Social Behaviour – Intrex, (Benjamin, 2000), Relationship Scales Questionnaire for attachment style assessment (Griffin & Bartholomew, 1994) and Factors of Therapeutic Relationship Survey (Kobal, 2002).

The results showed the influence of the therapist's attachment styles on the way the client and the therapist perceived their own affiliation and the affiliation of the partner within the therapeutic relationship (hate – love dimension). A therapist's preoccupied and dismissive attachment style contributed to more hostile interpersonal behaviour, whereas a therapist's fearful attachment style consistently contributed to moderate affiliative behaviour (moderate comprehension, support, trust, exposure). A therapist's dismissive attachment style led both clients and therapists to rate the affiliation of the therapeutic relationship as lower. A therapist's fearful attachment style led only to their (not to their client's) more negative assessment of the affiliation of the therapeutic relationship. The results showed no significant influence of a therapist's secure attachment on the therapist's and client's assessment of affiliation.

KEY WORDS

psychotherapist, intrapersonal factors, therapeutic relationship, attachment

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POVZETEK

V raziskavi smo se osredotočili na ugotavljanje vpliva terapevtovega stila navezanosti na terapevtovo in klientovo oceno povezanost v terapevtskem odnosu (dimenzija sovraštvo –ljubezen). V raziskovalni vzorec je bilo vključenih 33 psihoterapevtov in edukantov različnih psihoterapevtskih usmeritev in 90 njihovih klientov. Podatke smo zbirali s pomočjo naslednjih vprašalnikov: Strukturna analiza socialnega vedenja – Intrex (Benjamin, 2000), Lestvica odnosov (Griffin & Bartholomew, 1994) in Anketa o dejavnikih terapevtskega odnosa (Kobal, 2002).

Rezultati so pokazali pomemben vpliv terapevtovega stila navezanosti na terapevtovo in klientovo zaznavanje povezanosti (sovraštvo – ljubezen) v terapevtskem odnosu. Terapevtov preokupirani in zavračajoči stil navezanosti sta napovedovala večjo mero sovražnih medosebnih interakcij. Terapevtov plašni stil navezanosti je vplival na manjšo oceno podpore, razumevanja in zaupanja v odnosu, vendar ne na večjo oceno sovražnih medosebnih interakcij. Terapevtov zavračajoči stil navezanosti je napovedoval nižjo terapevtovo in klientovo oceno pozitivne povezanosti v terapevtskem odnosu, terapevtov plašni stil navezanosti je napovedoval le nižjo terapevtovo oceno. Terapevtov varni stil navezanosti ni statistično pomembno vplival na terapevtovo in klientovo oceno povezanosti v terapevtskem odnosu.

KLJUČNE BESEDE

psihoterapevt, intrapsihični dejavniki, terapevtski odnos, navezanost

Introduction

Initially, psychotherapeutic relationship research dealt with the connection between the working alliance and the quality of the therapeutic relationship with psychotherapy outcome. Later the focus switched to discovering indirect client and therapist factors which influence the formation, quality and ruptures in the working alliance and therapeutic relationship. The three main groups of therapist factors are interpersonal skills, intrapsychic dynamics and interactive influences (Horvath & Bedi, 2002). Interpersonal skills refer to the therapist's capability of expressing sensitivity to a client's needs. These capabilities determine how the therapist reacts when nonfunctional relationship schemes, negative expectations and other ruptures and tensions arise in a therapeutic relationship (Safran, Muran, Samstag & Stevens, 2002). The therapist's ability to maintain clear and open communication, their understanding of the client's phenomenological world, their openness and research work all have a positive influence on the quality of the working alliance , whereas a therapist's control has a negative impact (Horvat & Bedi, 2002).

In the 1950's the Vanderbilt research group (Henry & Strupp, 1994) studied the role of the therapist's personality and the client's perception of the therapist as a counterweight to the reductionist description of psychotherapy as a procedure based on theories and techniques. Research indicated a connection between the therapist's personal reactions towards the client and the quality of their communication, diagnostic evaluation and the medical treatment plan. A negative attitude towards the client was connected with non-empathic communication and unfavourable clinical assessments. Irrespective of the level of the therapist's technical qualifications psychotherapy was not effective when the therapist did not establish a warm, empathic connection (Henry & Strupp, 1994). Clients with a positive experience of psychotherapy described their therapists as warm, attentive, interested, understanding, respectful, experienced and active even in research dealing with the effectiveness of various interventions.

Various intrapsychic features of the therapist were included in the research: attachment styles, introject and interactive factors, such as complementarity, matching of various attachment styles, the coinciding of a client's and therapist's personal sensitivity etc.

Attachment and the Therapeutic Relationship

They are special individuals (attachment figures), to whom a person turns when protection and support are needed. An attachment figures serves as a »safe haven« in times of need (i.e., he or she reliably provides protection, comfort, support, and relief) and serves as a »secure base«, allowing a child or an adult relationship partner to pursue non-attachment goals in a safe environment. The quality of the interaction with attachment figures in times of need is, according to attachment theory, the major source of individual differences in attachment-system functioning (Mikulincer & Shaver, 2007).

On the basis of reoccurring interactive experiences a child creates a concept of their guardian's accessibility and responsiveness or, in other words, internal working models which are expressed through an attachment pattern (Bowlby, 1998) which eventually

becomes an actual part of the child. Cognitive and behavioural structures determine which stimuli individuals will perceive and which they will overlook, how they will develop new situations and how they will plan them. Present structures determine what sort of people and situations an individual will look for or conversely avoid. Thus the individual influences the choice of his own milieu (Bowlby, 1998).

Working with the internal self- and other-model Bartholomew & Horowitz (1991) developed a system presenting four styles of adult attachment: secure, preoccupied, fearful and dismissive. The self- and other-model presents generalized expectations on self-value and attainability of others. Four attachment patterns (safe, preoccupied, dismissive, fearful) are prototypical strategies for adjusting the feeling of safety in relationships with a higher degree of emotional closeness (Griffin & Bartholomew, 1994).

Securely attached individuals have a positive attitude towards intimate relationships, maintain them without losing their personal autonomy and discuss relationships thoughtfully and adequately.

Individuals with a preoccupied attachment style have a feeling of self-unworthiness connected with a positive assessment of others. Their involvement in emotionally close relationships is exaggerated and their self-respect depends on other people's acceptance. They are preoccupied with searching for closeness and become more vulnerable when the need for closeness is not satisfied. They tend to idealize others and discuss relationships inadequately and with too much emotion.

Fearfully attached individuals experience a feeling of self-unworthiness and expect others not to like them. They avoid relationships out of fear of rejection, a feeling of personal distrust and distrust of others.

Dismissively attached individuals underestimate the importance of relationships that have a higher degree of emotional closeness, their expressing of emotions is limited, they emphasize independence and self-dependence, relationship conversations lack clarity and credibility. Research shows (Bartholomew & Horowitz, 1991) that scores achieved by the individuals with a dismissive attachment style were just as high as those achieved by the securely attached when assessing self-trust and just as low when assessing the expression of emotions, frequency of crying and warmth. They scored lower than those with a secure and preoccupied attachment style on all the scales measuring relationship closeness, including intimacy, capability of relying on another person and considering them a safe base. They also received a lower grade in taking care of others and were assessed as more controlling. Lower scores were achieved in connection with sociability, including their friends assessing them as less sociable. Dismissive attachment style turned out to be more common with men.

Past internalized relationship models which are generalized constants of interactions with primary guardians are in interaction with current attachment relations. This is why internal working models which direct the attachment patterns can change in different life circumstances and also in the context of the therapeutic relationship. At the same time research also shows that during one's life attachment styles remain relatively constant (Collins & Read, 1990; Benoit & Parker, 1994; Meyer & Pilkonis, 2002), meaning that therapists and clients in a therapeutic relationship can activate the prototypical

strategies for balancing the safety feeling in relationships more or less unconsciously and thus co-influence the quality of the therapeutic working relationship.

From an attachment perspective, creating a good psychotherapeutic relationship depends on the therapist's effectiveness as a caregiver, which means sensitively providing a safe haven and secure base for the client. Sensitive caregiving depends on one's sense of attachment security, which means that the therapist's contribution to a good psychotherapeutic relationhip can be disrupted by his/her own attachment insecurities (Mikulicer & Shaver, 2007).

Certain research has indicated the influence of the therapist's attachment styles on the quality of the working alliance. Rubino, Barker, Roth & Fearon (2000) hypothesized that therapists with a secure attachment style can cope with working alliance ruptures more easily than those with a fearful or preoccupied attachment style who experience fear of rejection. In their research psychotherapy educants were asked to assess video fragments of simulated working alliance ruptures with clients as if they were therapists themselves. Observers assessed the empathy of the therapists' answers and the depth of their interpretation. Answers of more anxious therapists (according to the expression of anxiety and dependence dimension) were assessed as less empathic , especially in interaction with clients with a dismissive and secure attachment style. Rubino and his co-workers concluded that more anxious therapists tend to interpret ruptures in a working alliance as evidence of a client's intention of leaving the therapy and that their own sensitivity connected with the termination can be an obstacle for their empathy.

Hardy, Aldridge, Davidson, Rowe, Reilly & Shapiro (1999) discovered that the therapist's responses depended on their clients' attachment styles. They responded to clients having a preoccupied attachment style with a reflection intervention, and to clients having a dismissive attachment style with interpretation. Reflection signified a more supportive and interpretation a more active therapist's response.

In research in which the author included students of helping professions (social workers, psychologists, social pedagogues, medical workers) who voluntarily participated in a psychotherapeutic camp for children and adolescents with emotional and behavioural problems, important differences among the volunteers appeared in relation to their attachment styles (Kobal, 2001). Preoccupied volunteers had difficulties in setting boundaries within team relationships and relationships with children (it was harder for them to say no, they had difficulties with distancing themselves from other peoples' problems and emotions), they were constantly looking for affirmation and acceptance from others, they were often exaggeratedly self-sacrificing and were constantly involved in conflicts despite trying to avoid them. They were very social, had numerous contacts usually ending with conflicts. They believed others were more capable and were afraid of exposing themselves, they searched for directions and guidance at work because of their insecurity.

Volunteers with a more avoidant attachment style (more dismissive) avoided conflicts more obviously and afterwards reacted intensely with anger and rage. They expressed a tendency towards harmony; they had no particular problems in relationships since they maintained emotional distance; their relationships were superficial, dispersed, mainly productively oriented; they saw relationships as too tiring; they were hardworking, also

controlling, critical thinkers who knew best how things should work, they were self-sufficient.

A secure therapist is likely to focus on a client's problems, remain open to new information, and maintain compassion and empathy rather than being overwelmed by personal distress. Avoidant therapists may lack the skills needed to provide sensitive care and promote emotional bonds with clients. An anxiously attached therapist may experience intense distress, a desire to merge or lose boundaries with clients, and difficulty regulating emotions, which can obviously interfere with both objectivity and accurate observations, and empathic sensitivity and responsiveness to a client's needs (Mikulicer & Shaver, 2007).

In this research study we were interested in the influence of the therapist's attachment styles on the client's and therapist's assessment of affiliation (dimension hate-love) in a therapeutic relationship.

Method

Sample

The research was naturalistic. The sample consisted of psychotherapists of different psychotherapeutic modalities who practised long-term psychotherapy mostly in a private or mental health milieu. Each psychotherapist assessed their relationship with three clients in on-going treatment, and their clients in the psychotherapeutic process also assessed their relationship with the psychotherapist. Final numbers totalled 33 psychotherapists and 90 clients, which leads to 90 psychotherapeutic dyads.

Average clients' age was 35 years. 42.2% of them were women and 57.8% were men. Clients' education level was prevailingly middle or high. Average psychotherapists' age was 44.7 years. 45.5% of them were male and 54.5% were female.

Psychotherapeutic modalities were as follows: 21.1% of psychodynamically analytical therapies, 12.2% of cognitive-behavioural therapies, 22.2% of integrative and geštalt therapies, 10% of systemic therapies, 15.6% of transactional analysis therapies and 18.9% of combined therapies. All therapies were or had the purpose of being long-term therapies.

Instruments

Various measuring instruments were used in this research study. Here, only the instruments relevant for the results presented are listed:

-Relationship Scales Questionnaire (Griffin & Bartholomew, 1994) for attachment style assessment.

- Structural Analysis of Social Behaviour – SASB (Benjamin, 1974, 1996, 2000).

- Factors of Therapeutic Relationship Survey and Client's Data (version for psychotherapists) (Kobal, 2002).

Instrument description: Relationship Scales Questionnaire – RSQ) (Griffin & Bartholomew, 1994)

Relationship Scales Questionnaire is one of the scales used for determining the presence of attachment styles, which are based on a four-category model of attachment styles: secure attachment style, preoccupied attachment style, fearful – avoidant attachment style and dismissive – avoidant attachment style. These attachment categories are a combination of two basic dimensions: avoidance (other-model) and anxiety, dependence (self-model).

The scale consists of thirty statements, each ranked with numbers from 1 to 5 (1 = not like me at all, 5 = just like me). Accurate data about the certainty of self-rating techniques for measuring attachment do not exist. The authors assess the reliability level as average.

Structural Analysis of Social Behaviour (SASB) (Benjamin, 1974, 1996, 2000)

The SASB model is based on a circumplex personality theory and empirically describes the principle of complementarity, similarity, opposites and of internalization in interpersonal interactions. It is based on two underlying dimensions: (1) love – hate (affiliation, connection) and (2) independence / spontaneity – control / subordination (interdependence, correlation). It involves three focuses: interpersonal, transitive-focus on other; interpersonal, intransitive-focus on self and intrapsychic focus – introject.

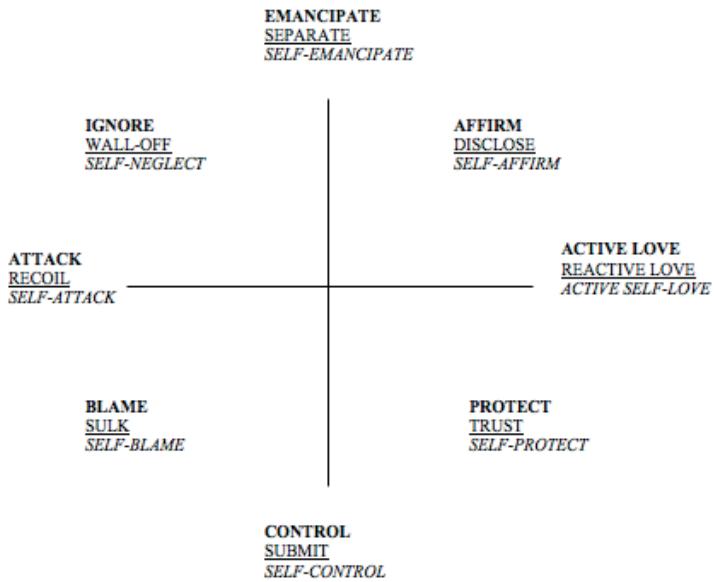

Figure 1. *Simplified SASB cluster model with three focuses (Benjamin, 1996): Three different font styles coincide with three different focuses:* **Bold** *stands for focus on other,* <u>underlined</u> *for focus on self and italics for the internalized focus.*

It can be applied as a code system for direct observation of interactions and as a system of INTREX questionnaires. It has been used in both forms by many researchers studying the psychotherapeutic relationship. We decided to use the questionnaire system despite the deficiencies resulting from self-rating and generalized techniques. INTREX questionnaires measure all three focuses, each of them for the time when an individual was in a positive and in a negative mood. Both therapist and client filled out the same series of questionnaires, assessing their actual relationship (interpersonal focus) and the introject level (intrapsychic focus).

With the help of a computer programme for processing data gathered with INTREX questionnaires we calculated the value of eight clusters for each surface, clusters creating a diamond shape and thus describing two implicit dimensions and the affiliation score. A high affiliation score indicates clusters being in close vicinity to the model axis indicating connection and affiliation.

The medium form of the INTREX questionnaire was used in this research. Each item was ranked on a separate answer sheet with a scale from 0 (never, by no means) to 100 (always, completely).

The psychometric characteristics of INTREX questionnaires in origin are very good. The internal reliability for the general population is 0.92 to 0.97 and for a clinical population 0.68 to 0.81 (Benjamin, 2000).

INTREX questionnaires were used on the Slovenian population in this pilot clinical research for the first time. We obtained the necessary license to use the questionnaires. All questionnaires were translated according to the standards for the translation of research instruments. In the future it will be important to determine the psychometric characteristics of INTREX on a representative sample of the Slovenian population.

Factors of Therapeutic Relationship Survey and Client's Data (Kobal, 2002)

Factors of Therapeutic Relationship Survey consists of the following concepts: psychotherapist's personal information, psychotherapeutic education, psychotherapist's current life quality. Client's data includes: gender, age, marital status, number and age of children, education, beginning of psychotherapy, session frequency, psychotherapy duration up to that moment , number of sessions until the eventual treatment interruption.

Data Processing and Analysis

The whole processing of data was carried out with the help of the Windows version of the SPSS programme. When processing data gathered with the Intrex questionnaires we preliminarily used the SASB computer programme for processing raw data and calculating individual values, with which we continued the processing in the SPSS programme. Apart from the descriptive and correlational statistics the statistical analysis was based mainly on the application of regression analysis.

Results

1. Influence of the Therapist's Attachment Styles on the Therapist's Assessment of the Therapeutic Relationship Affiliation

We studied the influence of the therapist's attachment styles on the therapist's assessment of their own and their client's affiliation when both of them were in a negative and in a positive mood. On the one hand, the results about the influence of the therapist's attachment styles on their assessment of the therapeutic relationship affiliation showed that a more explicit fearful attachment style led to a therapist's lower affiliation assessment, but did not lead to a higher presence of hostile interpersonal behaviour. On the other hand, a therapist's preoccupied and dismissive attachment style led to a higher presence of hostile interpersonal behaviour. At the same time a therapist's more explicit preoccupied attachment style indicated a higher assessment of their own support and protection, when they focus on a client in either a positive or negative mood. The therapist's attachment styles had no influence on the therapist's assessment of their client's affiliation in a positive mood, but they did influence the assessment of their client's affiliation in a negative mood. It was mainly the therapist's dismissive and preoccupied attachment style that indicated a higher assessment of their client's hostile interpersonal behaviour. The results showed no significant influence of the therapist's secure attachment on the therapist's assessment of affiliation.

We present in the tables below the key results, especially of those where the Adjusted R Square clarified more than 10 % of variance. Because of its large scope the tables show only a few of the most important results of the multiple regression with which we examined the influence of the therapist's attachment styles on individual categories of interpersonal behaviour.

Table 1.
Influence of the therapist's attachment styles on the therapist's own support and protection assessment in a positive mood, focusing on a client.

Affiliation Score

	B	SE	Beta
Constant	86.12	22.64	
Secure	-0.39	0.61	-0.07
Fearful	-3.30	0.80	-0.53***
Preoccupied	1.77	0.71	0.29*
Dismissive	1.05	0.78	0.18

$R_{adj}^2 = 0.21$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

More fearfully attached therapists assess that, when in a positive mood, they focus on a client with less support and protection. However, therapists with a prevailingly preoccupied attachment style, assert that they focus on a client with more support and

protection, when in a positive mood. Secure and dismissive attachment styles had no influence on the therapist's assessment of support and protection.

Table 2.
Influence of the therapist's attachment styles on the therapist's own bonding assessment in a positive mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	70.45	31.81	
Secure	0.37	0.85	0.05
Fearful	-4.83	1.13	- 0.56***
Preoccupied	1.49	1.00	0.17
Dismissive	1.67	1.09	0.20

$R_{adj}^2 = 0.23$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

More fearfully attached therapists assess that they react to a client with less bonding, when in a positive mood.

Table 3.
Influence of the therapist's attachment styles on the therapist's assessment of indirectly expressing dissatisfaction with sulking and mean remarks in a positive mood, reacting to a client.

Affiliation Score ,			
	B	SE	Beta
Constant	-57.01	22.49	
Secure	0.37	0.60	0.07
Fearful	-1.35	0.80	-0.22
Preoccupied	3.31	0.71	0.55***
Dismissive	2.48	0.77	0.43**

$R_{adj}^2 = 0.19$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Therapists with a prevailing preoccupied or dismissive attachment style assess that, when in a positive mood, they react to a client with more indirect expressions of dissatisfaction with sulking and mean remarks. The therapist's secure and fearful attachment style had no influence on their assessment of reacting with sulking.

Table 4.
Influence of the therapist's attachment styles on the therapist's assessment of expressing protest and dislike in a positive mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	-46.02	13.43	
Secure	0.41	0.36	0.13
Fearful	-0.70	0.48	-0.19
Preoccupied	1.35	0.42	0.37**
Dismissive	2.26	0.46	0.65***

$R_{adj}^2 = 0.20$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Therapists with a prevailing preoccupied or dismissive attachment style assess that, when in a positive mood, they react to a client with more dislike and protest. The therapist's secure and fearful attachment style had no influence on the therapist's assessment of reacting with dislike and protest.

Table 5.
Influence of the therapist's attachment styles on the therapist's assessment of support and protection in a negative mood, focusing on a client.

Affiliation Score			
	B	SE	Beta
Constant	77.94	26.58	
Secure	-0.65	0.71	-0.11
Fearful	-3.69	0.94	-0.52***
Preoccupied	1.80	0.83	0.26*
Dismissive	1.30	0.91	0.19

$R_{adj}^2 = 0.18$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

More fearfully attached therapists assess that they focus on a client with less support and protection, when in a negative mood, while therapists with a more preoccupied attachment style focus on a client with more support and protection even when in a negative mood. The therapist's secure and dismissive attachment style had no influence on the therapist's assessment of support and protection in a negative mood.

Table 6.
Influence of the therapist's attachment styles on the therapist's own affiliation assessment in a negative mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	263.38	78.36	
Secure	0.44	2.11	0.02
Fearful	-5.62	2.78	-0.27*
Preoccupied	-2.89	2.46	-0.14
Dismissive	-5.70	2.69	-0.28*

$R_{adj}^2 = 0.21$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Therapists with a prevailing fearful or dismissive attachment style assess that, when in a negative mood, their reaction towards the client is less affiliative. The therapist's preoccupied and secure attachment style had no influence on the therapist's affiliation assessment.

Table 7.
Influence of the therapist's attachment styles on the therapist's assessment of bonding in a negative mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	85.13	31.63	
Secure	0.72	0.85	0.10
Fearful	-3.93	1.11	-0.45***
Preoccupied	-0.07	0.99	-0.01
Dismissive	-0.31	1.09	-0.04

$R_{adj}^2 = 0.24$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Mainly fearfully attached therapists assess that they react to a client with less bonding, when in a negative mood. The therapist's secure, preoccupied and dismissive attachment style had no influence on the therapist's assessment of bonding in a negative mood, when reacting to a client.

Table 8.
Influence of the therapist's attachment styles on the therapist's assessment of sulking and making mean remarks in a negative mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	-67.25	28.96	
Secure	0.49	0.77	0.08
Fearful	-1.17	1.02	-0.15
Preoccupied	3.61	0.91	0.48***
Dismissive	3.12	1.00	0.43**

$R^2_{adj} = 0.14$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Therapists with a more explicit preoccupied or dismissive attachment style assess that they react to a client with more sulking and mean remarks, when in a negative mood. The therapist's secure and fearful attachment style had no influence on the therapist's assessment of reacting with sulking and mean remarks.

Table 9.
Influence of the therapist's attachment styles on the therapist's assessment of expressing protest and dislike in a negative mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	-56.35	17.15	
Secure	0.20	0.46	0.05
Fearful	-0.68	0.60	-0.14
Preoccupied	1.71	0.54	0.36**
Dismissive	3.09	0.59	0.68***

$R^2_{adj} = 0.24$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Therapists with a prevailing preoccupied or dismissive attachment style assess that, when in a negative mood, their reaction toward a client includes more protest and dislike. The therapist's secure and fearful attachment style had no influence on the therapist's assessment of their reaction with protest and dislike.

2. Influence of the Therapist's Attachment Styles on the Client's Assessment of the Therapeutic Relationship Affiliation

The tables below show the results of multiple regression, which was used to determine the influence of the therapist's attachment styles on the client's assessment of their own and the therapist's affiliation in a positive and negative mood. The therapist's more explicit dismissive and preoccupied attachment style significantly influenced their client's lower relationship affiliation assessment. The therapist's dismissive attachment style led to a client's lower general affiliation assessment as well as to a higher affiliation assessment of hostile interpersonal behaviour. The therapist's fearful and secure attachment style had no influence on their client's affiliation assessment.

Table 10.
Influence of the therapist's attachment styles on their client's assessment of the therapist's affiliation in a positive mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	302.47	79.28	
Secure	-0.29	2.16	-0.02
Fearful	-1.30	2.92	-0.06
Preoccupied	-2.44	2.47	-0.12
Dismissive	-8.25	2.71	-0.43**

$R_{adj}^2 = 0.13$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

A more obvious expression of the therapist's dismissive attachment style led to their client's lower assessment of the therapist's affiliation in a positive mood, when reacting to a client.

Table 11.
Influence of the therapist's attachment styles on their client's assessment of the therapist's affiliation in a negative mood, reacting to a client.

Affiliation Score			
	B	SE	Beta
Constant	291.53	99.33	
Secure	1.121	2.74	0.05
Fearful	1.840	3.83	0.07
Preoccupied	-4.447	3.09	-0.18
Dismissive	-11.408	3.46	-0.49**

$R_{adj}^2 = 0.13$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

A more obvious expression of the therapist's dismissive attachment style led to their client's lower assessment of the therapist's affiliation in a negative mood, when reacting to a client.

Table 12.
Influence of the therapist's attachment styles on their client's assessment of their own affiliation in a negative mood, focusing on a therapist.

Affiliation Score			
	B	SE	Beta
Constant	288.51	97.50	
Secure	-1.06	2.71	-0.05
Fearful	1.08	3.71	0.04
Preoccupied	-2.97	3.02	-0.12
Dismissive	-10.47	3.32	-0.46**

$R_{adj}^2 = 0.10$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Clients in a negative mood focused on their therapists who expressed a prevailingly dismissive attachment style with less affiliative interpersonal behaviour.

Table 13.
Influence of the therapist's attachment styles on their client's assessment of the therapist's reaction to a client with fencing and distancing in a positive mood.

Affiliation Score			
	B	SE	Beta
Constant	-49.85	25.21	
Secure	0.28	0.69	0.05
Fearful	-0.81	0.93	-0.12
Preoccupied	1.56	0.79	0.25*
Dismissive	3.01	0.86	0.50**

$R_{adj}^2 = 0.10$
* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

A more obvious expression of the therapist's preoccupied and dismissive attachment style led to their client's higher assessment of the therapist's reaction with fencing and distancing in a positive mood. The therapist's secure and fearful attachment style had no influence on a client's assessment.

Discussion

The results of our investigation into the influence of the therapist's attachment styles on the therapist's affiliation assessment of the therapeutic relationship were complex. On the one hand, the therapist's fearful attachment style consistently led to a therapist's lower assessment of their own affiliation in relationship with a client, but it did not lead to a lower assessment of the client's affiliation. On the other hand, the results regarding the influence of the therapist's attachment styles on interpersonal SASB model clusters, which were used to calculate the affiliation coefficient, were more varied. These results showed that the preoccupied and dismissive attachment style contributed to more hostile interpersonal behaviour, whereas the fearful attachment style consistently contributed only to moderate affiliative behaviour (moderate comprehension, support, trust, exposure). A therapist's preoccupied attachment style along with hostile behaviour predicted more support and protection within the therapist's focusing on the client from the therapist's perspective. A higher expression of the therapist's dismissive and preoccupied attachment style predicted a client's higher assessment of client's unaffiliative behaviour, when the client was in a negative mood. The results showed no significant influence of the therapist's secure attachment on the therapist's and client's assessment of affiliation.

The impact of hostile interpersonal behaviour on the quality of the therapeutic relationship

The therapist's fearful attachment style consistently led to a therapist's lower assessment of their own affiliation in relationship with a client. We presume that the therapist's lower assessment of their own affiliation is connected with a feeling of self-unworthiness and an expectation that others do not like them, a characteristic for fearfully attached individuals (Bartholomew & Horowitz, 1991; Mikulincer & Shaver, 2007). Notwithstanding this, the therapist's more explicitly expressed fearful attachment style did not predict a client's lower affiliation assessment of the therapeutic relationship, meaning that a lower degree of affiliative interpersonal behaviour was not perceived as a disorder by the clients. We presume this happened because the therapist's lower affiliation in the case of the therapist's fearful attachment style did not signify a higher level of hostile behaviour; the latter was rather connected to the preoccupied and dismissive therapist's attachment style. This assessment is in accordance with the conclusions of Henry & Strupp (1994), that even a moderate presence of hostile interpersonal behaviour in the SASB model leads to a less effective therapy. Since the working alliance (Horvath & Symonds, 1991) is one of the best indicators of psychotherapy efficiency, we can affirm that even a moderate presence of hostile behaviour (attacking, ignoring, fencing, dislike, sulking) influences the quality of the therapeutic working alliance or, in other words, leads to a lower affiliation assessment of the therapeutic relationship.

The results showed that dismissive and preoccupied therapists react with more hostile interaction when they are in a negative mood. This matches the conclusions of Mikulincer & Shaver (2007 that insecure individuals are likely to appraise interpersonal conflicts in more threatening terms and apply less effective conflict resolution strategies.

According to our results we presume that therapists with a more expressed dismissive style are involved in ruptures within the therapeutic working alliance because of

their low sensitivity to the subjective world of other and because of their greater need for control, which is often expressed through subtle forms of hostile interpersonal behaviour (Kobal, 2001; Mikulincer & Shaver, 2007). On the other hand we presume that therapists with a more expressed preoccupied attachment style are involved in ruptures within the therapeutic working alliance because they experience more distress, a desire to merge or lose boundaries with clients, and difficulty regulating emotions, which can interfere with empathic sensitivity and responsiveness to a client's needs (Mikulicer & Shaver, 2007). The therapist's preoccupied style in conjunction with hostile behaviour also predicted more support and protection within the therapist's focusing on the client from the therapist's perspective. The results reflect the internal dynamics of preoccupied, more anxious adults who have a feeling of self-unworthiness and their self-respect depends on other people's acceptance (Bartholomew & Horowitz, 1991). The results are in accordance with the findings of previous research, that preoccupied individuals are often exaggeratedly self-sacrificing while at the same time they become involved in conflicts despite trying to avoid them (Kobal, 2001; Kobal, 2002).

Negative complementarity

With prevailingly dismissively attached and preoccupied therapists clients assessed a lower level of confirmation and understanding, of approaching, protection and support, of expressing and exposure, connection and trust, and a higher level of ignoring and neglecting, attacking, accusing, distancing, opposing and sulking. In a relationship with dismissive therapists clients also assessed themselves as less affiliative . This assessment matches the research results of Henry, Schacht & Strupp (1990) which showed a strong connection between the number of controlling and hostile statements by the therapist and the number of self-accusing and critical statements by the client which result in creating negative complementarity.

Conclusions

When interpreting the results of our research, it needs to be taken into account:
- that the sample was naturalistic. Participants were psychotherapists and their clients who were willing to collaborate and no selection was made.
- the results themselves need further research because the Questionnaires were being used on the Slovenian population for the first time. The next step is to determine the psychometric characteristics of INTREX on a representative sample of the Slovenian population.
-interpretation is simplified because we did not take into account interactional factors. Further research should focus on the interaction between the therapist's and client's intrapersonal factors.

From the viewpoint of clinical praxis and research we suggest further research on how helpful is supervision, model learning, role-playing and a personal therapeutic experience in the therapists' sensitization for a personal interpersonal style in their therapeutic work. Therapists should learn to recognize how clients with different interpersonal styles and self-schemes 'tempt' their therapist into a particular interaction pattern without realizing it. Especially in therapeutic work with clients with personality disorders, who are often more negative and hostile and who tend to evoke hostile, accus-

ing interpersonal behaviour with the therapists more rapidly, therapists must keep their focus on the relationship viewpoint of the therapy from the outset. Resolving ruptures in a therapeutic relationship is crucial for preserving a working alliance and it is a skill that therapists can learn to a certain extent. We suggest that a follow-up after a session about what helped and what bothered the client stimulates both the therapist as well as the client. Such follow-up would we believe lead to reflection on the interpersonal process and enable a quicker perception and prevention of heavier difficulties in the working relationship.

The myth about a good psychotherapist who does not experience counter-transference is considered overrated and out-of-date today. Counter-transference is an inevitable and a universal occurrence in psychotherapy because every psychotherapist has certain unresolved conflicts and 'sore spots' which get brushed during the psychotherapeutic process. The literature was also consistent in finding that certain patient behaviours elicited corresponding therapist behaviours; for example, client hostility elicited therapist hostility (Gelso & Hayes, 2002). This makes it even harder for a therapist to reflect the attachment and communication patterns which are a part of their everyday relations with others. An important question in clinical praxis and research is how therapists develop permanent self-awareness and self-reflection and how they manage their own interpersonal responses well enough to assure optimal psychotherapeutic effects.

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