

quels sont les données de recherche sur le type d'attachement des professionnels psychologue, psychothérapeut, travailleurs sociaux, peux tu faire une revue de la question ?

Research on mental health professionals' attachment styles shows that secure attachment is associated with stronger therapeutic alliances and lower burnout, anxious attachment predicts weaker alliances and higher burnout, and while attachment consistently influences therapeutic processes, its effects on patient outcomes depend on patient characteristics and are mediated by professional skills like emotional regulation and therapeutic commitment.

Abstract

Six systematic reviews synthesized research on attachment styles in mental health professionals, encompassing studies of psychologists, psychotherapists, social workers, psychiatric nurses, and psychiatrists. Attachment assessment employed both interview-based methods (Adult Attachment Interview) and self-report questionnaires (Attachment Style Questionnaire, Relationship Scale Questionnaire, SASB Intrex), measuring secure, anxious, avoidant, fearful, preoccupied, and dismissive attachment dimensions. The evidence demonstrates that therapist attachment consistently affects therapeutic process variables: secure attachment predicts stronger working alliances and more positive therapeutic relationships, while anxious attachment correlates negatively with alliance quality when therapists rate the alliance ($r = -0.31$). These relationships are mediated by therapeutic optimism, role security, therapeutic commitment, and emotional regulation strategies.

Effects on patient symptom outcomes are more conditional, depending on patient characteristics and treatment context. Secure attachment predicts better patient outcomes—including decreased interpersonal distress and improved functioning—particularly for patients with high pre-treatment interpersonal impairment, while insecure attachment styles (fearful, preoccupied, dismissive) predict poorer outcomes. However, one review found no general impact of attachment security on treatment outcomes, reflecting that attachment influences outcomes through interaction effects rather than direct pathways. For occupational wellbeing, secure attachment consistently associates with lower burnout levels while anxious attachment predicts higher burnout. Methodological quality across primary studies was predominantly weak, with measurement approaches varying between interview-based and self-report methods that may assess different constructs.

Paper search

We performed a semantic search across over 138 million academic papers from the Elicit search engine, which includes all of Semantic Scholar and OpenAlex.

We ran this query: "quels sont les données de recherche sur le type d'attachement des professionnels psychologue, psychothérapeut, travailleurs sociaux, peux tu faire une revue de la question ?"

The search returned 50 total results from Elicit.

We retrieved 50 papers most relevant to the query for screening.

Screening

We screened in sources based on their abstracts that met these criteria:

- **Target Population:** Does the study involve qualified mental health professionals (psychologists, psychotherapists, social workers, counselors, or mental health therapists), including practicing professionals, students in training programs, or recently graduated professionals in mental health fields?
- **Attachment Measurement:** Does the study assess attachment styles using validated attachment measures (e.g., Adult Attachment Interview, Adult Attachment Scale, Experiences in Close Relationships, or other established attachment instruments)?
- **Study Design:** Is the study a quantitative study (cross-sectional, longitudinal, cohort), qualitative study exploring attachment patterns, mixed-methods study, systematic review, or meta-analysis?
- **Empirical Evidence:** Does the study present original empirical data (rather than being a theoretical paper, editorial, commentary, or opinion piece without original data)?
- **Population Relevance:** Does the study include the target mental health professions (not focusing solely on other healthcare professionals like nurses, physicians, or psychiatrists without inclusion of mental health professionals)?
- **Attachment Focus:** Does the study measure attachment styles (not only examining other psychological constructs like burnout or job satisfaction without measuring attachment)?
- **Professional Characteristics Focus:** Does the study examine professional characteristics or attachment patterns of mental health professionals (rather than primarily evaluating therapeutic interventions on clients)?
- **Publication Quality and Sample Size:** Is the study a peer-reviewed publication, dissertation, or conference proceeding with adequate sample size (not a case study or small case series with $n < 5$)?

We considered all screening questions together and made a holistic judgement about whether to screen in each paper.

Data extraction

We asked a large language model to extract each data column below from each paper. We gave the model the extraction instructions shown below for each column.

- **Professional Groups:**

Extract which mental health professional groups were studied regarding attachment, specifically noting:

- Psychologists
- Psychotherapists
- Social workers
- Other mental health professionals (counselors, psychiatrists, etc.)
- Training level (trainees, licensed professionals, specific years of experience)
- Practice setting (private practice, hospital, community mental health, etc.)

- **Attachment Measurement:**

Extract how attachment styles/types were assessed in the mental health professionals, including:

- Specific attachment instruments used (e.g., AAI, ECR, ASQ, etc.)
- Attachment dimensions measured (secure, anxious, avoidant, disorganized, etc.)
- Whether categorical or dimensional scoring was used
- Validation information for the measure in this population

- **Attachment Findings:**

Extract the key findings about attachment styles/types in the mental health professionals studied, including:

- Prevalence or distribution of attachment styles (percentages for secure, anxious, avoidant, etc.)
- Mean scores on attachment dimensions
- Comparisons to general population norms if provided
- Any notable patterns or characteristics of attachment in this professional group

- **Sample Characteristics:**

Extract demographic and professional characteristics of the mental health professionals whose attachment was studied, including:

- Sample size
- Age range and mean age
- Gender distribution
- Years of professional experience
- Theoretical orientation or training background
- Work setting and client populations served

- **Attachment-Outcome Relationships:**

Extract findings about how attachment styles of mental health professionals relate to key outcomes, including:

- Therapeutic effectiveness or patient outcomes
- Therapeutic alliance quality
- Burnout or compassion fatigue levels
- Professional competencies or skills
- Countertransference patterns
- Any moderating or mediating factors identified

- **Study Methodology:**

Extract key methodological details relevant to attachment research in mental health professionals, including:

- Study design (cross-sectional, longitudinal, etc.)
- Data collection method (self-report, interview, observation)
- Sample recruitment method
- Quality assessment rating or methodological limitations noted
- Statistical analyses used for attachment data

Results

Characteristics of Included Studies

This systematic review synthesized findings from 6 reviews examining attachment styles in mental health professionals. All included studies were systematic reviews published between 2015 and 2025, with 4 reviews having full texts available and 2 available only as abstracts.

Review	Full text retrieved?	Year	Number of primary studies	Total sample size	Professional focus	Geographic scope
Marín-Cavestany et al.	No	2025	9 studies in current review; 23 total across both reviews	354 patients, 741 professionals	Mental health professionals	International (databases: PsycINFO, PubMed, Web of Science)
Horne et al.	No	2024	42 studies (35 on attachment, 9 on introject, 2 on both)	Not specified	Therapists	Not specified
Steel et al.	Yes	2018	22 papers (19 on attachment, 5 on introject, 2 overlapping)	Not specified	Therapists delivering psychological therapy	International (databases: psycINFO, CINAHL, MEDLINE, AMED)
Heinonen et al.	Yes	2019	31 studies	Therapists aged 24-54 years	Psychologists (most common), psychiatrists, psychiatric nurses, social workers	Primarily USA, some international
Lingiardi et al.	Yes	2018	30 studies	1,289 therapists	Not specified by professional group	Primarily USA; naturalistic settings
West et al.	No	2015	10 studies	Not specified	Health and human service workers	Diverse disciplines

The professional groups studied varied across reviews. Heinonen et al. provided the most detailed breakdown, reporting that psychologists were the most common profession, with psychiatrists, psychiatric nurses, and social workers also represented. Training levels ranged from graduate students with master's-level training to licensed professionals with up to 21 years of experience. Practice settings included public health facilities (community mental health centers, hospitals), university clinics, and private practices. Lingiardi et al. reported a predominantly female sample (66.41%) with a mean clinical experience of 9.80 years. The remaining reviews did not specify professional groups in detail.

Methodological quality varied substantially. Horne et al. rated only 2 studies as moderate quality, with 40 rated as weak. Steel et al. categorized studies as strong, medium, or weak using standardized checklists. Marín-Cavestany

et al. conducted risk of bias assessment, while Lingiardi et al. achieved 87.5% interrater agreement using adapted quality criteria. Study designs included cross-sectional and longitudinal approaches, with data collected through self-report measures, interviews, and observations.

Attachment Measurement Approaches

Attachment assessment methods varied across studies, employing both self-report questionnaires and interview-based measures.

Measurement approach	Instruments used	Attachment dimensions assessed	Scoring method	Validation notes
Self-report questionnaires	Adult Attachment Scale (AAS), Attachment Style Questionnaire (ASQ), Relationship Scale Questionnaire (RSQ)	Secure, anxious, avoidant, disorganized	Both categorical and dimensional	ASQ and RSQ have good reliability and validity
Interview-based assessment	Adult Attachment Interview (AAI)	Secure, anxious, avoidant, disorganized	Both categorical and dimensional	Considered "gold standard" for attachment assessment
SASB-based assessment	SASB Intrex questionnaire	Secure, fearful, preoccupied, dismissive	Dimensional approach implied	Not explicitly provided
Dimensional security assessment	Not specified	Dimensional attachment security	Dimensional	Not provided

Steel et al. noted important methodological considerations regarding these instruments. The AAI, while considered the "gold standard," focuses on internal relational models from infancy, whereas self-report measures like the ASQ and RSQ assess current relationship functioning. This distinction is critical because the AAI may measure different constructs compared to self-report instruments, potentially explaining some heterogeneity in findings across studies. Three reviews did not specify the attachment measurement instruments used.

Attachment-Outcome Relationships

Therapeutic Alliance Quality

Five reviews examined relationships between therapist attachment and therapeutic alliance, with relatively consistent findings favoring secure attachment.

Outcome domain	Secure attachment effects	Anxious attachment effects	Avoidant attachment effects	Effect size/correlation
Alliance quality (therapist-rated)	Associated with stronger alliances	Negatively correlated ($r = -0.31$)	Related to alliance in some studies	$r = -0.31$ for anxious attachment

Outcome domain	Secure attachment effects	Anxious attachment effects	Avoidant attachment effects	Effect size/correlation
Alliance quality (observer/client-rated)	More positive alliances	Not specified	Not specified	Not quantified
Therapeutic relationship quality	Positive therapeutic processes	Not specified	Not specified	Not quantified
Client-rated evaluation	More positive relationships	Not specified	Not specified	Not quantified
Therapist countertransference	Fewer issues	Not specified	Issues present	Not quantified
Empathy levels	Higher empathy	Not specified	Decreased empathy	Not quantified

Marín-Cavestany et al. found a systematic correlation between anxious attachment and alliance quality specifically when therapists rated the alliance ($r = -0.31$). This relationship was partially mediated by therapeutic optimism, role security, therapeutic commitment, or emotional regulation strategy. Horne et al. reported that more securely attached therapists demonstrated stronger working alliances and more positive therapeutic processes. Steel et al. found that secure attachment led to more positive alliances, while insecure attachment decreased empathy and increased therapy problems. Complementary client-therapist attachment combinations also strengthened alliances.

Treatment Outcomes

Findings regarding therapist attachment and patient symptom outcomes were more heterogeneous and context-dependent.

Outcome type	Secure attachment	Insecure attachment subtypes	Moderating factors	Study
Patient interpersonal distress	Decreased distress	Fearful/preoccupied/distressed: increased problems	Type of treatment	Heinonen et al.
Target complaints	Improvement	Poorer outcomes	Patient characteristics	Heinonen et al.
Global functioning	Better outcomes	Poorer global functioning	Pre-treatment interpersonal distress	Heinonen et al.
Symptomatic improvement	Beneficial for high-distress patients	Not specified	Patient pre-treatment impairment	Heinonen et al.
General treatment outcomes	No impact	Not specified	None identified	Horne et al.
Change in interpersonal problems	Predicted by secure attachment	Not specified	Patient functional impairment	Lingiardi et al.

Notably, Horne et al. found that contrary to expectations, therapist attachment security did not appear to impact treatment outcomes generally. However, Heinonen et al. reported that secure attachment predicted better patient outcomes including decreased interpersonal distress and improved target complaints, while insecure attachment styles (fearful, preoccupied, dismissive) predicted poorer outcomes. Secure attachment was particularly beneficial for patients with high pre-treatment interpersonal distress. Lingiardi et al. found weak direct effects but significant interaction effects, with therapist attachment security interacting with patients' pre-therapy functional and interpersonal impairment to predict symptomatic amelioration and change in interpersonal problems.

Burnout and Occupational Outcomes

West et al. examined attachment in relation to occupational wellbeing, finding consistent patterns for secure and anxious attachment.

Attachment style	Association with burnout	Consistency of findings
Secure	Lower levels of burnout	Consistent results
Anxious	Higher levels of burnout	Consistent results
Avoidant	Mixed findings	Inconsistent: some studies found association, others did not

These findings suggest attachment security protects against burnout, while attachment anxiety increases vulnerability to burnout in health and human service workers.

Professional Competencies

Heinonen et al. reported that secure attachment was associated with better tolerance of client distress and greater focus on the client, suggesting that attachment security may enhance specific professional competencies relevant to effective therapeutic work.

Synthesis

The evidence reveals important patterns when examining why different reviews report varying conclusions about therapist attachment effects on outcomes.

Context-Specific Effects vs. General Effects

The apparent contradiction between findings—where some reviews report significant attachment effects on outcomes while others do not—can be explained by distinguishing between process variables and ultimate patient outcomes. Steel et al., Marín-Cavestany et al., and Horne et al. consistently found that therapist attachment affects therapeutic alliance and relationship quality, with secure attachment predicting stronger alliances and insecure styles (particularly anxious attachment with $r = -0.31$) predicting weaker alliances. However, Horne et al. found no direct impact on treatment outcomes, while Heinonen et al. and Lingiardi et al. reported significant outcome effects. This divergence reflects measurement focus rather than contradiction: attachment consistently influences the therapeutic process, but its effects on patient symptom outcomes depend on additional moderating factors.

Interaction Effects and Patient Characteristics

The heterogeneity in outcome findings becomes coherent when examining interaction effects. Lingiardi et al. found only weak direct effects of therapist attachment on outcomes but identified significant interactions with patient

characteristics, where attachment security interacted with patients' pre-therapy functional and interpersonal impairment to predict symptomatic improvement. Similarly, Heinonen et al. reported that secure attachment was beneficial specifically for patients with high pre-treatment interpersonal distress but not otherwise directly related to outcomes. This suggests that therapist attachment operates through conditional pathways: it becomes clinically significant when matched with particular patient presentations, particularly those involving interpersonal difficulties or high distress levels. The moderation by patient characteristics explains why studies examining heterogeneous patient samples might detect no main effects, while those analyzing specific subgroups identify substantial impacts.

Measurement Heterogeneity

A critical methodological factor contributing to divergent findings is the distinction between attachment measurement approaches. Steel et al. noted that the AAI (considered the "gold standard") focuses on internal relational models from infancy, while self-report measures like the ASQ and RSQ assess current relationship functioning, potentially measuring different constructs. This measurement heterogeneity may explain why Marín-Cavestany et al. found systematic correlations with alliance only when therapists rated the alliance, suggesting that rater perspective and measurement timing interact with attachment assessment method. The field would benefit from studies directly comparing AAI versus self-report findings within the same samples to quantify how much variance in reported effects stems from measurement approach versus true attachment variation.

Occupational Context Specificity

West et al.'s findings on burnout demonstrate clearest effects, with consistent results showing secure attachment protects against burnout while anxious attachment increases vulnerability. The consistency of burnout findings compared to the heterogeneity in clinical outcome findings suggests that therapist attachment may exert stronger direct effects on therapists' own wellbeing and functioning than on patient outcomes, with the latter requiring additional mediating variables (alliance quality, patient characteristics) to manifest clinically. The avoidant attachment findings remained inconsistent, possibly reflecting that avoidance may buffer against emotional exhaustion in some contexts while impairing relational connection in others, creating counterbalancing effects that vary by work environment and patient population.

Mediating Mechanisms

Marín-Cavestany et al. identified specific mediators of the attachment-alliance relationship, including therapeutic optimism, role security, therapeutic commitment, and emotional regulation strategy. These findings suggest that attachment influences outcomes through cultivated professional capacities rather than through direct, automatic effects. Heinonen et al. supported this interpretation by reporting that secure attachment associated with better tolerance of client distress and enhanced focus on the client—professional skills that likely mediate outcome effects. This mechanistic understanding reconciles apparently contradictory findings: attachment shapes therapists' professional capacities and relationship patterns, which in turn affect alliance quality and (conditionally, based on patient factors) symptom outcomes. Studies measuring only attachment and outcomes without assessing these mediating processes would detect weaker or null effects compared to those examining the full pathway.

Based on this synthesis, the evidence supports that therapist attachment consistently influences therapeutic processes (alliance, relationship quality, professional capacities) across contexts, with effects on patient outcomes depending on patient characteristics (particularly interpersonal impairment), type of outcome measured (relational vs. symptomatic), and the presence of mediating professional skills. Attachment security protects against therapist burnout regardless of context, while anxious attachment consistently predicts alliance difficulties and burnout vulnerability.

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