Academic Article

Is a therapist's attachment style predictive of stress and burnout in a sample of Irish therapists?

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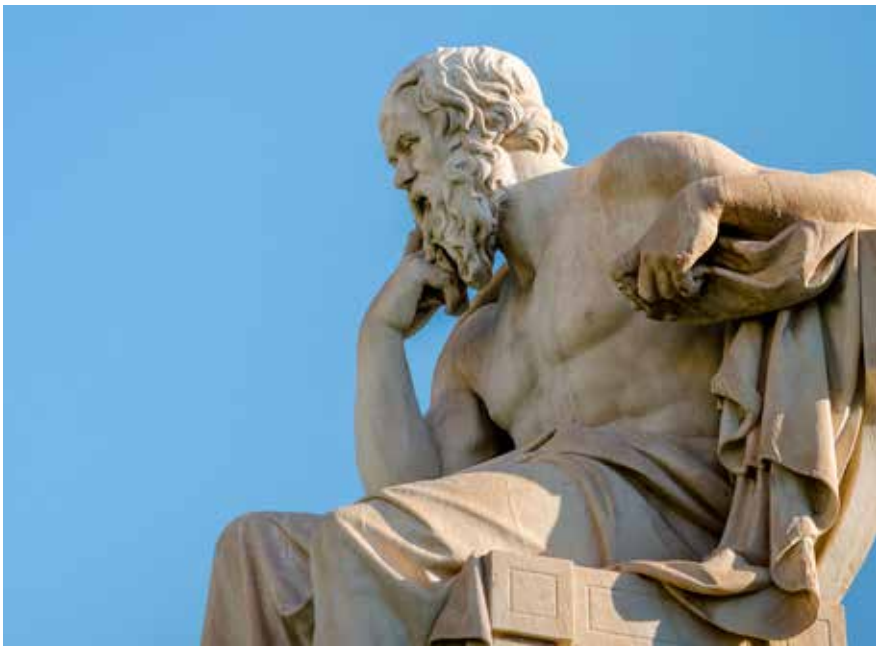

Abstract

The current study investigated whether attachment style, as measured by levels of attachment anxiety and avoidance, in a sample of (N = 137) therapists predicted stress and burnout. A series of hierarchical multiple regressions accounted for 20% of variance in stress, with insecure-anxious attachment and years working as a therapist being significant predictors, 12% in Emotional Exhaustion, with insecure-anxious attachment being significant, 17% in Depersonalization, with insecure-avoidant attachment and age being significant.

Introduction

Siegler, DeLoache and Eisenberg (2003) define attachment as 'an emotional bond developed with a specific person that is enduring across both time and space' (p. 213), with Ainsworth, Caldwell and Ricciuti (1973) proposing that attachment style is a relatively stable construct across time. She would go on to propose the existence of four separate styles of attachment, them being (A) secure, (B) insecure-avoidant, (C) insecure-anxious and (D) insecure-ambivalent (Ainsworth et al., 1973; Crittenden & Ainsworth, 1989). West (2015) determined that those working in the health services are at risk of developing negative health outcomes as a result of their attachment style. She determined that a carer's attachment style can act as a moderator of well-being, which is often measured in terms of levels of stress, burnout and compassion fatigue. In spite of West's (2015) assertion, there have been few previous applications of Attachment Theory specifically to therapists. In her review, she observed that an insecure attachment style predicted negative psychological outcomes in healthcare professionals, with a secure attachment predicting overall vitality. There is a developing literature suggesting that secure attachment is a predictor of general well-being. Pereira et al., (2011) observed that an insecure attachment style predicted increased levels of stress in those working in palliative care. In a study conducted over a period of six months, Kim, Kashy and Evans (2007) observed that palliative care workers with an anxious attachment style, characterized by 'a strong desire for closeness' (p. 35), as well as a 'hypervigilance for cues of abandonment, and emotional upset both at separation and reunion' (p. 35) with clients, presented with significantly higher levels of stress.

Burnout was defined by Maslach (1976) as 'a syndrome of emotional exhaustion, depersonalization of others, and a feeling of reduced

personal accomplishment' (p. 16). Subsequently, the characteristics of increased emotional exhaustion, depersonalization and diminished personal accomplishment would form the foundation of her measurement criteria for burnout; Maslach's Burnout Inventory. In a review of the literature, Bria, Baban and Dumitraşcu (2012) determined that burnout is a process which is often experienced by individuals who are exposed to 'overwhelming emotional and interpersonal interactions' (p. 21), with elevated instances of burnout being observed in nurses (Allan, Farquharson, Choudhary, Johnston, Jones, & Johnston, 2009) and hospital consultants (Taylor et al., 2005) among others. In a further review of the literature however, Danhof-Pont, van Even & Zitman (2011) observed no consistent biological predictors of burnout. Indeed, Heard, Lake and McCluskey (2011) suggested that previous exposure to trauma predisposed healthcare workers to elevated emotional exhaustion, supporting Egan, Meehan, Carr and Hevey's (2015) assertion that burnout may be the result of unconscious immature defence mechanisms such as dissociation, distortion of self by devaluing self in presence of others, or omnipotence, maintaining self-esteem by blaming the patient or other staff for their stress. The assertion that both immature emotional responding and the attachment security of the therapist-client relationships might be a fruitful area to develop research. Skovholt and Trotter-Mathison (2014) observed that secure attachment predicted lower levels of burnout in mental healthcare professionals, as well as higher levels of overall vitality and superior coping styles. Egan et al. (2015) reported that psychologists who used less mature defence styles (devaluing clients or self, or moving to omnipotence, or dominant/submissive positions in therapy) were more likely to present with both higher emotional exhaustion and depersonalization. Zerubavel and Wright (2012) expand on this by arguing that that a therapist's own psychological trauma can carry curative power for clients, but that the therapists need to be cognisant of their wound. Tosone, Bettmann, Minami and Jasperson (2010) observed that compassion fatigue was more prevalent in insecurely attached New York based social workers who worked with clients following September the 11th, 2001. In a subsequent study, Bauwens and Tosone (2014), noted that secure attachment predicted greater resilience in Social Workers from New Orleans following Hurricane Katrina, while insecure-avoidant and insecure-ambivalent attachment styles predicted greater compassion fatigue.

In addition to attachment style, factors such as age (Rosenberg and Pace, 2006), gender (Craig & Sprang, 2010) level of qualification (Sodeke-Gregson, Holttum, & Billings 2013), years working as a therapist (Lim, Kim, Kim, Yang, & Lee, 2010), hours of client contact per week (Cherniss, 2016), as well as perceived levels of social support (Pines, 2004) have been observed to predict psychological well-being in healthcare-professionals (as measured by way of the levels of stress, burnout and compassion fatigue).

The current study aims to investigate the relationships between therapists' attachment styles and their current levels of stress and burnout. There is a dearth of literature in relation to how attachment style and a therapist's well-being interact. Insecure attachment in therapists by definition describes their tendency to seek or not seek others in the modulation of personal upset. A tendency to withdraw from or not engage in instrumental and emotional supports may result in a therapist slowly and imperceptibly becoming more and more physically and emotionally drained (Figley, 2002). The current lack of extant research is ironic given that stress (Cohen, 2004) and burnout (Bria et al., 2012) present more frequently in professionals who work directly with patients or service users in some capacity (Figley, 2002).

Method

Participants

A sample of 137 therapists aged between 26 and 74 years of age, average age 52 years, Standard Deviation (*SD*) = 9.9, were recruited for analysis. Demographics are displayed in Table 1 below. Both men and women who participated had similar ages.

Table 1.

	N	Mean Age	SD
Male	25	54	9
Female	112	52	10
Total	**137**	**52.3**	**9.9**

Measures

A series of questionnaires were used as part of analysis.

1. Attachment Style was measured using the Adult Attachment Questionnaire (AAQ; Simpson, Rholes & Phillips, 1996). The AAQ is a 17 item questionnaire that measures participant's levels of avoidance and anxiety.
2. Perceived Social Support was measured using the 12 item Perceived Social Support (PSS) Scale (Zimet, Dahlem, *Zimet* & Farley 1988; Cronbach's Alpha of .9).
3. The General Health Questionnaire-12 (GHQ-12) was used to measure general well-being (Goldberg & Williams, 1988; Cronbach's alpha of .63).

4. Burnout was measured using Maslach and Jackson's (1986) 22 item Burnout Inventory (MBI) for Human Services, with the items pertaining to Emotional Exhaustion holding a Cronbach's alpha of .9. The Depersonalization subscale had a Cronbach's alpha of .8, while the Personal Achievement subscale has a Cronbach's alpha of .9.

Survey Monkey was used as a means of collecting the data from therapists. The use of online questionnaires ensured that participants could be easily contacted, provide consent, complete the questionnaires and be provided with an extensive debriefing in an efficient manner. Additional apparatus utilised was a personal computer, which facilitated the use of SPSS and Microsoft Word. SPSS was used to perform analysis on the data collected.

Procedure

Participants were contacted via e-mail. Participants were sampled randomly. A total of 1,046 e-mails were sent, with 177 responses indicating a response rate of 17%. Of these, 40 responses were incomplete and therefore excluded, thus leaving a total of 137 complete responses. The e-mail included an introduction to the author, a description of the research being conducted and a link to the online questionnaire.

Ethics

Ethical approval was sought and received from the School of Psychology at the National University of Ireland, Galway. Given the sensitive nature of what was being measured, participants were provided with a list of contacts for in the event that they became distressed during data collection. These contacts were provided on the consent form presented to participants prior to the study. The participants, however, were not considered to be vulnerable.

Results

A series of three hierarchical multiple regressions were employed to evaluate how age, gender, years working as a therapist, qualification, perceived social support, levels of anxious avoidant attachment predicted levels of general stress, emotional exhaustion, and depersonalization in therapists. In each regression, age, gender, years working as a therapist and qualification level were controlled for in Step 1, Perceived Social Support was entered in Step 2 and levels of avoidant and anxious attachment were entered in Step 3.

The first Hierarchical Multiple Regression was conducted to observe the predictors of Stress in Therapists, the results of which are displayed in Table 2.

With regard to therapists' stress levels, the overall model was significant (F (8, 136) = 5.16, p < .00, R2 = .24, Adj R2 = .20). Step 1 did not significantly predict any of the variance (F (5, 131) = 1.56, p = .18, R2 = .06, Adj R2 = .02), although age (β = .22, p < .02) and the number of years working as a therapist (β = -.19, p < .05) were observed to be significant predictors of stress in therapists. Step 2 was observed to be significant (F (6, 130) = 12.55, p < .01, R2 = .14, Adj R2 = .10), however, Perceived Social Support (β = -.10, p = .27) was not observed to be a significant predictor of stress in therapists. Step 3 was also observed to be a significant predictor of stress in Therapists (F (8, 128) = 8.56, p = .00, R2 = .24, Adj R2 = .20, all VIF (<1) and tolerance (> 1) scores ensured against multicollinearity). An anxious attachment style (β = .35, p < .00) significantly predicted stress in therapists, whereas the avoidant attachment style did not (β = .08, p = .41).

A second Hierarchical multiple regression was conducted in order to observe the predictors of Emotional Exhaustion in therapists. The results of the analysis is displayed in Table 3.

The overall model was significant ($F_{(8, 136)} = 3.29, p < .00, R^2 = .17, Adj\ R^2 = .12$), accounting for 12% of the overall variance. Step 1 did not significantly predict any of the variance ($F_{(5, 131)} = 1.61, p = .16, R^2 = .06, Adj\ R^2 = .02$. Step 2 was observed to be significant ($F_{(1, 130)} = 3.19, p < .00, R^2 = .13, Adj\ R^2 = .09$), however, Perceived Social Support (β = -.15, p = .14) was not observed to be a significant predictor

Table 2. *Hierarchical Multiple Regression for Predictors of Stress in Therapists* (N = 137)

Variable	β	R^2	*Adj* R^2	*F* Change
Step 1		.06	.02	1.56
Age	.22*			
Gender	.10			
Qualification	-.03			
Years Working as a Therapist	-.19*			
Hours of Client Contact per week	.10			
Step 2		.14	.10	12.55**
Perceived Social Support	-.10			
Step 3		.24	.20	8.56***
Avoidance	.07			
Anxiety	.35***			

Total R^2 = .24, Total *Adj* R^2 = .20. Significance Level: * = p < .05, ** = p < .01, *** = p < .00.

Table 3. *Hierarchical Multiple Regression for Predictors of Emotional Exhaustion in Therapists (N = 137)*

Variable	β	R^2	*Adj* R^2	*F* Change
Step 1		.06	.02	1.61
Age	-.13			
Gender	-.02			
Qualification	-.03			
Years Working as a Therapist	.04			
Hours of Client Contact per week	.16			
Step 2		.13	.09	10.51**
Perceived Social Support	-.15			
Step 3		.17	.12	3.27*
Avoidance	.06			
Anxiety	.22*			

Total R^2 = .17, Total *Adj* R^2 = .12. Significance Level: * = $p < .05$, ** = $p < .01$

of Emotional Exhaustion in Therapists. Step 3 was also observed to be a significant ($F_{(2, 128)} = 3.29$, $p = .00$, $R^2 = .17$, *Adj* $R^2 = .12$), with therapists anxious attachment style ($\beta = .22$, $p < .05$) significantly predicting stress in Therapists (only 3% of the variance), with the avoidant style not being related to emotional exhaustion ($\beta = .06$, $p = .53$).

A third Hierarchical multiple regression was conducted in order to observe the predictors of depersonalization in therapists. The results of the analysis is displayed in Table 4, with the overall model being significant and accounting for 17 percent of the variance ($F_{(8, 136)} = 4.58$, $p < .00$, $R^2 = .22$, *Adj* $R^2 = .17$).

Step 1 was significant ($F_{(5, 131)} = 2.53$, $p < .05$, $R^2 = .09$, *Adj* $R^2 = .05$), however, age ($\beta = -.25$, $p < .01$) was the only variable observed to significantly predict Depersonalization in therapists. Step 2 was also observed to be significant ($F_{(1, 130)} = 3.9$, $p < .01$, $R^2 = .15$, *Adj* $R^2 = .11$), but Perceived Social Support ($\beta = -.08$, $p = .43$) did not predict elevated Depersonalization in Therapists. Step 3 was also observed to be significant ($F_{(2, 128)} = 4.58$, $p < .00$, $R^2 = .22$, *Adj* $R^2 = .17$), with an avoidant attachment style ($\beta = .23$, $p < .05$) predicting depersonalization in therapists.

Table 4. *Hierarchical Multiple Regression for Predictors of Depersonalization in Therapists (N = 137)*

Variable	β	R^2	*Adj* R^2	*F* Change
Step 1		.09	.05	2.53*
Age	-.25**			
Gender	-.11			
Qualification	-.06			
Years Working as a Therapist	.02			
Hours of Client Contact per week	.06			
Step 2		.15	.11	9.91**
Perceived Social Support	-.08			
Step 3		.22	.17	5.77**
Avoidance	.23*			
Anxiety	.16			

Total R^2 = .22, Total *Adj* R^2 = .17. Significance Level: * = $p < .05$, ** = $p < .01$

Discussion

One distinct limitation of the current research is that a cross-sectional design was employed. While cross-sectional designs enable the efficient collection of data, they do not allow for statements of causation, which is particularly important given Shanafelt et al's (2012) observation that burnout in Healthcare Professionals develops gradually, over years of therapeutic encounters.

This is the first published study investigating the effect of attachment styles on a large sample of therapists working in Ireland. Having an anxious or preoccupied attachment style resulted in having higher general levels of stress which replicates West's (2015) findings in health care professionals. Interestingly, attachment anxiety also predicted emotional exhaustion in therapists, with the avoidant attachment style predicting higher levels of detachment from clients via a depersonalization syndrome. As per Egan et al.'s (2015) call for supervisors to be trained in identifying immature defence styles in therapists, the call might also need to be expanded to helping therapists reach out for support rather than becoming pre-occupied and anxious in relation to their clients, and for therapists who use an avoidant way of coping interpersonally, to stay present and to learn to tolerate attachment anxiety and distress.

Further research needs to take place to explore whether primitive defence styles related to the attachment system, such as dissociation could be key defences related to the avoidant attachment style being activated in therapists. Finally, it would also be interesting to investigate whether some therapists somatise their distress rather than seek a carer and put the distress into words. An analysis of commonly reported somatic symptoms such as musculoskeletal pain (neck and

back), headaches (migraine and tension), gastro-intestinal upset and fatigue might be fruitful and add to the supervisor's understanding of the care-seeker.

References

Ainsworth, M. D. S., Caldwell, B. M., & Ricciuti, H. N. (1973). Review of child development research. *University of Chicago Press,* 1-94.

Ainsworth, M. S. (1979). Infant–mother attachment. *American psychologist*, *34* (10), 932.

Allan, J., Farquharson, B., Choudhary, C., Johnston, D. W., Jones, M. C., & Johnston, M. (2009). Stress in telephone helpline nurses: research protocol for a study of theoretical determinants, physiological aspects and behavioural consequences. *Journal of advanced nursing*, *65*(10), 2208-2215.

Bauwens, J., & Tosone, C. (2014). Posttraumatic growth following Hurricane Katrina: The influence of clinicians' trauma histories and primary and secondary traumatic stress. *Traumatology*, *20*(3), 209.

Bria, M., Băban, A., & Dumitraşcu, D. L. (2012). Systematic review of burnout risk factors among European healthcare professionals. *Cognition, Brain, Behavior: An Interdisciplinary Journal*, *16*(3), 423-452.

Cherniss, C. (2016). *Beyond burnout: Helping teachers, nurses, therapists and lawyers recover from stress and disillusionment*. London and New York: Routledge.

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping*, *23*(3), 319-339.

Crittenden, P. M., & Ainsworth, M. D. (1989). Child maltreatment and attachment theory. In D. Cicchetti and V. Carlson (Eds.) *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*, 432-436. Cambridge: Cambridge University Press.

Danhof-Pont, M. B., van Veen, T., & Zitman, F. G. (2011). Biomarkers in burnout: a systematic review. *Journal of psychosomatic research*, *70*(6), 505-524.

Egan, J., & Carr, A. (2005). Burnout in female counsellor/therapists of the NCS: Study II. In *Paper resented at the Psychological Society of Ireland Annual conference*.

Egan, J., Meehan, J., Carr, A., & Hevey, D. (2015). Burnout, is it just a case of immature defence styles?. *European Health Psychologist*, *17*(5), 475.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of clinical psychology*, *58*(11), 1433-1441.

Heard, D., McCluskey, U., & Lake, B. (2011). *Attachment therapy with adolescents and adults: theory and practice post Bowlby*. London: Karnac Books.

Kim, Y., Kashy, D. A., & Evans, T. V. (2007). Age and attachment style impact stress and depressive symptoms among caregivers: a prospective investigation. *Journal of cancer survivorship: research and practice*, *1*(1), 35-43.

Lim, N., Kim, E. K., Kim, H., Yang, E., & Lee, S. M. (2010). Individual and work-related factors influencing burnout of mental health professionals: a meta-analysis. *Journal of Employment Counseling*, *47*(2), 86-96.

Maslach, C. (1976). Burnout. *Human behavior*, *5*(9), 16-22.

McCluskey, U. (February, 2010). Understanding the self and understanding therapy: an attachment perspective. Una McCluskey. Retrieved March 20th, 2016, from www.unamccluskey.com/wp-content/uploads/2011/03/article-for-context-magazine.pdf.

Pereira, S. M., Fonseca, A. M., & Carvalho, A. S. (2011). Burnout in palliative care: A systematic review. *Nursing Ethics*, *18*(3), 317-326.

Pines, A. M. (2004). Adult attachment styles and their relationship to burnout: A preliminary, cross-cultural investigation. *Work & Stress*, *18*(1), 66-80.

Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals: Special considerations for the marriage and family therapist. *Journal of marital and family therapy*, *32*(1), 87-99.

Siegler, R. S., DeLoache, J. S., & Eisenberg, N. (2003). *How children develop*. London: Macmillan.

Skovholt, T. M., & Trotter-Mathison, M. J. (2014). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. New York and London: Routledge.

Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European journal of psychotraumatology*, *4,* 1-10.

Tosone, C., Bettmann, J. E., Minami, T., & Jasperson, R. A. (2010). New York City social workers after 9/11: Their attachment, resiliency, and compassion fatigue. *International journal of emergency mental health*, *12*(2), 103-116.

West, A. L. (2015). Associations Among Attachment Style, Burnout, and Compassion Fatigue in Health and Human Service Workers: A Systematic Review. *Journal of Human Behavior in the Social Environment*, *25*(6), 571-590.

Zerubavel, N., & Wright, M. O. D. (2012). The dilemma of the wounded healer. *Psychotherapy*, *49*(4), 482-491.

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From the rural Fanad peninsula in North Donegal, Ciaran Carr is a recent graduate of the Health Psychology Masters program at the National University of Ireland, Galway. His undergraduate research dealt with the predictors of risky driving behaviour in male drivers as well as the predictors sexual hygiene and health in students. More recently, he has observed attachment style as a predictor of well-being in therapists, in term of the levels of stress, burnout and compassion fatigue they present with. He is currently employed as a Health and Social Care Support Worker where he hopes to garner vital experience that will aid his progression as a clinician in future, while also satiating his interest in research.

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