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Attachment disorders and personality disorders : a possible connection

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Abstract

Researchers now propose that attachment theory can be applied beyond childhood. They believe attachment exists in adulthood and influences adult relationships. Possible connections between personality disorders and well-known approaches to personality development such as attachment theory have been made (Brennan & Shaver, 1998).

The purpose of this paper is to examine the relationships between parent-infant attachment which influence adult relationships and psychopathology. Theories of personality development as they relate to attachment will be explored as well as influence of early childhood experiences on personality. Finally, possible connections between attachment disorders and personality disorders will be speculated.

ATTACHMENT DISORDERS AND PERSONALITY DISORDERS:

A POSSIBLE CONNECTION

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Abstract

Researchers now propose that attachment theory can be applied beyond childhood. They believe attachment exists in adulthood and influences adult relationships. Possible connections between personality disorders and well-known approaches to personality development such as attachment theory have been made (Brennan & Shaver, 1998). The purpose of this paper is to examine the relationships between parent-infant attachment which influence adult relationships and psychopathology. Theories of personality development as they relate to attachment will be explored as well as influence of early childhood experiences on personality. Finally, possible connections between attachment disorders and personality disorders will be speculated.

Attachment Disorders and Personality Disorders:

A Possible Connection

As early as the latter part of the nineteenth century researchers, psychiatrists, and psychologists discovered through observations and studies of human development the existence of an elaborate structure of behaviors and emotions which shape the foundation of interactions between parents and their children. This structure of behaviors and emotions came to be identified as attachment. Sigmund Freud considered attachment significant to the status of adult mental health and Anna Freud studied attachment in orphaned children (Watkins, 1987). The study of attachment has been one of the most profound, extensive, and productive research topics of the twentieth century. By 1999, a literature search on the topic of attachment brought up over 2,000 entries in numerous journals covering developmental, clinical, physiological, and social psychology (Cassidy & Shaver, 1999).

A child's early experience within the family has one of the most far-reaching effects on personality development. Researchers and theorists have identified individual differences in attachment. These different styles of attachment grow gradually over the course of time as the individual matures. They form into a fixed and relatively secure, internal representation of the self, important figures, and relationships. They are considered to be rather precise reflections of actual

relationship experiences and remain stable over the lifespan (Brennan & Shaver, 1998). Before researchers began to focus on attachment, several theories had been formed to explain the development of personality and how our early experiences effect our interactions with others. Early childhood experiences have been linked to psychopathology and disorders of personality. Yet, researchers have not been able to pinpoint the cause of personality disorders and the exact etiology is unknown. Researchers now propose that attachment theory can be applied beyond childhood and attachment exists in adulthood and influences adult relationships. Possible connections between personality disorders and well-known approaches to personality development such as attachment theory have been made (Brennan & Shaver, 1998).

The purpose of this paper is to examine the relationships between parent-infant attachment, which influence adult relationships and psychopathology. Theories of personality development as they relate to attachment will be explored as well as the influence of early childhood experiences on personality. Finally, possible connections between attachment disorders and personality disorders will be speculated.

Connection Between Early Developmental Theories and Attachment

Since the nineteenth century psychiatrists, psychologists, and researchers have studied human development and relationships. Early theorists addressed

issues of attachment in their theories of personality development. Sigmund Freud believed that human behavior is determined by biological and instinctual drives. Freud (as cited in Bowlby, 1969) addressed the process of attachment in his first stage of development, which encompasses birth to 18 months. The infant receives oral gratification from sucking and biting associated with feeding. At such an early age the child is totally focused on its own needs. Gradually, the child begins to view the mother and others as separate beings rather than extensions of itself. The child looks to the mother figure as a source of nourishment, satisfaction, and protection. During this stage the most significant threat to the child is the possibility that the mother, who feeds and comforts him or her, will disappear. Anxiety is produced when the child fears the mother will go away. When the child can not reduce the anxiety what Freud termed ego-defense behaviors are employed for the purpose of reducing the child's anxieties (Freud, as cited in Comer, 1992).

Similar to Freud's psychosexual stages, psychosocial theorist Eric Erikson refined and expanded Freud's stages, focusing on the vital connections between the child and significant others, parents or caretakers during early development. Each stage describes general encounters between the child and the social environment. The first stage occurs between birth and one year of age. A sense of trust is developed when the child's physical and emotional needs are met. The child senses the parent or caretaker is consistent and dependable. On the other hand, the

child develops a sense of mistrust when the parent is unreliable, unpredictable, or the parent is unavailable when needed. An attitude of mistrust shapes the child's view of the world and as a result marks personal relationships (Comer, 1992; Corey, 1996; Crain, 1992).

Theorists like Freud and Erickson addressed the importance of the interactions between a child and parental figures. Their writings provided the groundwork for the evolution of a theory based on the attachment between a child and the parent.

Origin of Attachment Theory

John Bowlby is credited with developing attachment theory. Bowlby joined Freud in his belief that behavior is instinctual. Bowlby focused on attachment as serving the biological function known as protection. Thus, the principle role of the attachment between a child and the parent or caretaker is to provide security (Holmes, 1996).

Bowlby (1969) maintained that a basic need for humans is to form close affectional bonds. Through his work, Bowlby explored the processes by which affectional bonds are formed and broken, and explained how infants become emotionally attached to their primary caregiver and distressed when separated from them.

While completing his studies in medicine, John Bowlby worked in a home for maladjusted boys in London. Bowlby's experience at the boys' home greatly influenced his ideas on child development and left an indelible mark on his career path. He became a psychiatrist and began working as a child analyst at the London Child Guidance Clinic. He was requested to conduct a study on the mental health of homeless children by the World Health Organization (WHO). Bowlby focused on gathering emotional data instead of economic, medical, or social data. At the time, his work was a landmark in research because such focus was not commonplace in social science at the time. Bowlby's earlier findings from working with the children at the boys' home were confirmed through this research.

Bowlby's findings showed the damaging effects of mistreatment of a child by a parent, especially a mother figure, on the development of a child's personality. He concluded that the absence of a warm, loving, and intimate relationship between a child and a consistent caregiver could contribute to pathology. Bowlby described how a child who has been neglected can perpetuate a harmful cycle developing psychopathology and delinquent tendencies, and later exhibiting neglectful behaviors as a parent (Cassidy & Shaver, 1999; MacDonald, 2001).

Bowlby (1969) disagreed with psychoanalytic and social learning theorists who believed the mother-infant tie is explained by secondary-drive theory. Secondary-drive is when the infant forms an attachment with the mother as a result

of the pleasure experienced from having hunger satisfied. The infant then makes a positive association with the mother's presence. Bowlby used Harlow's study (as cited in Bowlby, 1969) of rhesus monkeys to challenge this perspective. In his experiment, Harlow constructed two surrogate rhesus mothers. The first was made of wire only and held a feeding bottle. The second was covered in cloth but did not have a feeding bottle attached to it. In the experiment, the baby monkeys attached themselves to the cloth covered "mother" in times of stress.

Bowlby (1969) also found parallels in Lorenz's observations of imprinting in goslings. Lorenz found that baby goslings did not need the assurance of food to follow a mother bird and expressed distress when separated from her (Lorenz, as cited in Bowlby, 1969). The work of Harlow and Lorenz provided knowledge about attachment behaviors in animals. The question Bowlby posed was whether the way attachment behaviors develop in humans can be likened to attachment in animals. The work of a colleague would begin to provide the answers Bowlby was looking for.

Mary Ainsworth (as cited in Karen, 1994) began her observations of mother and child interactions in a natural home setting. Ainsworth conducted studies first in Uganda then in Baltimore observing attachment behaviors in the infants. Both groups of children exhibited the same behaviors with only two differences, which were attributed to culture. In Uganda, caregivers were greeted

by clapping. American children hugged and kissed attachment figures. Ainsworth agreed with Bowlby when he defined attachment behavior as any behavior that resulted in the infant “obtaining or retaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser” (Bowlby, 1973, p. 292). The differences in attachment behaviors appeared to be culturally derived. The findings led Ainsworth to investigate the connection between infant attachment behaviors and having a “secure base.” The infant may choose to explore his or her environment using the mother as a “secure base” in order to be safeguarded from harm (Ainsworth, Blehar, Waters, & Wall, 1978). Ainsworth began to wonder how an infant would react in an unfamiliar environment. She then set up the “Strange Situation” study. It was a situation in which a mother brought her one-year-old infant to play in an unfamiliar room. A stranger then entered the room and the infant was observed with the stranger while the mother was present. Next, the mother left the room and the infant was observed alone with the stranger. Finally, the mother re-entered the room (Ainsworth et al., 1978; Masling, 1996; Watkins, 1987). From the observations, Ainsworth and colleagues suggested that observed patterns in the behavior of infants could predict the characteristics of the attachment relationship between the mother and the child as well as the characteristics of the parent’s interactions with the child (Feeney & Noller, 1996; Karen, 1994; Sperling & Berman, 1994).

Ainsworth (as cited in Solomon & George, 1999) organized the attachment relationships she observed into three main styles or groups. Later a fourth category was added in order to more adequately describe all observed variations in the infant's behavior. Infants identified as displaying insecure-avoidant style (Group A) showed detachment behaviors and were later avoidant of their caregiver when reunited after a brief period of separation. Infants in this group had the tendency to treat the stranger in the same way as the attachment figure but with less avoidance. Caregivers of the infants in this group were rigid and hostile, at times, rejected the child or were adverse to contact. The secure group (Group B) actively explored, became upset by separation from the attachment figure, and showed positive response to the mother upon reunion. Caregivers appeared warm, responsive to the infants' needs, and available. Anxious-ambivalent infants (Group C) exhibited protest behaviors, acted distressed at separation, and showed anger and ambivalence to the caregiver upon reunion. Caregivers of this group were insensitive, intrusive, and inconsistent with the infants. Disorganized infants (Group D) displayed contradictory, fearful behavior and may seek proximity to the caregiver in strange and disoriented ways. Some of the children even attempted to control the mother's behavior in a caretaking or punitive way. Caregivers may exhibit frightened or frightening parenting and may be intrusive and hostile

(Ainsworth, as cited in Cassidy & Shaver, 1999; Masling, 1996; Warren, Huston, Egeland, & Sroufe, 1997).

Attachment styles can be used to predict a child's behavior at home, in school, and with friends (Sperting & Berman, 1994). One explanation for the persistence of attachment patterns is the way parents treat children tends not to change. Each pattern also tends to self-perpetuate. For example, a cycle is likely to develop when an anxious avoidant child distances himself or herself from his or her parents and bullies other children, in turn causing an unfavorable response from the parents (Bowlby, 1988). Stable patterns of behavior from the first to the tenth year of life form internal working models. These models are relatively consistent internal perceptions of the self, important figures, and relationships, which are constructed through the process of infancy. They account for the continuity of attachment patterns across the lifespan and have been documented in longitudinal research.

Conduct Problems and Attachment Styles

Child psychologists have investigated conduct problems in young children as an avenue to predict maladjustment later in life. Conduct problems can be defined as "a behavioral pattern of strong child opposition to the rules of family, school, and/or community, a pattern that is often first observed during the preschool years within parent-child dyads" (Greenberg & Speltz, 1988, p. 177).

Sroufe (as cited in Karen, 1994) assessed the effects of attachment on the development of conduct problems in a group of forty preschoolers. Sroufe predicted that the children with secure attachments would be less likely to whine, be aggressive, or throw temper tantrums and would be more likely to enjoy themselves. As a whole, Sroufe's predictions were accurate. His results also pointed to the children with ambivalent attachment styles being preoccupied with their own needs and not taking into account the needs of others. Children with avoidant attachment styles were observed taking pleasure in the misery of others.

From the behaviors Sroufe (as cited in Karen, 1994) observed, he identified three types of avoidant children. The first is the bully who blames others for his or her actions. The second type is the loner who seems to show no emotion. The last type of avoidant child shows little interest in the environment and often daydreams. Two categories of ambivalent children were also identified: the impulsive child who is fidgety and tense, exhibiting poor concentration and the clingy child who lacks initiative and often quits, who is fearful and hypersensitive.

Early in his career, Bowlby (as cited in Karen, 1994) observed behaviors in school aged children who had been separated from an attachment figure for long periods of time. Bowlby studied forty-four children who engaged in compulsive and repetitive stealing behaviors. All the children had endured some type of severe parenting but Bowlby was unable to accurately define and measure the parenting

behaviors so he decided to focus on separation. Each child had experienced prolonged separation from a parent at an early age. Bowlby believed these behaviors would follow the children through childhood and into adolescence.

Attachment Disorders in Childhood

Children who do not form healthy attachments with a caregiver or parental figure during infancy can be at risk for developing an attachment disorder. Levy and Orlans (1998) provided a general definition of a childhood attachment disorder as occurring “when children...do not form a trusting bond in infancy and early childhood. A lack of trust generates feelings of aloneness, being different, pervasive anger, and an inordinate need for control” (p 247). A disorder can develop when an infant is unable to sense the parent as being emotionally available. Therefore, unable to protect the child from external harm or internal distress. Distortions in the relationship between parents and child then occur (Lieberman & Pawl, 1988).

The only officially defined attachment disorder included in The Diagnostic and Statistical Manual of Mental Disorders (4th ed.) is Reactive Attachment Disorder (American Psychological Association [APA], 1994). Reactive Attachment Disorder (RAD) is defined as a “markedly disturbed and developmentally inappropriate social relatedness in most contexts that begin with

grossly pathological care” (APA, 1994, p.116). Symptoms begin before age five.

Two types of RAD have been identified: inhibited and disinhibited.

Inhibited type is characterized by a “predominant disturbance in social relatedness” and a “persistent failure to initiate and to respond to most social interactions in a developmentally appropriate way.” Such conditions are “manifested by excessive inhibited, hypervigilant, or highly ambivalent and contradictory responses” (APA, 1994, p.116). An example of a child with Inhibited Type Reactive Attachment Disorder is one who can not be comforted by a caregiver after a separation.

Disinhibited type is a “predominant disturbance in social relatedness” and is characterized by “indiscriminate sociability or a lack of selectivity in the choice of attachment figures” (APA, 1994, p. 116). A child with Disinhibited Type Reactive Attachment Disorder may display affection to strangers or identify them as attachment figures.

Attachment Disorder is associated with pathogenic care. As described in the Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) parental care is pathogenic if one of the following criteria is met:

- (1) persistent disregard of the child’s basic emotional needs for comfort, stimulation, and affection
- (2) persistent disregard of the child’s basic physical needs

- (3) repeated changes of primary caregiver that prevent formation of stable attachments. (p. 118)

The symptoms associated with Attachment Disorder are perplexing and confusing. Children with Attachment Disorder are very controlling. Symptoms shown by children with Attachment Disorder include lack of eye contact with parents, superficially charming towards adults other than parents, and indiscriminately affectionate with strangers. These children also avoid close physical affection such as cuddling, lie about the obvious, steal, and may be cruel to animals. They have a lack of conscience, are accident-prone, have an inability to process cause-and-effect relationships, and can be preoccupied with fire. Lack of impulse control, poor peer relations, and sexual acting out are also manifested. Communication patterns reflect inappropriately demanding and clinging, incessant chatter, and continually asking of nonsense questions (Levy & Orlans, 1998).

Attachment Disorders in Adults

Attachment theory not only clarifies certain patterns of behaviors specific to infants and children, but also links such patterns of behavior to adulthood. A basic concept of human nature is the preference to establish intimate emotional bonds to particular individuals. During childhood, emotional bonds are usually formed with parental figures. They are looked to for comfort, support, and protection. During adolescence and adulthood parental bonds persist but are

supplemented with new bonds. The quality of the parents and child bond effects the adolescent's ability to explore, master their own world, and develop new attachments.

Only recently has adult attachment been the focus of attention. According to Sperling and Berman (1994) adult attachment was defined as:

The stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security. This stable tendency is regulated by internal working models of attachment, which are cognitive-affective-motivational schemata built from the individual's experience in his or her interpersonal world. (p. 8)

The number and classifications of adult attachment styles are unclear.

Researchers have used Ainsworth's original childhood attachment styles to measure adult attachment. Bowlby (1980) proposed that secure attachment occurs also in adulthood, along with four types of adult insecure styles: compulsive caregiving, compulsive care-seeking, compulsive self-reliant, and angry withdrawn.

An attachment relationship does not invariably guarantee security.

Attachment relationships may be maintained because people believe their

attachment figures have the potential to provide security. These relationships may provoke significant anger and anxiety.

Attachment Disorders and Personality Disorders: A Possible Connection

Personality develops from the time of conception to adulthood. The individual's environment is a primary influence. Internal working models, the center of the theoretical perspective of attachment, are the mediators between environmental events and the behavior that follows. Behavioral differences have been noted in children who do not have a stable primary caregiver. This leads to the indirect evidence that internal working models exist and indicates that the child continues to carry his or her cognitive representations of the caregiving environment into new situations. Factors in the environment, in turn, directly influence the traits of the working models. These characteristics or traits are observable in the individual's behavior (Sperling & Berman, 1994).

The development of personality is highly influenced by the relationship with parental figures, the environment, and the resulting attachment behaviors. The individual develops a view of the world and behaviors of others whom he or she might become attached to. These views are derivatives of representations of parent figures that were built throughout childhood into adolescence and adulthood (Sandler, 1989). It is within this framework that deviations from normal

personality development can occur. Unfortunately, there is no distinct line dividing normal personality development from pathology.

Pathology can develop from the same developmental factors that are involved in normal functioning. Timing, intensity of these factors, and character differences influence some individuals to develop pathological personality structures while others develop adaptive ones. Normal personality functioning results from an ability to cope with changes in the environment with flexibility and normal perceptions and behavior assist to increase growth in personal satisfaction. On the other hand, pathology may be present when an individual responds to changes in an inflexible manner. The individual's perceptions and behaviors result in continuing personal discomfort and limits opportunities for growth and learning (Million, 1996). The American Psychological Association (1994) characterizes a personality disorder as "enduring patterns of inner experience and behavior that deviate markedly from the expectations of the individual's culture [are] pervasive and inflexible, [have] an onset in adolescence or early adulthood, [are] stable over time, and [lead] to distress or impairment" (p.629). Personality disorders have been classified into different types according to defining characteristics.

An individual with paranoid personality disorder shows a general distrust and suspicion of others' motives. Schizoid and schizotypal personality disorders are characterized by difficulties in social relationships. Individuals with these

personality disorders have a restricted range of affect and relationship discomfort, cognitive distortions, and eccentric behaviors. Individuals with antisocial personality disorder display a criminal attitude. They disregard and violate the rights of others. Borderline individuals exhibit a pattern of interpersonal and affective instability and conspicuous impulsivity. Excessive emotionality and attention seeking characterizes histrionic personality disorder. Narcissistic individuals are self-focused, grandiose, and lack empathy for others. Avoidant personality disorder is characterized by a fear of intimacy, hypersensitivity to rejection, and feelings of inadequacy. Dependent personalities are marked by a need for social approval and can be described as resigned and passive. Obsessive-compulsive personalities are preoccupied with a need to control the environment and are perfectionists (APA, 1994; Million, 1996).

Researchers have used the Adult Attachment Inventory (AAI) to compare characteristics of several personality disorders with the identified attachment styles. The inventory was designed to “tap subjects’ memories of their childhood relationships with parents, together with current evaluations of these early experiences and their effects on adult personality” (Feeney & Noller, 1996, p.126). Patrick, Hobson, Castle, Howard, and Maughan (as cited in Brennan & Shaver, 1998) measured internal representations of attachment using the AAI and found that individuals diagnosed with borderline personality disorder showed

characteristics of preoccupied attachment style. Brennan and Shaver (1998) compared a group of college students with borderline individuals. The individuals with borderline personality disorder exhibited a number of indicators of distress related to attachment. They reported experiencing fear of loss, separation protest, compulsive care-seeking and angry withdrawal. Common characteristics of avoidant and ambivalent attachment types in romantic and sexual relationships were also reported.

Characteristics of personality disorders and attachment types appear to overlap, though more empirical evidence is needed to “reveal structural connections between the two domains of interpersonal functioning” (Brennan & Shaver, 1998, p.841). Researchers have found that both individuals with insecure attachment styles and personality disorders can cultivate increasingly inflexible or maladaptive patterns of coping. Individuals with avoidant personality disorder and those with fearful avoidant attachment style seem to desire personal closeness but fear rejection. Individuals with dismissing avoidant attachment styles and schizoid personality disorder may describe themselves as unsociable and have been found to be likely to downplay attachment needs and stress self-sufficiency (Bartholomew; Duggan & Brennan; Matrick & Newman; West & Sheldon-Keller, as cited in Brennan & Shaver, 1998).

Implications for Therapists

Attachment theory has been well supported by empirical evidence but unfortunately the influence on clinical practice have been remarkable slow. There have been several interrelated reasons for clinicians to be reluctant to incorporate attachment theory into their understanding of clinical issues. Attachment theory was reproached by Bowlby's colleagues as "a radical departure from the core of their discipline"(Lieberman & Zeanah, 1999, p.559). At the time, the dominance of psychoanalytic theory in clinical practice and training destined attachment theory to remain consistently insignificant. Bowlby himself, at least at the onset of his career, seemed more interested in promoting changes in cultural customs of child rearing than influencing clinical practice (Lieberman & Zeanah, 1999).

Despite its slow start, attachment theory has been influential in clinical practice with young children and their families. Rutter and O'Connor (1999) summarized several programs that integrated attachment theory into their clinical approaches to serve infants, toddlers, preschoolers, and their families.

Despite the rising interest in attachment and its connection with adult psychopathology, little has been written on direct clinical interventions. Clinicians have identified some common approaches to treating adults from an attachment perspective. Slade (1999) believed the therapist's understanding of defense mechanisms, regulation of mood, motivations, and dynamics of relationships assist

them to attend to and understand issues rooted in attachment. Attachment theory identifies all relationships as important, so too is the therapeutic relationship.

Successful treatment, from an attachment perspective, involves the patient being able to “make use of therapy and of the therapist in a ‘secure’ way—namely to reflect upon his or her life story together with the therapist, and then bring that shared understanding and meaning into everyday life in a way that is transforming and healing” (Slade, 1999, p.586). The therapist should provide the individual with a safe environment in which to reflect on and re-experience his or her life story. The therapist gives new meaning to and shapes the individual’s relationships and sense of self. Slade (1999) advised therapists to keep in mind that individuals may respond “in ways that are consistent with their lifelong patterns of defense, affect regulation, and security operations” (p.589).

The treatment process with adults who dismiss the importance of attachment relationships will typically be difficult and challenging. These individuals may minimize difficulties in their relationships even though these difficulties have caused them a great deal of pain, as evidenced by their life circumstances. Therapy poses challenges for these individuals’ defense mechanisms. Dozier (as cited in Slade, 1999) noted that such individuals are resistant to treatment and if they do confront emotional issues they will often try to divert the therapist’s attention. They may miss, reschedule, and forget

appointments with apparent calmness. These individuals may be able to express feelings of sadness, need, and rejection but only after a reasonable length of time.

Different challenges are posed when working with an adult who is preoccupied in relation to attachment. Cassidy (as cited in Cassidy & Shaver, 1999, p.587) found these individuals to “heighten or maximize their expression of attachment needs and feelings, in order to ensure their caregivers’ care and availability.” They are much more likely to call therapists between sessions, become exceedingly dependent, demand extra appointments, and want advice. These individuals challenge the parameters of the therapeutic relationship and attempt to turn a treatment situation into a parent-child relationship.

Conclusion

Environment has been found to be important in human development. Specifically, the relationship with a parent or caregiver is important. A parent, starting at birth, is the world to a child. Later the child will experience the outside world, but still keeping close proximity to the parent. The parents shape the child’s sense of self and ideas about others and the world. When parents neglect children, abuse them in some way, or are absent children can develop ways of viewing the world that are distorted. This distorted view effects the children’s functioning and relationships with others.

Moving into adolescence and adulthood, the individual may bring with them the distorted view of themselves, others, and the world. Some individuals may learn to cope and be healthy. Other continue to be inflexible and have problems in relationships. These individuals may develop ongoing pathology. For therapists and helping professionals these individuals are the most difficult to work with. Examining attachment theory can provide insight into, not only the influence of past relationships, but also unhealthy patterns in relationships that the individual has developed and are still using. The therapist can use this knowledge in building a relationship with the client and throughout the treatment process.

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