This study utilized a theory-specific measure to examine client relational change over the course of time-limited dynamic psychotherapy. Specifically, this is the first empirical investigation with a clinical sample to measure change and stability in clients' attachment styles. Categorical and dimensional ratings of attachment styles were obtained. Pretreatment and posttreatment measures of attachment styles were then examined in association with Global Assessment Scale (GAS) scores and symptoms. At posttreatment, a significant number of clients were evaluated as having changed from an insecure to a secure attachment style. Additionally, the sample as a whole demonstrated significant changes toward increased secure attachment. Significant relationships were also found among changes in attachment style, GAS scores, and symptom levels. Implications for psychodynamic/interpersonal psychotherapy research and practice are discussed.

Contemporary psychodynamic/interpersonal researchers have called for theoretically relevant outcome measures to evaluate intrapersonal and interpersonal changes in psychotherapy (Barber, 1994; Crits-Christoph, 1992). Theory-specific psychotherapy investigations are characterized by congruence among problem formulation, conception of change, outcome goals, and assessment (Schacht, Strupp, & Henry, 1988). Psychotherapy research conducted from a theory-specific framework provides unique opportunities to examine change in theoretically relevant psychological variables over the course of therapy and to better understand the links among psychotherapy process and outcome treatment components.

Psychodynamic/interpersonal therapists highlight the central role of interpersonal interactions in the onset, maintenance, and treatment of symptoms and psychopathology (Anchin & Kiesler, 1982; Horowitz & Vitkus, 1986; Sullivan, 1953, 1954). Therefore, standard measures of symptoms and global functioning are unlikely to capture the areas most targeted for client change. Furthermore, changes in relational patterns and styles are theoretically very relevant to psychodynamic/interpersonal models of treatment. Object-relations psychotherapy measures (Azim, Piper,
Segal, Nixon, & Duncan, 1991; Hoglend, 1988, 1993; Hoglend, Sorlie, Heyerdahl, Sorbye, & Amlo, 1993; Piper et al., 1991) and interpersonal psychotherapy measures (Anchin & Kiesler, 1982; Horowitz, Rosenberg, Baer, Ureno, & Villaseñor, 1988; Horowitz, Rosenberg, & Kalehzan, 1992) have been developed to assess variations in the qualities of clients’ pretreatment intrapersonal and interpersonal patterns of relating.

Two relational measures merit further discussion. The Quality of Object Relations (QOR) scale developed by Azim et al. (1991) offers an important contribution by employing a dimensional rather than a categorical approach to assessments of clients’ intrapersonal relational structures. Nonetheless, as Piper et al. (1991) acknowledged, the QOR scale requires raters to have a high level of clinical sophistication. The Structural Analysis of Social Behavior (SASB; Benjamin, 1982, 1993) is an interpersonal measure yielding ratings for the relational domains of self, other, and introject. SASB has enhanced understanding of the therapy interpersonal process. However, Strupp (1996) stated that SASB may miss nuances of the interaction, particularly pejorative communication as experienced by the client. Safran (1992) commented that the exclusive use of interpersonal measures misses key mediating intrapsychic mechanisms that are crucial to understanding clients’ perceptions of transactions. In order to build on the strengths of previous relational measures and to address their limitations, a theory-based measure is needed that is dimensional and adept in linking intrapersonal and interpersonal functioning.

Attachment theory (Bowlby, 1969, 1973, 1980) provides a useful framework for understanding individual differences in relationship structures. Attachment styles are relatively enduring characteristics that continue to pattern the quality of adult interpersonal interactions throughout the life span. Bowlby (1988) proposed that an internal working model is the mechanism by which one’s view of the self and others remains steady over time. The concept of an internal working model is also the cornerstone for adult attachment theory and for various relational structures in adult attachment styles (Pietromonaco & Barrett, 2000). Attachment theory posits three attachment styles; secure, insecure-avoidant, and insecure-ambivalent (Hazan & Shaver, 1987). Particular patterns of functioning are empirically linked with each style. For example, clinical investigations assessing clients’ pretreatment attachment styles in relation to posttreatment Global Assessment of Functioning (GAF; American Psychiatric Association, 1987) scores have revealed distinct psychotherapy outcome patterns of functioning for individuals with different attachment styles. Across a range of settings, posttreatment GAF scores are consistently higher for secure clients (Dolan, 1992; Fonagy et al., 1996), consistently lower for ambivalent clients (Dolan, 1992; Fonagy et al., 1996; Pilkonis, Heape, & Proietti, 1993), and consistently midway between these two groups for avoidant clients (Dolan, 1992; Fonagy et al., 1996). Regarding symptoms, clients with ambivalent attachment entered and terminated treatment with the highest number of symptoms, clients with avoidant attachment entered and terminated treatment with the least amount of symptoms, and clients with secure attachment entered and terminated treatment with symptom levels between the two other groups (Dolan, 1992). Attachment styles are clearly associated with therapy outcome and warrant additional investigation.

Recent developments in attachment theory have further characterized differences among internal working models for each attachment style. The Bartholomew and Horowitz (1991) model of attachment distinguishes between differences in how individuals see themselves (positive or negative) and others (positive or negative). In the four-category model of attachment, Bartholomew (1990) proposed that the avoidant category is more accurately divided into two separate styles, fearful and dismissing. Fearful attachment is characterized by negative views of self and other and is conceptually most similar to avoidant attachment in Hazan and Shaver’s model (1987). Dismissing attachment is typified by a positive view of self and negative view of other, and it is seen as a variant of avoidant attachment. Preoccupied attachment is typified by a negative view of self and positive view of others, and is conceptually most similar to ambivalent attachment in Hazan and Shaver’s model. Preoccupied, fearful, and dismissive styles are insecure attachments. Secure attachment is characterized by positive views of self and other.

Bartholomew and Horowitz (1991) developed an attachment rating system in order to empirically validate the four-category model of adult attachment and the corresponding internal working models of self and other for each attachment.
style. The Bartholomew and Horowitz rating system yields prototypical and dimensional measures of attachment styles. The prototype method rates an individual's attachment interview and narrative on its degree of likeness to each attachment style, thereby yielding four ratings that reflect the level of each attachment theme for each individual. The highest of these prototype ratings is considered to be the individual's dominant categorical attachment style. The inclusion of dimensional and categorical ratings of attachment styles provides intricate analysis of relational functioning. Griffin and Bartholomew (1994) argued that attachment measures must capture the interpersonal and intrapersonal nuances that exist for persons of the same dominant category. For example, someone with a fearful-dominant style yet high-secure dimension is different from someone with a fearful-dominant style yet high-dismissing dimension. Given the dimensional and categorical ratings of the Bartholomew and Horowitz system, it is possible that this attachment rating system may offer a more precise measure of relational change than has been achieved through object relations or interpersonal measures.

There is considerable evidence for the four-category model of attachment (Diehl, Elnick, Bourbeau, & Labouvie-Vief, 1998). The Bartholomew and Horowitz (1991) attachment rating system has been used in nonclinical investigations (Baldwin & Meunier, 1999; Bliwise, 1992) as well as in clinical investigations (Horowitz, Rosenberg, & Bartholomew, 1993; Kalehzan, 1993). Horowitz and colleagues illustrated that the four attachment styles were associated with four different areas of interpersonal distress as measured by the Inventory of Interpersonal Problems (IIP: Horowitz et al., 1988). Nonetheless, Horowitz et al. (1993) did not obtain standard outcome data regarding symptoms and global functioning scores. Furthermore, neither Horowitz nor the above-mentioned attachment studies (Dolan, 1992; Fonagy et al., 1996; Pilkonis, Heape, & Proietti, 1993) explored change in attachment styles over the course of treatment. Given the significant findings regarding clients' pretreatment attachment styles being associated with areas of interpersonal distress and differential patterns of posttreatment symptom and global functioning scores, the next natural step in clinical attachment investigations is to measure changes in attachment styles over the course of therapy.

Adult attachment theory is increasingly being referenced as a framework by which therapists may conceptualize and facilitate change in clients' intrapersonal and interpersonal relationships (Dolan, Arnkoff, & Glass, 1993; Horowitz et al., 1993; Liotti, 1991; Sperling & Berman, 1994; West & Sheldon-Keller, 1994). Although many clinicians and researchers have discussed the viability of change in attachment styles, to date we are not aware of any studies examining this change. Changes in attachment style may be especially associated with significant love relationships, major life transitions such as parenting or retirement, or involvement in psychotherapy (Bowlby, 1988; Ricks, 1985). Bowlby proposed a therapy outline to address change in attachment styles. He noted that his outline had much in common with other therapy models, including time-limited dynamic psychotherapy (TLDP; Strupp & Binder, 1984).

TLDP explicitly targets clients' maladaptive interpersonal patterns as enacted in the client-therapist relationship. TLDP also formulates the possibility of client internalization of the client-therapist interpersonal activity (Strupp & Binder, 1984). TLDP research has elucidated client internalization of the interpersonal process in therapy (Harrist, Quintana, Strupp, & Henry, 1994), offered evidence of therapists' contributions to positive introject change for clients (Harrist et al., 1994; Henry, Schacht, & Strupp, 1986), and offered evidence of therapists' contributions to negative introject change for clients (Henry et al., 1986; Henry, Schacht, & Strupp, 1990). Thus, it is possible that TLDP may facilitate dimensional and categorical changes in attachment styles, a theoretically relevant definition of successful outcome in psychodynamic/interpersonal therapies.

Two additional features of the present investigation are particularly noteworthy. First, TLDP and attachment theory share similar assumptions regarding treatment. These assumptions include the notion that intrapersonal and interpersonal change is possible, that change is an integration of affective, interpersonal, and cognitive components, and that therapists have an active, not passive, stance in the interpersonal world of the client (Bowlby, 1988; Strupp & Binder, 1984). In addition, both attachment theory and TLDP propose that clients not only construct the therapy relationship from internal working models but are also affected by the ways in which the therapist is
perceived as further contributing to, or refuting, these models of self and others. Second, the present client and therapist sample is drawn from the Vanderbilt II Study (Strupp, 1993) designed to examine the effects of a one-year manualized training program in TLDP on psychotherapy process and outcome. The Vanderbilt II investigation was made up of three separate cohorts of clients, all of whom were selected on the basis of significant interpersonal problems. Cohort I consisted of those clients who therapists treated before receiving TLDP training, Cohort II consisted of those clients who therapists treated while receiving training, and Cohort III consisted of those clients who therapists treated after receiving training. Cohort III was used for the present study and provides a rich data base for exploring questions about changes in attachment style, psychotherapy process, and psychotherapy outcome.

The primary goal for the present theory-specific investigation is to build upon previous studies by examining whether systematic and significant changes in clients’ categorical and dimensional attachment styles are possible in TLDP. A secondary goal is to better understand the associations between attachment styles and standard change measures by examining pretreatment and posttreatment measures of attachment styles, symptoms, and global functioning scores.

**Methods**

**Clients**

The Vanderbilt II Study (Strupp, 1993) provided most of the data for this investigation. The Vanderbilt II study was designed to examine the effects of a 1-year therapist training program in TLDP (Strupp & Binder, 1984) on psychotherapy process and outcome. (See Henry, Strupp, Butler, Schacht, & Binder [1993] for a complete description of the Vanderbilt II study, patients, selection procedures, and training procedures for therapists.)

The present study was comprised of the cohort of clients \((N = 29)\) seen after therapists completed TLDP training. A total of 84 clients, across three cohorts, were accepted into the study (19% of the potential client pool). Of these initial 84 clients, 77% were female and 96% were White. The sample ranged from high school to graduate levels of education. Subjects were 24–64 years old \((M = 41.0 \text{ years}, SD = 10.4 \text{ years})\). Seventy-one percent participated in one or two previous psychotherapy sessions over 10 years.

All accepted clients had genuine and significant interpersonal problems and demonstrated no initial indications for alternative treatments, such as medication or hospitalization. In addition, all clients satisfied minimal requirements for outpatient psychotherapy. These requirements included receiving at least one Axis I or Axis II diagnosis from the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III, American Psychiatric Association, 1980). From the sample, 87% of clients received an Axis I diagnosis and 67% received an Axis II diagnosis. The mean Global Severity Index (GSI) T-score from the Symptom Check List 90-Revised (SCL-90-R; Derogatis, 1983) was 48.1 \((SD = 5.8)\), with no client having a GSI score less than 1 \(SD\) below the outpatient normative means. Clients who left the project following four or fewer sessions were considered dropouts and were replaced. Clients who completed five or more sessions were retained for regular analyses \((N = 80)\). A total of 84 clients began the study, and four dropped out (5%). Disregarding dropouts, the mean number of sessions was 21.4 \((\text{range} = 5.25, SD = 6.1)\). A total of 29 clients comprised the Cohort III sample for the present study.

**Therapists**

Psychotherapists participating in the study were licensed clinical psychologists and psychiatrists and had been recommended by senior colleagues who typically were their teachers. All therapists had at least 2 years of full-time internship or postresidency clinical experience and were in private practice (years of experience ranged from 2 to 14 years; \(M = 5.3\) years with a \(SD = 3.7\) for psychiatrists and \(SD = 2.3\) for psychologists). There were 10 men and 6 women (6 male psychiatrists, 4 male psychologists, 2 female psychiatrists, and 4 female psychologists). All therapists were White and the majority considered themselves to be psychodynamically oriented.

**Procedures**

The principal procedure involved rating clients’ pretherapy and posttherapy attachment styles from intake and termination videotaped interviews conducted for the Vanderbilt II Study. Attachment style ratings were applied to videotapes of semistructured interviews about interpersonal relations conducted at entry into the Vanderbilt II Study and at the end of treatment. These
Attachment Styles

Interviews were conducted by independent clinicians, not by therapists treating the patients. As the Bartholomew and Horowitz (1991) system can be applied to any type of attachment narrative as long as the narrative provides sufficient detail about interpersonal relations, it was appropriate and useful in this study. Also, the Bartholomew and Horowitz rating system provides dimensional and categorical ratings of attachment styles.

Raters were undergraduate psychology majors recruited from a southeastern college and were blind to the purpose of this study. The raters were trained by one of the authors of this study (NGB) who received training in the Bartholomew attachment rating system. During the 24 hours of training delivered over 3 separate days, raters received direct instruction and a training manual, which included a description of attachment theory and specifically, the Bartholomew model for rating attachment styles. The manual included specific criteria for listening to client narratives and rating each of the attachment styles. The 15 raters were trained to a criterion level of reliability (0.85) on standardized written protocols unrelated to the present study. If the desired criterion level was not achieved after 24 hours of structured training, raters received additional training. Six raters received additional training, with five raters reaching the desired criterion level and one rater released from the project unable to reach a minimal level of reliability. Another rater elected to leave the project.

Two other pre-post measures were also utilized and collected at the intake and termination interview sessions. First, self-reports of clients’ symptoms were obtained from SCL-90-R scores. Second, Global Assessment Scale (GAS) scores were obtained from independent clinicians at the intake and termination interviews. The three pre and post measures (attachment styles, SCL-90-R, and GAS) were then analyzed for changes over the course of TLDP.

Measures

Bartholomew Attachment Rating Scale. The interview-based attachment-style rating system of Bartholomew and Horowitz (1991) was used to rate clients’ attachment styles. From the videotaped intake and termination interviews, two independent raters assessed each client on four 9-point scales describing the client’s degree of correspondence with each of the four attachment prototypes.

Two different procedures were used to obtain clients’ pretreatment and posttreatment attachment ratings. The first procedure examined the extent to which a client’s narrative, as evaluated from videotaped intake and termination interviews, matched each of the four attachment style prototypes as described by Bartholomew and Horowitz (1991). Each prototype received an ordinal prototype rating from 1 (no correspondence) to 9 (complete correspondence) based on the narrative’s degree of correspondence to each attachment prototype. This procedure yielded four ratings that reflected the level of each attachment theme present in the narrative. Next, a dominant attachment style was assigned to each narrative based on the highest prototype rating across all four prototypes.

Different ratings by two raters on a particular client’s narrative were resolved by a third independent rater. Final ratings were based on ratings from all raters. The prototype ratings across all four styles were examined for each subject. The highest rating was used as an index of each client’s “dominant” attachment style. Final reliability assessment of the raters revealed adequate reliability across styles (secure $x = .76$; preoccupied $x = .75$; fearful $x = .70$; dismissing $x = .74$). Although higher levels of reliability were preferred, the figures obtained may represent the complexity of the attachment style-rating task.

Symptom Checklist-90-Revised. (SCL-90-R; Derogatis, 1983). The SCL-90-R is a 90-item self-report inventory with nine symptom dimensions and three global indices. Four symptom dimension scores were selected for the present study. Anxiety and depression were chosen as they were widely reported by the TLDP sample. Hostility and interpersonal sensitivity were the two other symptoms selected for the present investigation because they represent interpersonal symptoms. Lambert and Hill (1994) discussed that the SCL-90-R is particularly useful for detecting change in brief therapy and for a client sample with heterogeneous diagnoses.

Global Assessment Scale. (GAS; Endicott, Spitzer, Fleiss, & Cohen, 1976). The GAS is a simplified version of the Health-Sickness Rating Scale (HSRS; Luborsky, 1962) and was used in the Diagnostic and Statistical Manual of Mental Disorders-III (American Psychiatric Association, 1980) at the time when Vanderbilt II was conducted. The GAS is a scale ranging from 1–100 that is used to evaluate clients’ overall level of...
functioning. The GAS is anchored at each 10-point interval with a clinical description that includes level of occupational and social functioning, as well as subjective distress. GAS ratings obtained from independent clinicians, not clients' therapists, are utilized for analysis.

**Results**

**Hypothesis 1**

There will be a significant increase, from pretreatment to posttreatment, in the number of clients rated as having a dominant-secure attachment style. In addition, there will be a lower rate of stability of attachment styles over the course of therapy that has been found in test-retest reliability studies.

Pretreatment categorical attachment ratings revealed there were 0 secure clients and 29 insecure clients. Pretreatment insecure clients were categorized as follows: 11 preoccupied clients (38%), 16 fearful clients (55%), and 2 dismissive clients (7%). Posttreatment analysis revealed 7 secure clients (24%), 10 preoccupied clients (34%), 8 fearful clients (28%), and 4 dismissive clients (14%). Ten clients (34%) retained the same attachment style over the course of this investigation. This 34% is much lower than the 75-80% test-retest reliability reported by Scharfe and Bartholomew (1994) in an 8-month study and the 78-95% test-retest reliability reported by Bakersman-Kranenburg and van Ijzendoorn (1993) in a 2-month study. With 19 of the clients (66%) changing attachment styles, it was important to inquire if the changes were systematic or random. A McNemar test indicated that there was a significant difference between the number of pretreatment secure/insecure clients and the number of posttreatment secure/insecure clients ($\chi^2 = 2.66, p < .05$).

The 19 clients changing dominant attachment styles were distributed as follows. For those 11 clients with pretreatment preoccupied attachment styles, 3 (27%) changed to secure, 4 (40%) remained preoccupied, 3 (27%) changed to fearful, and 1 (9%) changed to dismissive. For those 16 clients with pretreatment fearful attachment styles, 3 (19%) changed to secure, 6 (60%) changed to preoccupied, 5 (31%) remained fearful, and 2 (12%) changed to dismissive. For those 2 clients with pretreatment dismissive attachment styles, 1 (50%) became secure and 1 (50%) remained dismissive. Although it was hoped that the majority of clients would change to a secure style, a chi-square goodness-of-fit test indicated that the pattern of change was consistent with uniform distribution, $\chi^2 (3, N = 19) = 2.66, p > .05$. However, in the absence of base-rate information, it is not known what rate and pattern of change in attachment styles is reasonable to expect for a 25-session format of therapy. Thus, this study demonstrated that significant categorical changes from insecure to secure attachment styles occurred over the course of treatment. It is now important to examine if dimensional changes in attachment styles also occurred over the course of treatment.

**Hypothesis 2**

TLDP will significantly reduce levels of insecure attachment themes and significantly increase levels of secure attachment themes.

A $t$ test for paired samples revealed that there was a significant increase in secure attachment themes from pretherapy to posttherapy in clients' relationship narratives, $t(28) = -2.90, p < .05$. There was a significant decrease of fearful attachment themes from pretherapy to posttherapy across clients' narratives, $t(28) = 3.03, p < .05$. The observed decrease of preoccupied attachment themes from pretherapy to posttherapy was not statistically significant, $t(28) = 1.30, p > .05$. Dismissive attachment themes remained the same from pretherapy to posttherapy, $t(28) = -0.38, p > .05$ (see Table 1).

Thus, the Bartholomew and Horowitz (1991) attachment measure allowed the tracking of dimensional ratings of insecure and secure attachment themes over the course of therapy. In summary, analysis employing this dimensional measure indicated that there was significant movement for the group of clients toward secure attachment.

**Hypothesis 3**

Clients with posttreatment dominant-secure attachment styles will show more positive change on SCL-90-R scales of depression, anxiety, hostility, and interpersonal sensitivity than those with posttreatment dominant-insecure attachment styles.

Repeated measures ANOVA revealed no significant interaction between attachment security and the route of change in symptoms of anxiety, depression, interpersonal sensitivity, and hostility. However, main effects for time and attachment security were observed for most of these symptom subscales. The main effects for time
TABLE 1. Change in Attachment Themes

<table>
<thead>
<tr>
<th>Attachment Themes</th>
<th>Pretreatment</th>
<th>Posttreatment</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Secure</td>
<td>2.09</td>
<td>1.01</td>
<td>3.41</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>5.10</td>
<td>1.79</td>
<td>4.45</td>
</tr>
<tr>
<td>Fearful</td>
<td>5.43</td>
<td>2.02</td>
<td>4.04</td>
</tr>
<tr>
<td>Dismissive</td>
<td>2.95</td>
<td>1.71</td>
<td>3.08</td>
</tr>
</tbody>
</table>

Note. * p < .05.

reveal that symptoms declined consistently from pretreatment to posttreatment for anxiety, $F(1, 27) = 7.15, p < .01$; for depression, $F(1, 27) = 10.80, p < .01$; for interpersonal sensitivity, $F(1, 27) = 10.38, p < .01$; and for hostility, $F(1, 27) = 6.04, p < .025$. Main effects for attachment security were found for anxiety, $F(1, 27) = 6.16, p < .025$; for depression, $F(1, 27) = 5.85, p < .025$; and for interpersonal sensitivity, $F(1, 27) = 6.73, p < .02$. Therefore, clients who changed to secure attachment had consistently lower symptoms scores. Taken together, these main effects reveal that although those who changed to secure status entered the study with lower levels of symptoms, their symptoms reduced at the same rate as those who entered and terminated therapy with insecure attachment styles.

Hypothesis 4

At posttreatment, GAS scores will be significantly higher for clients with dominant-secure attachment styles as compared to clients with dominant-insecure attachment styles.

ANOVA with planned comparisons revealed that clients with secure attachment styles had significantly higher GAS scores than did the three other groups of clients with insecure attachment styles, $t(28) = 3.6, p < .05$ (see Table 2).

TABLE 2. Posttreatment Dominant Attachment Styles with Posttreatment GAS Scores

<table>
<thead>
<tr>
<th>Posttreatment Attachment Styles</th>
<th>Mean GAS Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>79.1*</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>62.4*</td>
</tr>
<tr>
<td>Fearful</td>
<td>66.3</td>
</tr>
<tr>
<td>Dismissive</td>
<td>67.0</td>
</tr>
</tbody>
</table>

Note. * p < .05.

Hypothesis 5

At posttreatment, GAS scores will be significantly lower for preoccupied clients as compared to clients with other insecure or secure styles.

ANOVA with planned comparisons revealed that there was a significant difference in the expected direction between those clients with dominant posttreatment preoccupied attachment styles and all other client attachment groups, $t(28) = -2.48, p < .05$ (see Table 2).

Discussion

This investigation demonstrated the importance of using theory-specific measures to examine the nature of change in psychodynamic/interpersonal psychotherapy. Successful outcomes for psychodynamic/interpersonal therapies reflect changes in clients’ relational structures. In the present investigation, systematic and significant changes in clients’ attachment styles and themes were evidenced over the course of TLDP treatment. TLDP is a treatment that formulates change in clients’ maladaptive relationship patterns as its principal goal (Strupp & Binder, 1984) and is thereby well-suited for an investigation examining change in attachment styles with a client sample identified as having significant interpersonal problems. However, it is recognized that this investigation’s design does not offer confirmation that TLDP treatment facilitated change in clients’ attachment styles and themes. Nonetheless, the present study has provided a range of data consistent with the theory and process of change in the attachment literature and in TLDP, and it is plausible that TLDP may have facilitated changes in clients’ attachment styles and themes. Furthermore, this investigation provided meaningful information regarding associations between relational and standard measures of client change.

Changes in clients’ dominant pretreatment and posttreatment attachment styles were tracked and
evaluated in this study. Only 34% of clients retained the same attachment classification, and this percentage was much lower than rates of attachment stability found in other studies (Bakersman-Kranenburg & van Ijzendoorn, 1993; Scharfe & Bartholomew, 1994). Moreover, the changes in dominant attachment styles were not random, as illustrated by the significant difference between pretreatment categories (0 clients with secure attachment styles and 29 clients with insecure attachment styles) and posttreatment categories (7 clients with secure attachment styles and 22 clients with insecure attachment styles). To date, there are no other clinical studies examining changes in attachment styles. Thus, the rate and pattern of change in attachment styles with clinical populations is simply not known.

Although it was important to examine if clients changed from insecure to secure attachment styles, it was also essential to understand if the client group, as a whole, became more secure. Using the Bartholomew and Horowitz (1991) dimensional measure of attachment, significant changes were identified from pretreatment to posttreatment levels of attachment themes across the client sample. This finding suggests some working through of relationship problems and indicated the client group as a whole was becoming more secure and less insecure. Specifically, there was a significant increase in secure attachment themes from pretherapy to posttherapy across clients' relationship narratives and a significant decrease in fearful attachment themes across clients' narratives from pretreatment to posttreatment. There was a decrease, although not significant, in preoccupied attachment themes and a small, though not significant, increase in dismissive themes. Other researchers have documented similar results regarding areas and rates change of interpersonal change in brief dynamic/interpersonal therapy. Horowitz et al. (1993) found a relatively rapid improvement in the interpersonal problems associated with secure styles (e.g., overly nurturant) or fearful styles (e.g., exploitable or socially introverted) and a relatively slower rate of change for interpersonal problems associated with preoccupied styles (e.g., intrusion) or dismissive styles (e.g., hostile dominance). Alternatively, Bein et al. (2000) found that many therapists in the Vanderbilt studies did not achieve complete competence in providing TLDP. It is possible that more skilled therapists would be better able to modify difficult areas of interpersonal interactions. In order to maximize possibilities for client change, therapists need to be cognizant that change for preoccupied themes may occur at a slower rate. Also, change for dismissive clients may rely on therapists' skills in learning how to effectively manage hostility or negative therapy process (Binder & Strupp, 1997).

In order to understand the relationship between theory-specific and standard measures of change, clients' symptoms and GAS scores were examined in relation to attachment styles. Regarding symptoms, there was a significant decrease in the pre-post measures of anxiety, depression, interpersonal sensitivity, and hostility for all clients. Furthermore, there were not different rates of symptom change for clients with posttreatment insecure or secure attachment styles. However, posttreatment-secure clients actually entered the study with lower levels of symptoms than did posttreatment-insecure clients. Individuals with secure attachment are more likely than individuals with insecure attachment to recognize their competence and vulnerability and thereby appropriately seek help when under distress (Cole-Detke & Kobak, 1996). It is possible that this study's posttreatment-secure clients sought help at an earlier stage than the other clients. Regarding GAS, clients with posttreatment dominant-secure attachment styles were found to have significantly high posttreatment GAS scores than were clients with posttreatment-insecure attachment styles. In addition, clients with posttreatment dominant-preoccupied attachment styles were found to have significantly lower posttreatment GAS scores than were clients of other attachment styles. These two findings parallel previous clinical studies examining posttreatment GAF scores among attachment styles (Dolan, 1992; Fonagy et al., 1996). Consistent with their hyperactivating strategy (making contact with others through portraying themselves in extreme distress and in need of sympathy and attention), it is quickly apparent why preoccupied clients would be rated with lower GAS and GAF scores by independent clinicians. Attachment styles become particularly evident in times of stress. Research with attachment styles has continually demonstrated that preoccupied individuals report and display high levels of distress and emotion-based coping across a range of interpersonal, war-related, and health-related stressors (Mikulincer & Florian, 1998). Thus, attachment theory provides a rich and clinically meaningful framework from which to link inter-
personal coping strategies with differential symptom and global functioning patterns for each attachment style.

Two features of the sample merit comment. First, the client sample was heavily represented by White (96%) female (76%) individuals with a high level of education (mean of 3 years of college). Second, 71% of the clients entered the study with previous exposure to psychotherapy that ranged from one to two sessions to over 10 years of treatment. Such homogeneity in sample characteristics limits the generalizability of this study’s findings.

It is important that the present study is replicated with a larger and more representative sample of clients and therapists in order to attain further evidence regarding changes in attachment styles over the course of therapy. In addition, learning more about clients who prematurely leave therapy would be beneficial to researchers and clinicians. Kazdin (1994) noted that it is crucial to obtain data on clients who leave therapy prematurely, as these clients are likely to differ, at least to some degree, from clients who stay in therapy. Investigating those clients who terminate therapy early may offer a distinctive view of qualitative differences within insecure and secure attachment categories.

In summary, psychodynamic/interpersonal psychotherapy research conducted from a theory-specific framework provides unique opportunities to examine change in theoretically relevant relational structures over the course of therapy. Adult attachment theory offers a meaningful research and clinical framework for understanding and measuring client relational change, as well as hypothesized change processes in TLDP. This investigation provided evidence for systematic and significant changes in clients’ categorical and dimensional attachment styles and distinct patterns of symptom and global functioning changes for each attachment style. A comprehensive picture of the effectiveness of brief psychodynamic therapy may only be obtained from research that examines the interplay between theory-specific and standard measures of change. Such research contributes a rich understanding of the nature of change, as well as the change processes, over the course of therapy. It is hoped that future psychodynamic/interpersonal psychotherapy investigations will continue to utilize theory-specific measures of change to better understand the process and outcome of psychotherapy.

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