Cumulative Trauma and Therapeutic Alliance: The Moderator Role of Avoidant Attachment in a Sample of Women Consulting in Sex Therapy

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Abstract

It is increasingly recognized that women consulting in sex therapy are likely to have experienced high rates of childhood interpersonal traumas (e.g., Berthelot et al., 2014). Empirical data documented that trauma survivors tend to present higher rates of insecure attachment, relationship difficulties and sexual dysfunctions (Najman et al., 2005), with the accumulation of interpersonal traumas being related to more severe and complex symptoms (Hodges et al., 2013). Therapeutic alliance has repetitively been highlighted as a key component to predict treatment efficacy (Baillargeon et al., 2005). A few studies revealed a negative association between childhood traumas and therapeutic alliance (e.g., Alden et al., 2006), and between attachment security and a greater therapeutic alliance (Diener & Monroe, 2011). The current study examined the role of attachment in the link between cumulative trauma and therapeutic alliance in women seeking sex therapy. A total of 77 women consulting in sex therapy were recruited within the first weeks of treatment. Cumulative trauma (i.e., childhood sexual, psychological or physical abuse) was assessed via the Early Traumatic Inventory-Self Report (Bremner et al., 2007) while the two dimensions of attachment (anxiety over abandonment and avoidance of intimacy) were assessed through the Experience in Close Relationship Scale-12 (Lafontaine et al., 2015). Therapeutic alliance was measured with the Working Alliance Inventory-Short Form (Tracey & Kokotovic, 1989) assessing the three elements of Bordin's (1979) theory: agreement on 1) tasks and 2) goals, and the 3) bond between the therapist and the patient. Results revealed that the majority of participants reported cumulative trauma (77.9%), and that a history of cumulative trauma is more likely to contribute to poorer therapeutic alliance than single type of interpersonal trauma. While attachment was not directly associated to the quality of therapeutic alliance, avoidance of intimacy acted as a moderator between cumulative trauma and agreement on tasks. More precisely, in patients with high avoidance, cumulative trauma was associated to increased difficulties to agree on tasks with their therapist, low avoidance acting as a protective factor. While findings need to be replicated, they suggest the need for sex therapists to investigate both past traumas and current attachment representations to guide therapeutic tools and optimize treatment benefits.

Introduction

- Women seeking sex therapy tend to report higher rates of childhood interpersonal trauma (e.g., sexual, physical or psychological violence, neglect, or exposure to parental violence), than women from the general population (e.g., Berthelot et al., 2014). Moreover, victimized children are likely to experience more than one type of childhood abuse (Ullman & Brecklin, 2002).
  - The accumulation of two or more interpersonal traumas tends to be associated with a more severe and complex symptomatology than a single traumatic experience (Hodges et al., 2013), such as psychological distress (Berthelot et al., 2014), or sexual and couple dysfunctions (Berthelot et al., 2014; Najman et al., 2005).
- Moreover, survivors may present long lasting intimate and avoidance issues in close relationships (Godbout et al., 2009). In turn, avoidant attachment is related to the capacity to form a strong therapeutic alliance (Diener & Monroe, 2011).
  - Yet, the potential role of avoidant attachment as moderator of the link between trauma and alliance has not been examined.
- It is important to explore these variables, since a strong therapeutic alliance is a key component to predict treatments' effectiveness (Baillargeon et al., 2005).
  - According to Bordin's theory (1979), therapeutic alliance includes three dimensions: agreement on 1) tasks and 2) goals, and 3) the bond between the therapist and the patient.

OBJECTIVE: To evaluate a statistical model of the association between avoidant attachment, cumulative trauma and therapeutic alliance in women seeking sex therapy.

HYPOTHESIS: Avoidance of intimacy should moderate the negative correlation between cumulative trauma and therapeutic alliance.

Method

PARTICIPANTS:

- *N* = 77 women
- Mean age = 35.74 years old (*SD* = 11; ranging from 19 to 67 years old)
- 93.2% were Canadians
- 94.7% considered themselves as heterosexual, and 5.3% as bisexual
- Status: 13% single; 13% occasional partner(s); 16.9% with a regular partner; 41.6% in a common-law relationship; 15.6% married
- Occupation: 17.1% Students; 47.9% Workers; 7.9% Unemployed; 9.2% At home; 6.6% Retired; 1.3% on Welfare
- Education: 5.2% Elementary school; 11.7% High school; 48.1% College; 35.1% University
- Income: 73.7% below CAN$40,000 / year

PROCEDURE:

- Women consulting in sex therapy were recruited within the first weeks of treatment, via their interns-therapists in sexology.

QUESTIONNAIRES:

Cumulative trauma

- Assessed by the Early Traumatic Inventory-Self Report (ETI-SR) (Bremner et al., 2007).
- Sums up 7 different types of childhood interpersonal traumas: sexual victimization, physical and psychological violence, parental physical and psychological neglect, exposure to physical and psychological parental violence.
- Dichotomized into 0 = one trauma or less; 1 = two traumas or more.

Therapeutic alliance

- Assessed by the Working Alliance Inventory-Short Form (WAI-SF) (Tracey & Kokotovic, 1989), which has three subscales: tasks, goals and bond.

Attachment

- Assessed by the Experience in Close Relationship Scale-12 (ECR-12) (Lafontaine et al., 2015), which measures the two dimensions (anxiety over abandonment and avoidance of intimacy), and the four styles of attachment (secure, dismissing, preoccupied and fearful).

Results

Table 1. Prevalence of childhood interpersonal traumas

	%
Child sexual abuse	54.5
Parental physical violence	50.0
Parental psychological violence	71.6
Parental physical neglect	25.3
Parental psychological neglect	73.0
Exposure to physical parental violence	21.1
Exposure to psychological parental violence	61.3

Table 2. Prevalence of attachment styles

	%
Avoidance of intimacy above cut-off	64.9
Attachment styles	
- Secure	9.1
- Dismissing	15.6
- Preoccupied	26.0
- Fearful	49.4

Table 3a. Cumulative trauma and therapeutic alliance

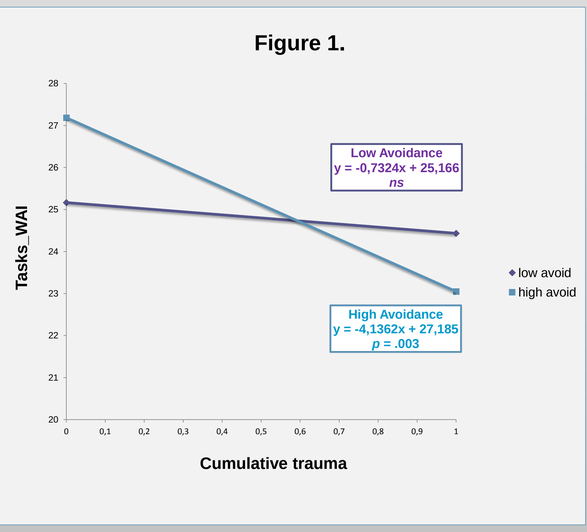
	Tasks_WAI	Goals_WAI	Bond_WAI
Cumulative trauma	**-.282***	**-.152**	**-.169**

Results indicated that cumulative trauma was related significantly to one dimension of therapeutic alliance: common agreement on tasks. The moderator model was tested for this variable.

Table 3b. Correlations

	Tasks_WAI	Avoidance
Cumulative trauma	**-.282***	**.249***
Child Sexual Abuse	.109	.063
Parental physical abuse	-.013	.078
Parental psychological abuse	-.271*	.206
Parental physical neglect	.086	-.034
Parental psychological neglect	-.124	.270*
Exposure to physical parental violence	-.073	.158
Exposure to psychological parental violence	.022	-.008

Figure 1.



***Note :* *p ≤ .05 **p ≤ .01 ***p ≤ .001**

Table 5. Regressions

Bloc 3	**B**	***SD***
Constant	23.885***	1.425
Cumulative trauma	-2.253**	.833
Avoidance	.720	.491
Cumulative trauma x Avoidance	-1.644*	.766
Bloc	**R^2 ajusted**	**ΔR^2**
1: Cumulative trauma	.067	.080*
2: Add Avoidance	.063	.008
3: Add Interaction	.106	.054*

Discussion

- Findings reveal high rates of avoidance of intimacy above clinical cut-off and cumulative trauma in our sample of women consulting in sex therapy, with only 9.1% of the participant having a secure attachment, and the majority (77.9%) reporting more than one childhood interpersonal traumas.
- Results underline a negative link between cumulative trauma and common agreement on tasks, but not with the other dimensions. The accumulation of traumatic experiences had a stronger association with poor therapeutic alliance (Task) than each single type of interpersonal trauma.
  - In other words, the more women had experienced different types of traumas, the more likely they were to have difficulties reaching agreement with their therapist on the therapeutic tasks, to develop a common understanding concerning the activities put in place to achieve the therapeutic objectives.
- However, avoidant attachment acted as moderator in the relation between cumulative trauma and the agreement on task:
  - In participants with high avoidance, cumulative trauma intensified the difficulty to agree on task with their therapist, thereby low avoidance acted as a protective factor by neutralizing the association between cumulative trauma and agreement on tasks.

LIMITATIONS AND RESEARCH AVENUES

- These findings should be replicated in a sample of man consulting in sex therapy to allow for a gender comparison. In future studies, this moderation model could be used to explore therapy outcomes, such as the improvement of sexual difficulties.

CLINICAL IMPLICATIONS

- This study highlighted that a high rate of women consulting in sex therapy experienced childhood interpersonal traumas. This is not surprising given that such trauma was found to be linked to various symptomatology (e.g., sexual and couple dissatisfaction). The current study confirm that past traumatic experiences and associated outcomes should be carefully assessed in sex therapy patients.
- While trauma survivors might develop insecure attachment, those with low levels of avoidance are more prone to establish satisfying common treatment plan (i.e., activities), which in turn lead to therapeutic efficiency. As such, therapist are invited to assess attachment representations in their patients to prevent barriers that could hamper the offered treatment.
- In highly avoidant patients, therapist will gain to target avoidant attachment patterns to increase the quality of the therapeutic alliance, and therefore, the efficacy of the therapy. For instance, Emotion Focused Therapy offers techniques centered on attachment, and is sensitive to trauma survivors (Johnson, 2002; MacIntosh & Johnson, 2008).

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