

## **Effects of attachment-focused versus relationship skills-focused group interventions for college students with insecure attachment patterns**

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### **Abstract**

This study tested the attachment issues segment of Kilmann's (1996) manualized attachment-focused (AF) group intervention. College students with insecure adult attachment patterns were randomly assigned into either a manualized attachment-focused group or into a manualized relationship skills-focused (RS) group. A no-intervention control condition (NC) was recruited in the same manner. Between pre- and post-testing, AF and RS participants reported decreased agreement with dysfunctional relationship beliefs. AF participants also reported higher self-esteem, decreased angry reaction, and increased control of anger. RS participants reported improved interpersonal styles. At the 15–18-month follow-up, AF and RS participants reported increased self-awareness and positive relationship expectations and experiences, while NC participants reported no positive changes.

**Keywords:** *Attachment issues, group intervention, relationship skills*

### **Introduction**

The high rate of relationship distress and divorce in the USA has fueled the development of various interventions designed to prevent relationship problems. Such interventions typically provide realistic and practical information about relationships and skill-building either to individuals or to engaged or newlywed couples (e.g., Larson & Holman, 1994). However, there is a lack of information on the long-term effectiveness of these programs in preventing relationship problems for particular individuals (Pinsof & Wynne, 1995). Because individuals differ in their approach to close relationships, a further challenge is for prevention programs to consider such differences.

Attachment theory (Bowlby, 1969/1982, 1973, 1977, 1980) offers a framework for understanding individual differences in relationship expectations and behaviors. The theory suggests that individuals adopt unique internal working models or “mental representations” of self and others from childhood interactions with caregivers. These childhood interactions form a prototype for expectations of adult friendship or romantic relationships that govern one's approach to close relationships, also known as one's attachment pattern (Shaver & Hazan, 1994). Several classification systems of attachment patterns have been proposed. Among these is Bartholomew and Horowitz's (1991) four category model, which includes one secure pattern and three insecure patterns: preoccupied, fearful-avoidant, dismissive-avoidant. Securely attached adults think positively of themselves and others and are

comfortable with intimacy and autonomy. Preoccupied individuals tend to be overly concerned about abandonment, have low self-esteem, and make unreasonable demands for reassurance and nurturance. Fearful-avoidants fear rejection, think negatively of themselves and others, and don't trust others easily. Dismissive-avoidants distance themselves from others to experience autonomy and feelings of self-worth.

Considerable research (e.g., Carranza & Kilmann, 2000; Carranza, Kilmann, & Vendemia, 2005; Collins, 1993; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Hindy & Schwartz, 1994) has suggested that attachment insecurity is related to a number of negative relationship outcomes. Thus, individuals with an insecure attachment pattern are at risk for relationship distress. In this regard, preventive interventions for insecure individuals should be provided before a history of relationship disappointments has been established. With this goal in mind, Kilmann (1996) developed a manualized attachment-focused (AF) group intervention that attempts to foster in participants a greater awareness of their attachment issues to lay the groundwork for more positive relationship experiences. To facilitate participants becoming more satisfied in their current or potential romantic relationships, AF includes an extended focus on targeting and resolving their unique attachment issues, and briefer segments on relationship beliefs and skills. AF initially was presented in a 2-hour, twice weekly format for 5 weeks (a total of 20 hours) to 14 insecurely attached, never-married women (Kilmann, Downer, Carranza, Major, Laughlin, & Marinkovic, 1998). At the 6-month follow-up, participants reported increased satisfaction with family relations and decreased agreement with dysfunctional relationship beliefs in contrast with no-intervention controls. Responses to change-related open-ended questions offered highly positive feedback about program effects. Next, Kilmann, Laughlin, Carranza, Downer, Major, and Parnell (1999) tested the AF intervention on 13 women with avoidant attachment patterns. The four metaphors that the participants rated lowest in impact effectiveness were deleted, resulting in a slightly revised 17-hour intervention. To reduce the defensiveness and denial which are characteristic of insecure individuals (Fraley, Davis, & Shaver, 1998), AF was presented in an intensive, 3-day weekend format. At a 6-month follow-up, AF participants reported improved and more positive interpersonal styles, enhanced satisfaction with family relationships, decreased agreement with dysfunctional relationship beliefs, a less fearful and more secure attachment pattern, and rated their relationship experiences more positively than no-intervention controls. These findings were considered encouraging, given the brevity of the time frame within which the intervention was presented (Brennan, 1999).

Post-intervention feedback from the participants and the leaders suggested that a mixed gender group of 10 or less might offer future participants more opportunities for learning. The present study incorporated these suggestions in testing the isolated effects of the 12-hour attachment issues segment in AF. To this end, we deleted any references to relationship skills in the existing AF intervention. We contrasted this "revised" AF intervention with a manualized Relationship Skills (RS) intervention (Kilmann, 1997) that contains no references to family of origin attachment issues. Although the interventions potentially could affect individuals differently depending upon whether they are classified as preoccupied, fearful, or dismissive, the study was focused to examine to what extent the interventions would foster similar and different outcomes. Accordingly, it was expected that AF and RS participants would report less agreement with dysfunctional relationship beliefs between the pre and post follow-up testing periods. However, as a function of receiving the attachment issues segment in AF, it was expected that AF participants also would report less anger and higher self-esteem than RS participants. It was expected that RS participants would report less interpersonal problems than AF participants. It was also expected that

participants in both intervention groups would report more positive changes than a sample of no-intervention control (NC) participants who were recruited similarly but who did not receive an intervention.

## **Method**

### *Participants*

The participants were 48 undergraduate males and females who met the same four screening criteria used in our prior intervention studies: (1) they had never been married, (2) they were not engaged, (3) they had no children, and (4) their highest score on the Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) reflected one of the three insecure attachment patterns (i.e., fearful-avoidant, dismissive-avoidant, preoccupied).

Sixteen female and male participants (four categorized as fearful-avoidant, five as dismissive-avoidant, seven as preoccupied) were in the AF condition: their mean age was 20.6 years, with a standard deviation of 2.0 years. Seventeen female and male participants (four categorized as fearful-avoidant, nine as dismissive-avoidant, four as preoccupied) were in the RS condition: their mean age was 19.8 years, with a standard deviation of 1.1 years. Fifteen male and female participants (five categorized as fearful-avoidant, six as dismissive-avoidant, and four as preoccupied) served as no-intervention controls: their mean age was 20.5, with a standard deviation of 1.4.

### *Leaders*

Two female–male dyads were the leaders. One dyad consisted of two first year graduate students, while the other dyad consisted of a first year graduate student and an advanced undergraduate. The two leader dyads had several meetings with each other and with a faculty supervisor in which they rehearsed the delivery of the intervention manuals. The two leaders within each group alternated taking primary responsibility for the presentations, discussions, and group exercises within each segment of the AF and RS interventions. It should be noted that the leaders were blind to the participants' attachment scores.

### *Attachment-focused (AF) intervention*

*Relationship beliefs segment (3 hours).* In an introductory overview, the leaders present the rationale for the program (e.g., high rate of break-ups of cohabiting couples, high divorce rate for first marriages and remarriages) to enhance participant motivation for active involvement and learning. After sharing their educational, family, and dating background, the leaders ask each participant to provide similar information.

Next, participants are assisted in constructing a rational belief system about intimate relationships. Members then divide into small groups and read a handout of commonly held unrealistic relationship beliefs (e.g., “If you loved me, you would know what I mean (what I want),” “You can’t understand me since you don’t do as I ask,” “No matter what I do, my partner will not leave if he/she loves me.”) Other unrealistic relationship beliefs include those presented by Larson (1992). Following the Socratic method of disputing irrational beliefs (Dryden & DiGuiseppe, 1990), the leaders challenge any unrealistic beliefs held by the participants.

*Attachment issues segment (12 hours).* The “attachment issues” segment is focused on family of origin factors, which contribute to partner choices and attachment styles. Cognitive restructuring methods are used to help participants identify and express anger and disappointments. Participants are encouraged to resolve these feelings and related experiences. Principles of attachment theory and the cognitive and behavioral manifestations of different attachment styles are presented. Participants discuss how their primary caregiver expressed affection and intimacy, and how anger and conflicts were handled in their family of origin. Participants relate what they liked about their family life and what they would have wanted to be different. They are guided to understand ways that family life experiences shape expectations about how relationships “are supposed to be,” and what are the origins of their own pattern of closeness and distance (e.g., “the impact of there and then on here and now”). Irrational personal beliefs which hinder self-esteem (e.g., Ellis & Harper, 1975) are noted. Participants are encouraged to feel entitled to their own thoughts and feelings, and to their expression. They are shown examples of how their self-worth is governed by what they tell themselves, and how to take responsibility for their emotions.

Next, participants share successes and disappointments in their dating experiences. Interpersonal problems that trigger attachment-related feelings such as jealousy, fear of loss, and desire to withdraw from closeness are addressed. “Attachment-related feelings” (Brennan & Shaver, 1995), such as separation anxiety, discomfort with dependence, and resistance to merge with partner, are discussed. After listing the risks and benefits of being close to a partner, participants discuss various feelings and actions which sabotage relationships: extreme jealousy, the need to control, the need to test a partner’s commitment, verbal and physical abuse, difficulty in controlling anger, resistance toward commitment, a fear of being controlled, discomfort with being alone, and excessive expectations of a partner.

The next focus is on cognitive restructuring. Participants are encouraged to feel less governed by negative past experiences and to adopt the notion that troublesome relationship strategies can be unlearned. Participants are encouraged to reconcile previous dating hurts and disappointments so that these feelings do not directly or indirectly sabotage current or future romantic relationships (i.e., “Make peace with your history.” “You have to look back before you can move forward.” “You can’t heal the wound until you clean it.” “Starting now, you can successfully cope with things which have previously upset you.”) Metaphors that indirectly highlight relationship issues, such as Hammond’s (1990) “Golden Retriever Metaphor” and “The Pygmalion Metaphor,” are used to reduce defensiveness and negative expectations and to increase awareness. In small groups, participants read and discuss the attachment issues portrayed in Friedman’s (1990) fables: “The Bridge,” “Round in Circles,” “Metamorphosis,” “Attachment,” “Jean and Jane,” “The Magic Ring,” and “The Wallflower.” These exercises highlight differences between individuals in feeling responsible for a partner, in trusting that a partner is available if needed, in accepting a partner’s differences, and in making attempts to change a partner. Participants are challenged to “break the mold” and adopt a new working model of an intimate relationship which includes mutual give and take, mutual need fulfillment, greater relational trust, and greater comfort with feelings of closeness and intimacy. In essence, participants are encouraged to understand and to make peace with their relationship history and to grow beyond where they are.

*Relationship strategies segment (2 hours).* This segment offers guidelines to help participants navigate relationships more successfully. Participants discuss the merits of the presumed

“hidden agenda” in mate selection: people fall in love with someone different from themselves but then try to change the person to the familiar, which is their comfort zone (“We seek in some way to recreate the early family relationships that we either observed or were a part of.”) Participants then identify similarities and differences in personality traits and interpersonal behaviors between themselves and past and/or present partners. Couple mismatches and troublesome traits predictive of relationship distress are discussed. Participants contrast their parents’ relationship with their own model of an ideal relationship. The importance of reciprocity is emphasized: “If you want something, you have to give something.” “If you want to be loved, you have to give love.” Characteristics of a positive relationship partner (Brennan & Shaver, 1995) are discussed: honesty, considerateness, loyalty, respectful, a good listener, sensitivity to a partner’s feelings, providing comfort and understanding. Participants are given guidelines for what to expect from a partner. Strategies for preventing relationship distress and criteria for determining that a relationship is not fulfilling are discussed.

### *Relationship skills (RS) intervention*

The manualized RS intervention (Kilmann, 1997) consists of three sequential segments: (1) relationship beliefs, (2) relationship skills, and (3) relationship strategies. The relationship skills segment, derived from procedures used with groups of cohabiting, engaged, and marital couples (e.g., Kilmann et al., 1986, 1987), teaches communication and conflict-handling skills. Participants relate how past or present romantic partners typically expressed anger, and what thoughts, feelings, or actions triggered these feelings. Destructive communication styles are discussed with examples: (e.g., “How come you never. . .?”, “Why don’t you ever. . .?”). Using behavioral rehearsal, instructions (including modeling), and feedback from group members, participants are taught active listening, distinguishing between assertion and aggression, and constructive ways to express anger using the principles of fair-fight training (Bach & Bernhard, 1979). Specific negotiation and problem-solving skills are presented. Participants are taught to set appointments to discuss conflicts, to state requests of partners in specific terms, to meditate on partner requests to inhibit the tendency for verbal attack, and to give and accept feedback regarding verbal and nonverbal messages. Participants also are shown how to increase positive exchanges.

In essence, the revised version of AF consists of three sequential segments: (1) dysfunctional relationship beliefs and expectations, (2) attachment issues influencing partner choices and relationship styles, and (3) relationship strategies. RS consists of three sequential segments: (1) dysfunctional relationship beliefs and expectations, (2) the presentation, discussion, modeling, and role-play of conflict-resolution and communication skills, and (3) relationship strategies. Thus, although segments (1) and (3) are in the same sequence in both interventions, the revised AF does not address relationship skills. RS does not include the 12-hour focus of AF which addresses family of origin attachment references and issues. Instead, RS has a 12-hour focus on the presentation, discussion, modeling, and role-play of conflict-resolution and communication skills (including two 29-minute films, Robinson, 1994a, 1994b). Throughout AF and RS, efforts are directed toward enhancing learning from small group exercises that emphasize equal member participation. The manualized, step-by-step sequence of components in both interventions (presentations, discussions, and group exercises) increases the likelihood of leader adherence to the program, and permits replication.

### Measures

*Relationship Scales Questionnaire (RSQ)*. The RSQ (Griffin & Bartholomew, 1994) is a 30-item self-report measure with items taken from Hazan and Shaver's (1987) attachment measure, Bartholomew and Horowitz's (1991) Relationship Questionnaire, and Collins and Read's (1990) Adult Attachment Scale. Respondents are asked to rate themselves on a 5-point scale on statements about their approach to close relationships. The RSQ indirectly measures four attachment patterns: secure, fearful-avoidant, preoccupied, and dismissive-avoidant. The highest score, after items within each subscale are averaged, is considered the best-fitting attachment category, although most respondents reflect features of more than one category. Bartholomew and Horowitz (1991) found that it is not unusual for respondents to fit more than one attachment pattern to the same extent.

The RSQ has a Cronbach's alpha of .41 for the secure attachment pattern and .70 for the dismissive-avoidant attachment pattern. Internal consistencies can be low because two orthogonal dimensions (model of self and model of others) are combined to create each pattern (e.g., secure attachment reflects positive self-model and positive other-model quadrant). Construct validity of the two underlying dimensions has been shown (Bartholomew, 1990). Multitrait-multimethod matrices and confirmatory factor analyses have shown the convergent and discriminant validity of the two dimensions (Griffin & Bartholomew, 1994). Convergent validity between the RSQ scores and interview ratings has been demonstrated (Griffin & Bartholomew, 1994). Schafer and Bartholomew (1994) demonstrated moderate to high test-retest reliability and stability over an 8-month period of time, ranging from .81 to .84 for "perception of self", and from .72 to .85 for "perception of other."

*The Relationship Beliefs Inventory (RBI)*. The RBI (Eidelson & Epstein, 1982) asks subjects to rate 32 items that assess dysfunctional beliefs about relationships. The items form five scales: "Disagreement is destructive," "Mindreading is expected," "Partners cannot change," "Sexual perfection is expected," and "The sexes are different." The Cronbach alpha coefficients for the five scales range from .72 to .81. The RBI has shown moderate evidence of convergent and construct validity. Our index of positive change was in less agreement with the three dysfunctional relationship beliefs that are targeted in the initial segment of both interventions: "Disagreement is destructive," "Mindreading is expected," and "Partners cannot change."

*The Rosenberg Self-Esteem Inventory (RSEI)*. The RSEI (Rosenberg, 1965) is a 10-item scale measuring global self-esteem. The RSEI has a Cronbach's alpha of .88 and correlates .33 with social desirability (Fleming & Courtney, 1984). The RSEI also has demonstrated adequate convergent and discriminant validity. Low scores indicate higher self-esteem.

*The Anger-Trait Scale (ATS)*. The ATS (Spielberger, Jacobs, Russell, & Crane, 1983) consists of 10 items assessing the frequency of angry feelings. Two factors are derived: angry temperament (Cronbach's alpha = .89) and angry reaction (Cronbach's alpha = .75). The ATS has adequate concurrent validity. Our index of positive change was a decrease on each factor.

*The Anger Expression Scale (AES)*. The AES (Spielberger, Johnson, Russell, Crane, Jacobs, & Worden, 1985) consists of 24 items assessing ways of dealing with anger. Three

internally consistent factors (Cronbach's alphas range from .60 to .70) are derived: Keeping anger in, Letting anger out, and Controlling anger. The AES has shown evidence of adequate convergent and divergent validity. Components in AF address releasing and resolving the anger that is characteristic of insecure. Our index of positive change was an increase on the "Controlling anger" factor.

*The Inventory of Interpersonal Problems (IIP).* The IIP (Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988) consists of 127 items on which subjects rate difficulties in various interpersonal domains using a 5-point scale. Eight circumplex scales are derived: Domineering, Vindictive, Cold, Socially Avoidant, Nonassertive, Exploitable, Overly Nurturant, Intrusive. Cronbach alphas range from .74 to .89. The IIP has shown acceptable validity. We used a decrease on the total IIP score as our index of positive change.

*The Preparation for Marriage (PREP-M).* The PREP-M (Holman, Busby, & Larson, 1989) consists of 204 items that measure premarital factors that predict marital quality. Areas assessed include personal readiness for marriage and background and home environment factors, such as the quality of the parent-child relationship. Although sections of the PREP-M are designed for seriously dating or engaged couples, the instrument is adaptable for use with unattached individuals. The Cronbach alpha coefficients of the subscales range from .64 to .88. The PREP-M has demonstrated predictive validity. Our index of positive change was an increase in the two subscales that appear to reflect positive changes from reframing early relationships with caregivers: "Importance of marriage and family," and "Independence from family-of-origin."

*Change-related questions.* As part of their follow-up assessment, participants in the three conditions wrote responses to five open-ended change-related questions about their relationship experiences: "from the time the experiment ended until now." These questions were: (1) In what ways (if any) have you increased your knowledge of romantic relationships? (2) In what ways (if any) have you changed your knowledge, beliefs, and feelings about yourself? (3) In what ways (if any) has your trust in others changed? (4) Looking back, what was the most important thing you learned about relationships? How did you learn this information? (5) Any other comments regarding your dating and relationship experiences between the time of the experiment and now?

### *Procedure*

An opportunity to gain extra course credit by participating in a weekend group program to prevent relationship problems was announced to an undergraduate Psychology of Marriage class, and to an undergraduate Theories of Personality class. All students in the two classes had the same additional options for extra credit. Interested students completed a brief family background questionnaire, the RSQ, and an Informed Consent form. Volunteers whose RSQ score reflected one of the three insecure adult attachment patterns responded to the outcome measures on the Thursday evening before each of two consecutive experimental weekends. When pre-testing was completed, volunteers were randomly assigned either to AF or RS. One AF and one RS group were conducted during each of the two weekends. Each of two male-female leader teams (different from our first two studies) conducted one of two AF groups and one of two RS groups on successive weekends: 3 hours on Friday evening, 7 hours on Saturday, and 5 hours on Sunday (a total of 15 hours). The assignment of one of the two leader teams to AF or RS on each of the two experimental weekends was

randomly determined. Thus, each of the two leader dyads conducted one AF and one RS intervention.

The two AF groups had seven and nine participants, while the two RS groups had eight and nine participants, respectively. The participants returned 3 days later (Monday evening) to again respond to the outcome measures including the RSQ. All participants also rated the perceived helpfulness of 25 intervention components (presentations, discussions, handouts, and exercises) on a scale from one to seven (strongly disagree to strongly agree); 15 components were relevant to both interventions, while 10 components were specific either to AF or RS. AF and RS participants also rated each leader on six characteristics; knowledge, clarity of presentation, caring, understanding, sensitivity, and trust. AF and RS participants then provided written responses to open-ended questions about the impact of the program.

In the next semester, the same opportunity to participate in a weekend group program to prevent relationship problems for extra course credit was announced to the same two undergraduate classes as before. Students in both courses again had the same additional options for extra credit. Interested students again completed a brief family background questionnaire, the RSQ, and an informed consent form. Sixteen volunteers whose RSQ scores indicated that they represented one of the three insecure adult attachment patterns were randomly selected from a larger participant pool to comprise the no-intervention control condition (NC). They were informed that: (1) they may or may not be selected to receive the weekend group program to be conducted over a 3-day weekend 2 weeks later, (2) they would be expected to commit to participate over that weekend if the program became available for them, for which they would earn extra credit points, and (3) they would receive half the number of extra credit points if they were not chosen to participate in the program. The NC participants responded to the pre-test administration of the outcome measures 2 weeks later on a Thursday evening. After pre-testing, they were told that they would learn of their experimental assignment following the next assessment session, which occurred on the following Monday evening. After post-testing, the NC participants were told that due to scheduling difficulties, they would not be able to receive an intervention but, as promised, they still would receive the extra credit points for responding to the questionnaires and for their willingness to commit to participate in the weekend program. In essence, the 16 NC participants were recruited in the same manner as the AF and RS participants. They also responded to the outcome measures within the same time interval over a weekend as the AF and RS participants had done but did not receive an intervention.

Between 15 and 18 months after the intervention weekends took place, AF, RS, and NC participants were contacted either by phone or mail and told they would receive \$30 for responding to follow-up questionnaires. Of the original 48 participants, 45 (16 AF, 16 RS, and 14 NC) completed the follow-up measures: two RS participants and one NC participant indicated that they did not have the time to respond.

## **Results**

### *Pre- to post-test effects*

Because no significant pre-test differences were found between the two AF groups and between the two RS groups, respectively, the data were combined within each of the two conditions. This yielded an overall  $N=16$  for the AF condition, overall  $N=15$  for the RS condition, and  $N=14$  for the no intervention control (NC) condition. The means of the participant scores on the dependent variables across the three time periods are presented in Table I.

Table I. Means on dependent variables for intervention and control groups.

	AF-Intervention ( <i>n</i> = 16)			RS-Intervention ( <i>n</i> = 15)			Control ( <i>n</i> = 14)		
	Pre	Post	Follow	Pre	Post	Follow	Pre	Post	Follow
Interpersonal problems	1.2	1.1	0.7	1.3	1.1	0.9	1.1	1.0	0.8
Importance of marriage and family	2.8	3.0	3.0	3.0	3.1	3.1	3.1	2.9	3.0
Independence from family of origin	2.8	2.6	2.7	2.7	2.7	2.8	2.8	2.7	2.8
Dysfunctional relationship beliefs									
Disagreement is destructive	11.6	8.3	9.6	15.2	11.9	14.4	17.1	14.7	15.0
Partners can't change	14.1	11.3	14.12	15.2	12.6	15.1	17.1	14.8	14.9
Mind reading is expected	15.3	11.5	11.4	18.6	15.4	14.7	20.4	18.9	18.0
Anger									
Temperament	6.6	5.9	6.8	6.7	6.4	6.4	8.6	7.9	7.5
Reaction	10.6	9.4	8.8	10.0	10.5	9.1	9.2	9.9	8.7
Control	22.7	25.7	23.4	21.1	22.2	24.1	20.8	20.7	24.6
Self-esteem	19.1	16.8	18.3	17.7	17.1	17.1	17.2	16.8	18.1

Intervention effectiveness initially was evaluated using repeated-measures multivariate analysis-of-variance (MANOVA) procedures. “Group” served as the between-subjects factor and “time” served as the within-subjects factor. No significant between-groups differences were found among the three groups in terms of the amount of pre–post change observed. This suggested that the amount of pre–post change was not significantly different for the groups.

To determine the extent of pre–post changes within each group, within-groups repeated measures (MANOVA's) were subsequently performed separately for each of the three groups. For the AF intervention participants, the combined dependent variables showed significant pre–post change ( $F(12,4) = 10.23$ ,  $p < 0.05$ ) using the Wilks' criterion (Tabachnick & Fidell, 2001). Exploring the data further at the univariate level, these participants demonstrated significantly less agreement with the following RBI dysfunctional relationship beliefs: “Disagreement is destructive” ( $F(1) = 8.30$ ,  $p < 0.05$ ), “Mindreading is expected” ( $F(1) = 12.18$ ,  $p < 0.05$ ), and “Partners cannot change” ( $F(1) = 4.77$ ,  $p < 0.05$ ). They also reported improved self-esteem on the RSEI ( $F(1) = 5.89$ ,  $p < 0.05$ ), decreased angry reaction on the ATS ( $F(1) = 4.67$ ,  $p < 0.05$ ), and increased control of anger on the AES ( $F(1) = 11.57$ ,  $p < 0.01$ ).

Regarding the RS intervention participants, the combined dependent variables showed significant pre–post change ( $F(12,5) = 13.75$ ,  $p < 0.01$ ) using the Wilks' criterion. Similar to the AF participants, RS participants reported significantly less agreement with the following RBI dysfunctional relationship beliefs: “Disagreement is destructive” ( $F(1) = 6.45$ ,  $p < 0.05$ ), “Mindreading is expected” ( $F(1) = 8.40$ ,  $p < 0.05$ ), and “Partners cannot change” ( $F(1) = 5.67$ ,  $p < 0.05$ ) at the univariate level. RS participants also reported a significant decrease in interpersonal problems on the IIP total score ( $F(1) = 21.17$ ,  $p < 0.01$ ). For the NC participants, the combined dependent variables showed no significant pre–post change ( $F(12,2) = 5.52$ ,  $p = 0.16$ ) using the Wilks' criterion.

AF participants' responses to change-related open-ended questions indicated that they learned more positive relationship strategies (e.g., “I will be able to tell if the relationship is worth pursuing and I will finally be able to open up to someone and merge completely—will take some time and practice”; “I will give my partner more of myself and share more of myself”; “I learned that my beliefs of my partner will hurt me it is not necessarily true so I shouldn't be pulling away”; “I am going to make the effort to trust people”; “Maybe if I give

a little of myself, I can find happiness instead of being so secluded”). Comments from three AF participants (i.e., “I felt a little uncomfortable talking about the past”; “discussing painful memories of childhood was stressful”; “didn’t like sharing some stuff”) suggested that they experienced some discomfort from revisiting past hurts and disappointments. RS participants reported improved communication and conflict-resolution skills (e.g., “I am learning to communicate problems without nagging or starting a heated argument”; “I learned that I am doing some things wrong [approaching problems in bad ways] and I can do something about it”; “I learned how to better approach someone when I have a problem”). None of the RS participants reported any emotional discomfort. The participants’ ratings of leader characteristics (i.e., knowledge, clarity of presentation, caring, understanding, sensitivity, and trust) were highly positive with no significant differences between the two leader teams. Participants also rated the components in their respective intervention segments very highly.

#### *Follow-up evaluation*

The follow-up consisted of 45 of the 48 original participants. Their relationship status was obtained from categories used by Kirkpatrick and Hazan (1994). None of the participants had married and only one participant was engaged. More than 50% of the subjects in each condition were in an exclusive dating relationship.

As would be expected for college students, the participants reported considerable variability in their relationship status between the pre-test and follow-up periods. Twenty-six participants reported one or more break-ups. Sixty percent of the RS participants were in an exclusive relationship at the pre-test (in contrast with 42% and 31% of the NC and AF participants, respectively). Table II reports the percentage of participants with an exclusive relationship at follow-up by their pre-test relationship status for each of the three conditions. Approximately 38% of the AF participants, 21% of the NC participants, and 13% of the RS participants not in an exclusive relationship at the pre-test were in one at the follow-up. Only one AF participant and three NC participants were still in the same exclusive dating relationship at the pre-test and follow-up periods. As shown, a similar percentage of participants in the three conditions were in an exclusive dating relationship at the follow-up regardless of their pre-test relationship status.

Follow-up effects on the dependent variables were evaluated using multivariate analyses of variance (MANOVA). Although trends favored the intervention participants over the NC participants, no significant pre-follow-up or post-follow-up changes were found for any of the three conditions. Thus, the statistically significant changes observed at post-test had largely regressed at the follow-up.

As noted above, the AF, RS, and NC participants also responded to five open-ended questions about their dating and relationship experiences over the follow-up period. As

Table II. Percentage of participants in an exclusive relationship at follow-up by relationship status at pre-test period.

Group	Relationship status at pre-test period			Total percent in an exclusive dating relationship
	No exclusive dating relationship	Same exclusive dating relationship	New exclusive dating relationship	
<b>AF</b>	37.50% (6/16)	6.25% (1/16)	12.50% (2/16)	56.25% (9/16)
<b>RS</b>	13.33% (2/15)	33.33% (5/15)	13.33% (2/15)	60.00% (9/15)
<b>NC</b>	21.43% (3/14)	21.43% (3/14)	14.29% (2/14)	57.14% (8/14)

shown in Table III, the written comments of the AF and RS participants offer important anecdotal evidence of the positive impact of each intervention on beliefs, feelings, and behaviors regarding their relationship experiences. In contrast, the comments of the NC participants suggested no positive relationship-related changes.

Table III. Illustrative responses to open-ended questions.

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<b>Attachment-focused (AF) participants</b>
“It (the program) has made me more understanding and willing to try to communicate better.”
“It (the program) has given me more knowledge to share with my partner.”
“Not expecting my partner to know what I am feeling without telling him.”
“I realized what a difficult person I was to be with.”
“My expectations of a man were unrealistic but I need to work on issues of trust.”
“I try to think about the other person more.”
“That it’s good to really think about a relationship and not just let it happen.”
“I understand why my past relationship might have failed.”
“Intimate relationships are very complicated and a lot of things should be considered while being in one.”
“I had difficulty expressing myself in front of strangers but I was able to get through it, making me stronger.”
“To trust a little more (still working on that).”
“That if you disagree, it doesn’t mean that you don’t love each other.”
“Let go of past hurts, you can’t change them.”
“Being patient with people and what they can really offer.”
“It made me realize that a good relationship takes both people trying and wanting to work.”
“It has made me more sure of myself.”
“That no relationship is better than a bad one.”
“How much your childhood affects your outlook and capability for romantic relationship successes.”
“I am more realistic now—I’m not looking for the ‘perfect man’.”
“I am serious about a good relationship—not the fairy tale that I had made up in my mind.”
“Family has a large affect on how you behave in relationships.”
“I feel much more happy with myself.”
“Now my relationships are better so that the trust comes easier.”
“I realized more and more about myself and what kind of relationship that I want.”
“Even though I wasn’t in a relationship at the time, I grew a lot because of the program.”
“To be considerate of my mate and to understand her needs.”
“It has opened my mind to the other person’s feelings, needs, and wants.”
“I faced some past and present fears about myself and past relationships.”
“That all relationships are different and that you must figure out what you want before placing expectations on your partner.”
<b>Relationship skills-focused (RS) participants</b>
“I know better how to improve and pick my battles.”
“I have more realistic expectations.”
“I know better what to expect and how to handle situations.”
“It is helpful to think about personal beliefs and desires.”
“It may have caused me to be a more thoughtful partner.”
“I realized how important communication is—I broke-up with my boyfriend of 7 years because of communication problems.”
“I feel like I know myself a lot better, especially after the anger session.”
“That there are many things about myself that I would change somewhat, like my anger and lack of trust of others.”
“It taught me how to deal with anger—how to relate to my partner.”
“I can communicate better now—I realize that talking things out is very important in a relationship.”
“I realize that I was too easily losing my temper and I have become more calm.”
“I listen now—I can be more sensitive.”
“To communicate and try to work things out.”
“That people are different and you have to adjust to that.”

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(continued)

Table III. (Continued).

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“I feel justified in my beliefs and feelings—I thought that I was the only who felt like I did.”  
 “How to argue—fight fairly.”  
 “It helped me to realize that not all differences are biological.”

**No-intervention control (NC) participants**

“I am less caring.”  
 “I am too busy to spend a lot of time with my partners.”  
 “My trust remains the same.”  
 “Not to expect others to change—learn to either accept others’ differences or get out.”  
 “I really have not increased my knowledge.”  
 “I feel that I am looking for women in all of the wrong places.”  
 “I have learned that smooth-talking men can’t be trusted.”  
 “I shouldn’t jump into a relationship right away.”  
 “Not much—nothing has changed.”  
 “I hold more value on small things in life now—you can be here today and gone tomorrow.”  
 “I think that I still have some of the same beliefs.”  
 “I have learned that you can’t always trust people at face value.”  
 “My partner and I—just wonder, will the struggles ever end.”  
 “I know that I don’t need a boyfriend to be happy.”  
 “I seem to have trouble trusting my partner.”  
 “Right now I realize that my temper has changed drastically—I get angrier more easily.”

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## Discussion

This study reflected several methodological strengths in contrast to previous studies aimed at the early prevention of relationship distress in unmarried samples. These strengths included the random assignment of insecurely-attached participants to the intervention groups, the inclusion of similarly recruited no-intervention participants, the manualized interventions, the use of standardized measures, and the long-term follow-up.

We found that intervention participants as a group reported statistically significant pre to post changes that were consistent with our predictions. More specifically, AF and RS participants reported less agreement with dysfunctional relationship beliefs. AF participants also reported a positive shift in self-esteem, decreased anger, and greater control of anger. Since the AF segment specifically addresses the acknowledgement and expression of past and present angry feelings as a strategy to remove blocks to positive self-esteem, these results are encouraging and may be reflective of the restructuring of attachment-related thoughts and feelings. RS participants rated themselves having less interpersonal problems, perhaps due to the intensive intervention focus on the development and practice of communication and conflict skills.

Although many pre-follow-up trends on the dependent variables were in the expected direction, we did not find statistical evidence of long-term positive changes. The many participants who experienced one or more break-ups over the follow-up period likely had their attachment system activated, which may have precipitated at least a temporary return to less functional beliefs, feelings, and behaviors regarding close relationships. Nevertheless, the written comments of positive change can be considered important feedback of intervention effectiveness. That is, AF and RS participants reported more knowledge of the workings of close relationships, improved self-esteem, increased trust of others, and greater self-awareness. None of the intervention participants reported any negative long-term effects. One participant ended a relationship, “due to the information that I learned”; this can be considered a positive outcome within a prevention framework.

The participants in our earlier intervention study (Kilmann et al., 1999) were women with fearful-avoidant or dismissive-avoidant attachment patterns who received the complete AF intervention (relationship beliefs, attachment issues, relationship skills, relationship strategies). Unlike the present intervention participants, those participants did not report significant changes on the anger variables, possibly because their group consisted solely of avoidants, who tend to deny angry feelings (Dutton et al., 1994). However, like the intervention participants in the present study, those participants reported decreased agreement with dysfunctional relationship beliefs and improved interpersonal styles. These positive changes were maintained at the 6-month follow-up. Post-intervention comments to the change-related open-ended questions in our earlier study also mirrored the positive comments of the participants in the present study. The findings of our earlier study (Kilmann et al., 1999) taken together with our present findings offer empirical support for positive short-term changes from the AF and RS intervention segments, and at least anecdotal support for long-term positive changes on relationship-related variables.

Individuals of different attachment styles are likely to differ in the manner in which they become engaged in the intervention. From clinical experience, dismissives may withdraw from emotional issues, preoccupieds may desire to discuss emotional issues but will blame parental figures for disappointments, while fearfuls may welcome an intervention due to loneliness and life dissatisfaction. Thus, because preoccupied individuals acknowledge anxiety over perceived abandonment and are overly dependent (e.g., Collins, 1993; Dutton et al., 1994; Hindy & Schwarz, 1994), they might feel more comfortable than avoidants in addressing and discussing emotional issues stemming from childhood experiences, which is a key component of the AF segment. In contrast, avoidants, who distrust others and therefore engage in emotional distancing (e.g., Bartholomew & Horowitz, 1991; Collins & Read, 1990; Kilmann, Carranza, & Vendemia, 2005), may feel more comfortable than preoccupieds in the acknowledgement and expression of angry feelings in the structured exercises within the RS segment. Clinical experience further suggests that dismissing and preoccupied individuals tend to be idealizing when talking about early interactions with parents.

#### *Limitations and recommendations*

It should be noted that this study reflected several methodological limitations. Although various options for extra course credit were made available, some participants may have volunteered solely to improve their grade rather than the goal of preventing relationship problems. A strict trial would have offered the NC group some other activity than just waiting between pre-test and post-test. For example, meeting the leaders socially in some way would have controlled for the fact that it was the actual content of the interventions which were crucial rather than the social participation in the groups with those leaders. The dynamics of each group likely varied as a function of the attachment orientations that were represented within that group. Experienced leaders may have been more successful in developing a group climate that might have fostered greater self-exploration, especially during the experiential group exercises. Our findings are based upon self-report instruments. A more meaningful assessment would be to obtain behavioral evidence of participant changes taken in conjunction with self-reported changes.

Attachment theorists posit that only through experiencing relationships with individuals who are dependable, trustworthy, supportive, and loving will one be able to modify their attachment representations. In the present study, the participants' relationship histories varied within and across the groups. For example, not all of the participants remained

involved in an exclusive dating relationship. Furthermore, in contrast with the AF participants, a higher percentage of RS participants were in the same exclusive dating relationship at follow-up as at pre-test (i.e., 33% versus 6%). Thus, the RS participants probably had more opportunities to practice new knowledge and skills within the same relationship. It also makes intuitive sense that participants not in a committed relationship at the time of the intervention may not have become as invested in the didactic aspects of the intervention nor as involved in the experiential group exercises. It would seem beneficial to include participants within the same group that are homogeneous with regard to whether they are in such a relationship. Along the same lines, a group that consists of unmarried dating couples would permit a focus on the attachment issues and relationship skill deficits that are triggered within the couple unit from the intervention segments. These individual and relationship concerns then could be addressed and resolved directly.

Although data are lacking, the different insecure types might experience selective benefits from participation in a given intervention segment. It is likely that there are certain aspects of the intervention that would be more beneficial (and therefore more effective) for individuals with one attachment style versus another. For example, preoccupied and fearful individuals have a negative model of self (i.e., they see themselves as unworthy of love and support from others). As such, these individuals would seem to benefit more so from the components of the AF condition that focus on improving self-esteem, compared to dismissing individuals, who have a positive model of self. Thus, the criteria of positive change for preoccupieds, fearful-avoidants, and dismissive-avoidants might differ as a function of expected differences on variables tied to relationship functioning, such as levels of self-esteem and interpersonal trust.

In her review of our initial intervention study (Kilmann et al., 1999), Brennan (1999) restated Bowlby's (1988) belief that it is necessary for the client to experience a safe environment in therapy to work through attachment-related thoughts and feelings that have been repressed. Attachment theory posits that it is difficult to change an individual's underlying mental representations of self and others that underlie attachment security, especially in a short period of time. From our work thus far, a group intervention presented over a longer period of time than an extended weekend probably is necessary to establish a greater climate of safety and trust, which may facilitate challenging the maladaptive relationship beliefs and strategies typical of insecurely-attached individuals. Future research should assess the impact of the complete AF group intervention presented in the following sequence: an initial, intensive 3-day weekend to penetrate the denial tendencies that are typical of insecurely attached individuals. Subsequent 2-hour group sessions twice per month for 2 months would permit participants to integrate the information gained from the intervention with their direct relationship experiences. Monthly, 2-hour booster sessions over an additional 3 months would offer further opportunities for the participants to gain feedback from the leaders and from each other regarding their relationship expectations and behavior.

As noted by Moncher and Prinz (1991), it would be important to examine links between observational ratings of leader adherence to the manualized intervention procedures and participant changes. Fidelity procedures tend to improve leader adherence (Smith, Pelham, & Sechrest, 1996). Leaders' scores on practice fidelity sheets (e.g., providing direction, reiterating responses, redirection, encouraging less talkative group members, reviewing solutions to change), and specific leader characteristics on dimensions pertinent to the delivery of the intervention (e.g., warmth, sincerity, interpersonal flexibility) should identify any leader practices that conflicted with the manualized protocols.

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