An attachment perspective on psychopathology

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In recent years, attachment theory, which was originally formulated to describe and explain infant-parent emotional bonding, has been applied to the study of adolescent and adult romantic relationships and then to the study of psychological processes, such as interpersonal functioning, emotion regulation, coping with stress, and mental health. In this paper, we offer a brief overview of the attachment perspective on psychopathology. Following a brief account of attachment theory, we go on to explain how the study of individual differences in adult attachment intersects with the study of psychopathology. Specifically, we review research findings showing that attachment insecurity is a major contributor to mental disorders, and that the enhancement of attachment security can facilitate amelioration of psychopathology.

Key words: Attachment, psychopathology, emotion regulation, security, interpersonal relations, self, mental health

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Attachment theory (1-3) has proven to be a very fruitful framework for studying emotion regulation and mental health. In particular, research on adult attachment processes and individual differences in attachment orientations has provided strong evidence for the anxiety-buffering function of what Bowlby (2) called the attachment behavioral system and for the relevance of attachment-related individual differences to coping with stress, managing distress, and retaining psychological resilience (4).

In this paper, we offer a brief overview of the attachment perspective on psychopathology. Following a brief account of attachment theory's basic concepts, we review research findings showing that attachment insecurities – called attachment anxiety and avoidance in the theory – are associated with mental disorders, and that increases in attachment security are an important part of successfully treating these disorders.

ATTACHMENT THEORY: BASIC CONCEPTS

Bowlby (2) claimed that human beings are born with an innate psychobiological system (the *attachment behavioral system*) that motivates them to seek proximity to significant others (*attachment figures*) in times of need. Bowlby (1) also outlined major individual differences in the functioning of the attachment system. Interactions with attachment figures who are available in times of need, and who are sensitive and responsive to bids for proximity and support, promote a stable sense of attachment security and build positive mental representations of self and others. But when a person's attachment figures are not reliably available and supportive, proximity seeking fails to relieve distress, felt security is undermined, negative models of self and others are formed, and the likelihood of later emotional problems and maladjustment increases.

When testing this theory in studies of adults, most researchers have focused on the systematic pattern of relational expectations, emotions, and behavior that results from one's attachment history – what Hazan and Shaver (5) called *attachment style*. Research clearly indicates that attachment styles can be measured in terms of two independent dimensions, attachment-related anxiety and avoidance (6). A person's position on the anxiety dimension indicates the degree to which he or she worries that a partner will not be available and responsive in times of need. A person's position on the avoidance dimension indicates the extent to which he or she distrusts relationship partners' good will and strives to maintain behavioral independence, self-reliance, and emotional distance. The two dimensions can be measured with reliable and valid self-report scales (e.g., 6), and they are associated in theoretically predictable ways with relationship quality and adjustment (4).

Mikulincer and Shaver (4) proposed that a person's location in the two-dimensional conceptual space defined by attachment anxiety and avoidance reflects both the person's sense of attachment security and the ways in which he or she deals with threats and distress. People who score low on these dimensions are generally secure and tend to employ constructive and effective affect-regulation strategies. Those who score high on either the attachment anxiety or the avoidance dimension (or both) suffer from insecurity and tend to rely on what Cassidy and Kobak (7) called secondary attachment strategies, either deactivating or hyperactivating their attachment system in an effort to cope with threats.

According to Mikulincer and Shaver (4), people scoring high on avoidant attachment tend to rely on deactivating strategies – trying not to seek proximity, denying attachment needs, and avoiding closeness and interdependence in relationships. These strategies develop in relationships with attachment figures who disapprove of and punish closeness and expressions of need or vulnerability (8). In contrast, people scoring high on attachment anxiety tend to rely on hyperactivating strategies – energetic attempts to achieve proximity, support, and love combined with lack of confidence that these resources will be provided and with resentment and anger when they are not provided (7). These reac-

tions occur in relationships in which an attachment figure is sometimes responsive but unreliably so, placing the needy person on a partial reinforcement schedule that rewards persistence in proximity-seeking attempts, because they sometimes succeed.

Individual differences in attachment styles begin in interactions with parents during infancy and childhood (e.g., 9). However, Bowlby (3) claimed that meaningful relational interactions during adolescence and adulthood can move a person from one region to another of the two-dimensional conceptual space defined by attachment anxiety and avoidance. Moreover, a growing body of research shows that attachment style can change, subtly or dramatically, depending on current context, recent experiences, and recent relationships (e.g., 10,11).

ATTACHMENT, MENTAL HEALTH, AND PSYCHOPATHOLOGY

According to attachment theory, interactions with inconsistent, unreliable, or insensitive attachment figures interfere with the development of a secure, stable mental foundation; reduce resilience in coping with stressful life events; and predispose a person to break down psychologically in times of crisis (3). Attachment insecurity can therefore be viewed as a *general* vulnerability to mental disorders, with the particular symptomatology depending on genetic, developmental, and environmental factors.

Mikulincer and Shaver (4) reviewed hundreds of cross-sectional, longitudinal, and prospective studies of both clinical and non-clinical samples and found that attachment insecurity was common among people with a wide variety of mental disorders, ranging from mild distress to severe personality disorders and even schizophrenia. Consistently compatible results have also been reported in recent studies. For example, attachment insecurities (of both the anxious and avoidant varieties) are associated with depression (e.g., 12), clinically significant anxiety (e.g., 13), obsessive-compulsive disorder (e.g., 14), post-traumatic stress disorder (PTSD) (e.g., 15), suicidal tendencies (e.g., 16), and eating disorders (e.g., 17).

Attachment insecurity is also a key feature of many personality disorders (e.g., 18,19). However, the specific kind of attachment insecurity differs across disorders. Anxious attachment is associated with dependent, histrionic, and borderline disorders, whereas avoidant attachment is associated with schizoid and avoidant disorders. Crawford et al (18) found that attachment anxiety is associated with what Livesley (20) called the "emotional dysregulation" component of personality disorders, which includes identity confusion, anxiety, emotional lability, cognitive distortions, submissiveness, oppositionality, self-harm, narcissism, and suspiciousness. Crawford et al (19) also found that avoidant attachment is associated with what Livesley (20) called the "inhibitedness" component of personality problems, including restricted expression of emotions, problems with intimacy, and social avoidance.

Another related issue concerning the associations between attachment insecurities and psychopathology is the extent to which attachment insecurities are a sufficient cause of mental disorders. In our view, beyond disorders such as separation anxiety and pathological grief, in which attachment injuries are the main causes and themes, attachment insecurities per se are unlikely to be sufficient causes of mental disorders. Other factors (e.g., genetically determined temperament; intelligence; life history, including abuse) are likely to converge with or amplify the effects of attachment experiences on the way to psychopathology.

Consider, for example, the relation between attachment-related avoidance and psychological distress. Many studies of large community samples have found no association between avoidant attachment and self-report measures of global distress (4). However, studies that focus on highly stressful events, such as exposure to missile attacks, living in a dangerous neighborhood, or giving birth to a handicapped infant, have indicated that avoidance is related to greater distress and poorer long-term adjustment (4).

Life history factors are also important. For example, the association between attachment insecurity and depression is higher among adults with a childhood history of physical, psychological, or sexual abuse (e.g., 21). Stressful life events, poverty, physical health problems, and involvement in turbulent romantic relationships during adolescence also strengthen the link between attachment insecurity and psychopathology (e.g., 22).

The causal links between attachment and psychopathology are also complicated by research findings showing that psychological problems can increase attachment insecurity. Davila et al (23), for example, found that late adolescent women who became less securely attached over periods of 6 to 24 months were more likely than their peers to have a history of psychopathology. Cozzarelli et al (24) found that women who moved in the direction of insecure attachment over a 2-year period following abortion were more likely than other women who had an abortion to have a prior history of depression or abuse. Solomon et al (25) assessed attachment insecurities and PTSD symptoms among Israeli ex-prisoners of war (along with a matched control group of veterans) 18 and 30 years after their release from captivity. Attachment anxiety and avoidance increased over time among the ex-prisoners, and the increases were predicted by the severity of PTSD symptoms at the first wave of measurement.

Overall, attachment insecurities seem to contribute nonspecifically to many kinds of psychopathology. However, particular forms of attachment insecurity seem to predispose a person to particular configurations of mental disorders. The attachment-psychopathology link is moderated by a large array of biological, psychological, and socio-cultural factors, and mental disorders per se can erode a person's sense of attachment security.

THE HEALING EFFECTS OF ATTACHMENT SECURITY

If attachment insecurities are risk factors for psychopathology, then the creation, maintenance, or restoration of a sense of attachment security should increase resilience and improve mental health. According to attachment theory, interactions with available and supportive attachment figures impart a sense of safety, trigger positive emotions (e.g., relief, satisfaction, gratitude, love), and provide psychological resources for dealing with problems and adversities. Secure individuals remain relatively unperturbed during times of stress, recover faster from episodes of distress, and experience longer periods of positive affectivity, which contributes to their overall emotional well-being and mental health.

In some of our studies, we have examined the effects of increased security on various indicators of mental health by experimentally activating mental representations of supportive attachment figures (e.g., 26,27). These research techniques, which we (11) refer to as "security priming", include subliminal pictures suggesting attachment-figure availability, subliminal names of people designated by participants as security-enhancing attachment figures, guided imagery highlighting the availability and supportiveness of an attachment figure, and visualization of the faces of security-enhancing attachment figures.

Security priming improves participants' moods even in threatening contexts and eliminates the detrimental effects of threats on positive moods (e.g., 26). Mikulincer et al (28) found that subliminal priming with security-related words mitigated cognitive symptoms of PTSD (heightened accessibility of trauma-related words in a Stroop-color naming task) in a non-clinical sample. Admoni (29) found that priming the names of each participant's security providers mitigated two cognitive symptoms of eating disorders (distorted body perception and heightened accessibility of food-related words in a Stroop task) in a sample of women hospitalized for eating disorders.

There is also preliminary evidence that a sense of security provided by a psychotherapist improves a client's mental health. In a study based on data from the multi-site National Institute of Mental Health (NIMH) Treatment of Depression Collaborative Research Program, Zuroff and Blatt (30) found that a client's positive appraisals of his or her therapist's sensitivity and supportiveness predicted relief from depression and maintenance of therapeutic benefits over an 18-month period. The results were not attributable to patient characteristics or severity of depression. In a one-year prospective study of the effectiveness of residential treatment of high-risk adolescents, Gur (31) found that staff members' provision of a sense of attachment security in the adolescents resulted in lower rates of anger, depression, and behavioral problems. Although these preliminary findings are encouraging, there is still a great need for additional well-controlled research examining the long-term effects of security-enhancing therapeutic figures on clients' mental health.

MEDIATING PROCESSES

According to attachment theory (3), the linkage between attachment insecurities (whether in the form of anxiety, avoidance, or both) and psychopathology is mediated by several pathways. In this section, we will review the most important of these pathways.

Self-representations

According to attachment theory and research, lack of parental sensitivity and responsiveness contributes to disorders of the self, characterized by lack of self-cohesion, doubts about one's internal coherence and continuity over time, unstable self-esteem, and over-dependence on other people's approval (e.g., 32,33). Insecure people are likely to be overly self-critical, plagued by self-doubts, or prone to using defenses, such as destructive perfectionism, to counter feelings of worthlessness and hopelessness (e.g., 34). These dysfunctional beliefs about oneself increase insecure people's risk for developing mental disorders.

Attachment research has also shown that attachment insecurities are associated with pathological narcissism (e.g., 35). Whereas avoidant attachment is associated with *overt* narcissism or grandiosity, which includes both self-praise and denial of weaknesses (36), attachment anxiety is associated with *covert* narcissism, characterized by self-focused attention, hypersensitivity to other people's evaluations, and an exaggerated sense of entitlement (36).

Emotion regulation

According to attachment theory, interactions with available attachment figures and the resulting sense of attachment security provide actual and symbolic supports for learning constructive emotion-regulation strategies. For example, interactions with emotionally accessible and responsive others provide a context in which a child can learn that acknowledgment and display of emotions is an important step toward restoring emotional balance, and that it is useful and socially acceptable to express, explore, and try to understand one's feelings (37).

Unlike relatively secure people, avoidant individuals often prefer to cordon off emotions from their thoughts and actions. As a result, they tend to present a façade of security and composure, but leave suppressed distress unresolved in ways that impair their ability to deal with life's inevitable adversities. This impairment is particularly likely during prolonged, demanding stressful experiences that require active coping with a problem and mobilization of external sources of support (e.g., 38).

People who score high on attachment anxiety, in contrast, often find negative emotions to be congruent with their attachment-system hyperactivation. For them, "emotion regu-

lation" can mean emotion amplification and exaggeration of worries, depressive reactions to actual or potential losses and failures, and PTSD intrusion symptoms following traumas. Attachment anxiety is also associated with socially destructive outbursts of anger and impulsive, demanding behavior toward relationship partners, sometimes including violence (4).

Problems in interpersonal relations

According to attachment theory, recurrent failure to obtain support from attachment figures and to sustain a sense of security, and the resulting reliance on secondary attachment strategies (hyperactivation and deactivation), interfere with the acquisition of social skills and create serious problems in interpersonal relations. Bartholomew and Horowitz (32), using as an assessment device the Inventory of Interpersonal Problems (39), found that attachment anxiety was associated with more interpersonal problems in general. Secure individuals did not show notable elevations in any particular sections of the problems circle, but avoidant people generally had problems with nurturance (being cold, introverted, or competitive), and anxious people had problems with emotionality (e.g., being overly expressive). These problems seem to underlie insecure individuals' self-reported loneliness and social isolation (e.g., 40) and their relatively low relationship satisfaction, more frequent relationship breakups, and more frequent conflicts and violence (4).

CONCLUSIONS

Attachment insecurities are associated with a wide variety of mental disorders, ranging from mild negative affectivity to severe, disorganizing, and paralyzing personality disorders. The evidence suggests that insecure attachment orientations (whether anxious or avoidant) are fairly general pathogenic states. Although many of the research findings supporting these ideas are correlational, several studies show a prospective connection between attachment insecurities and vulnerability to disorders. From a therapeutic standpoint, we have reviewed preliminary evidence that situationally heightening people's sense of attachment security reduces the likelihood and intensity of psychiatric symptoms (e.g., PTSD, eating disorders). This evidence underscores the soothing, healing, therapeutic effects of actual support offered by relationship partners, including therapists, and the comfort and safety offered by mental representations of supportive experiences and loving and caring attachment figures. The research evidence causes us to be optimistic about the utility of clinical interventions that increase clients' sense of attachment security.

In the long run, research on attachment security and insecurity, and on the connections between insecurity and psychopathology, should contribute to a strongly social conception of the human mind and its vulnerability to pathologies. In a pioneering chapter on the social neuroscience of attachment processes, Coan (41) proposed what he calls social baseline theory. According to this theory, the human brain evolved in a highly social environment, and many of its basic functions rely on social co-regulation of emotions and physiological states. This means that, rather than conceptualizing human beings as separate entities whose interactions with each other need to be understood, it makes more sense to consider social relatedness and its mental correlates as the normal "baseline" condition. Using this as a starting point helps us to see why experiences of separation, isolation, rejection, abuse, and neglect are so psychologically painful, and why dysfunctional relationships are often the causes or amplifiers of mental disorders.

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