Developmental vs. social personality models of adult attachment and mental ill health

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Both the developmental and social personality approaches to the study of adult attachment are concerned with understanding those factors that describe an individual’s quality of relational adaptation and risk for mental ill health. This paper examines the theoretical and methodological assumptions of these alternative models and how these assumptions have markedly different implications for addressing clinical issues. It is suggested that recent evidence necessarily leads to the conclusion that mental and relational difficulties, such as partner violence and victimization, borderline personality, dissociation, suicidal behaviour and other clinical symptomology thought to be related to experiences of severe relationship distress, are best explained in terms of attachment disorganization rather than as normative forms of attachment insecurity or fearful avoidant adult romantic attachment.

One of Bowlby’s primary goals in formulating attachment theory was to develop a ‘new’ model of developmental psychiatry that emphasized the role of real-life events as contributors to some aspects of personality development and mental health. In commenting on how affectional bonds to primary caregivers influence later functioning, Bowlby (1988, p. 162) observed ‘the key hypothesis is that variations in the way these bonds develop and become organized during the infancy and childhood of different individuals are major determinants of whether a person grows up mentally healthy or not’. Indeed, his suggestion that insecure attachment compromises certain aspects of later development has been supported empirically over the years (see reviews by Cicchetti & Carlson, 1989; Greenberg, Cicchetti & Cummings, 1990; Sroufe, 1988; Thompson, 1999).

Within this broad area of attachment and mental health, two streams of adult attachment literature and research have emerged: one grounded in developmental research in child—parent attachment and the other grounded in social personality research in adult romantic attachment (Hazan & Shaver, 1987; Shaver & Clark, 1996). Both streams assert that they are derived from the Bowlby–Ainsworth model of attachment; both articulate adult relationships using similar terminology. Despite broad similarities, there are vast differences in the conception of the attachment construct and in the application of the theory. Because of these differences, attempts to integrate these streams

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in the past have resulted in conceptual and empirical confusion (see Crowell & Treboux, 1995).

In this paper, the authors are particularly interested in how these differing views inform the understanding of mental ill health in adults. It is noted that Bowlby approached this subject by describing psychiatric distress in broad terms only; he did not describe attachment-related problems in terms of the formal types of disorders commonly characterized in the clinical literature by the terms ‘mental ill health’ and ‘psychopathology’. The present paper is confined to those instances of mental ill health, such as partner violence and victimization, borderline personality, dissociation, suicidal behaviour and other clinical symptomology, that have relational difficulties as one of their hallmark features and have generated empirical research. It can be argued that the concepts derived from the developmental and social personality approaches have markedly different implications for the understanding of these clinical and relationship disorders.

It must be said at the outset that Bowlby was probably overstating the case when he proposed that attachment was the template for all future relationships in adulthood. Although concerns about the template model have been expressed by experts in attachment and psychopathology (e.g. Hinde, 1982; Rutter, 1997), these cautions have not been integrated into most current work in adult attachment. It should be stressed here that recognizing that attachment does not comprise the whole of adult relationships is crucial to understanding the concept of ‘adult attachment’. Adult relationships typically have multiple determinants, and as we shall argue below, arise from and serve the needs of more than one motivational system. In short, attachment is only likely to comprise a very small component of adult relationships.

Perhaps because of the rising interest in, and growing acceptance of, the attachment construct by theorists and clinicians alike, the definitional trend of this construct is towards a disconcerting sprawl. Definitional boundaries have become blurred and intimate relationships are beginning to be treated as synonymous with attachment relationships. In preparation for the discussion of how the developmental and social personality approaches explain mental ill health, we first review the conceptual and methodological foundations of each approach in an attempt to establish the boundaries of attachment. It is recognized that the whole problem of the conceptual boundaries of attachment is controversial and, thus, one runs a considerable risk of being criticized for some degree of arbitrariness. This risk is offset by the gain in sharpening and clarifying the issues around which our current thought and research in attachment seem to cluster.

Adult attachment: The developmental perspective

The developmental perspective of adult attachment is derived from the fundamental tenets of Bowlby’s attachment theory (1969/1982) and individual differences in attachment as explicated by Ainsworth (Ainsworth, Blehar, Waters & Wall, 1978) and Main

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1 Although Bowlby proposed that depression would be related to attachment insecurity, studies supporting this proposition in adults and adolescents have either used Kobak’s three category Q-sort procedure which does not assess unresolved status for classifying the AAI, or have used self-report questionnaires of depression which measure depressive symptomatology and not depressive disorder (Dozier, 1990; Kobak, Sudler & Gamble, 1991; Pearson, Cohn, Cowan & Cowan, 1994).
Drawing from the field of evolutionary biology, Bowlby conceived of the essential aspects of relationships in terms of innate motivational systems, termed behavioural systems. Briefly, behavioural systems organize and direct behaviour related to the individual’s ability to survive and reproduce. Bowlby and others argued that broad classes of behaviour in humans and other species can best be understood in terms of the individual’s motivation to achieve behavioural system-related goals. In the case of the attachment behavioural system, at the ultimate or evolutionary level, the function of attachment is protection from danger. At the proximate level, the individual is motivated to establish proximity to an attachment figure when frightened or threatened. The child’s attachment (or more precisely, the bond between child and caregiver that develops as the product of the attachment behavioural system) is considered a primary influence on development across the life span. From a biological perspective, it is the first relationship-based behavioural system to develop and, thus, is the first relationship-based system to contribute to the child’s reproductive fitness.

Following Hinde (1982), Bowlby emphasized that, as the child matures, relationships with others will begin to integrate other relationship-based behavioural systems such as the affiliative and sexual systems (see also Hinde & Stevenson-Hinde, 1991; Weiss, 1982; West & Sheldon-Keller, 1994). As compared with the protective function of the attachment system, the affiliative system motivates the individual to establish friendships and other forms of social support; the sexual system motivates the individual to engage in behaviour related directly to reproduction. Ultimately, all behavioural systems support survival and reproductive fitness, but they are not identical to attachment. Weiss (1982) cogently argued that attachment in adults is not as liable as attachment in childhood to overwhelm other behavioural systems. A qualification is, however, necessary. The contribution of attachment to adult relationships would be expected to depend on the individual’s past success in having his or her attachment needs met. Because insecurely attached individuals’ confidence in the ability and willingness of attachment figures to provide protection is impaired, these adults would be likely to have a lower threshold for the activation of the attachment system, suggesting that their intimate relationships (both friendships and sexual relationships) would be associated with affectively-charged beliefs about attachment. As Fonagy (1997) noted, in the case of unresolved experiences of trauma, internal working models of the self in relation to the other come to dominate the individual’s representational world ‘only in emotionally charged complex attachment relationships’ (Fonagy, 1997, p. 4; emphasis in original).

Over the course of almost three decades, attachment theory and research have defined how the child’s qualitatively different experiences of receiving care from the attachment figure become organized into discrete behavioural and mental representational patterns: secure, avoidant, ambivalent and disorganized (Ainsworth et al., 1978; Main & Solomon, 1986, 1990). Beginning with Ainsworth’s seminal work, attachment researchers have demonstrated that these patterns are related especially to corresponding differences in maternal sensitivity and responsiveness (see de Wolff & van IJzendoorn, 1997, for a review) and maternal protection (George & Solomon, 1996; Solomon & George, 1996).

Because of her work with the AAI in designating adult attachment categories, this approach to adult attachment is often called Main’s approach. We feel this shorthand is unfortunate, however, because it ignores almost three decades of developmental research which serves as the foundation for what we will call here a developmental approach to adult attachment.
One of Bowlby’s most significant contributions to our understanding of attachment was his transformation of the ethological and psychoanalytic concepts of mental representation into a central attachment concept\(^3\). Briefly, mental representation is conceived as the mental schemes that organize behaviour and thought (i.e. internal working models). In his first volume, *Attachment*, Bowlby drew upon ethology to define mental representation in terms of biologically-based behavioural systems (Bowlby, 1969/1982, 1973; Hinde, 1982). In his third volume, *Loss*, Bowlby (1980) used cognitive theory to reformulate mental representation once again into a model of defensive exclusion that follows the psychoanalytic concept of defence. According to Bowlby, defensive exclusion is the persistent exclusion of some particular real-life experience or memory that should be attended to as attachment information but instead is treated as ‘noise’. Drawing upon models of information processing, he explicated the mechanisms and conditions surrounding defensive processing and the organization of feeling, thought, and behaviour in relation to attachment experience. The attempt to exclude information is a response to threat; defensive exclusion filters, and often changes, affect-laden information about attachment that would otherwise lead to anxiety, suffering, and pain if the information were fully processed. Important to our discussion here, this view of mental representation is the basis for how developmentalists measure attachment representation and understand what it means at the representational level to be secure, avoidant, ambivalent, or disorganized (George & Solomon, 1999). Indeed, attachment theorists have argued that the attachment system itself is never directly observable. Rather, internal working models of attachment are revealed by activating the attachment system and then viewing it through the lens of a particular form of assessment (i.e. the behaviour or thought patterns that result from the attachment scheme combined with defensive processes).

These fundamental assumptions of attachment theory, in concert with Bowlby’s belief that attachment was important across the life span, have paved the way for a developmental model of adult attachment. Based on analyses of adults’ descriptions of their childhood experiences with attachment figures in the Adult Attachment Interview (AAI: George, Kaplan & Main, 1984/1985/1996), Main & Goldwyn identified four categories of adult attachment analogous to the categories of child attachment: secure—autonomous, dismissing, preoccupied, and unresolved with respect to loss or trauma (Main & Goldwyn, 1985/1990/1994; Main, Kaplan & Cassidy, 1985). Although the behavioural expressions of the four infant attachment groups change over the course of childhood (and presumably adulthood as well—see e.g. Cassidy & Marvin, 1987/1990/1991/1992; Main & Cassidy, 1988; Marvin, 1977; Schneider-Rosen, 1990), these groups are characterized by the same core representational features across the life-span (West & George, in press)\(^4\).

Briefly, to be securely attached means that the individual is confident that he or she can rely on attachment figures to provide safety and protection. The result is a relatively undefended behavioural and psychological integration of attachment experience, memories and affect. This allows the secure individual to function in attachment

\(^3\) Although Bowlby preferred the term ‘working model’ to emphasize the dynamic nature of the construct, various authors use the terms ‘working model’ and ‘representational model’ interchangeably.

\(^4\) The present authors note that the developmental adult attachment groups were developed to predict infant attachment, but they were never conceived as identical. Indeed, readers familiar with the AAI are aware, for example, of the fact that there are more subgroups of adult attachment than of infant attachment.
relationships flexibly, that is, he or she is able and willing to integrate the needs, feelings and perspectives of both the partner and the self in a goal-corrected partnership that succeeds in contributing to one’s safety and well-being.

On the other hand, to be insecurely attached means that the individual is not confident that he or she can draw upon attachment figures to provide the kind or degree of protection necessary for immediate physical or psychological safety. The result is the development of secondary behavioural attachment strategies and patterns of defensive exclusion, the goal of which is to override personal anxieties and fears so that the individual can remain ‘connected’ in relationships. Because there is some degree of lack of protection associated with insecure attachment, the individual cannot fully integrate attachment experience, memories, and affect to achieve a goal-corrected partnership. Under the most severe circumstances (for instance, child maltreatment, relationship violence), insecure attachment leaves the individual distressed and potentially disorganized as the result of conscious and/or unconscious appraisals of failed protection and abandonment.

Mental representation and defensive exclusion are especially important to our discussion of the two theoretical streams of adult attachment. Evidence based on evaluations of individual differences in ‘current states of mind’ (Main & Goldwyn, 1985/1990/1994) and analyses of attachment status in terms of defensive processing (George & Solomon, 1996; Solomon, George & DeJong, 1995) suggest that because secure attachment is relatively integrated (i.e. coherent) and undefended, secure individuals have working models of the self as worthy of protection and care. By contrast, the working models of insecure individuals (detached, preoccupied, or unresolved), are marked by anxiety regarding attachment. Because of their anxieties, these individuals must rely on partial or complete forms of defensive exclusion in attempts to block from consciousness painful evaluations of the self as unworthy of protection and, to some degree, as vulnerable and unsafe (George & Solomon, 1999; George, West & Pettem, 1999). In other words, according to attachment theory, all individuals judged insecurely attached are, by definition, characterized to some degree by negative (i.e. unworthy) working models of the self. We will return to this important point in the next section.

Adult attachment: The social personality perspective

Bowlby maintained a general vision that intimacy in adults was in some way related to attachment (Bowlby, 1988). However, he and other early attachment theorists (e.g. Ainsworth, 1989) failed to specify how such core concepts as the attachment behavioural system and protection and safety were related specifically to adult intimate or romantic relationships. The bridge between attachment theory and adult romantic relationships had, nevertheless, been established, resulting in an explosion of research exploring the correlates of adult romantic attachment. Little attention has been paid to the question of whether or not what was being studied was, indeed, attachment (i.e. a relationship based on protection and safety).

On the surface, the social personality and developmental perspectives of adult attachment appear to be grounded in the same underlying phenomena. This illusion is maximized by the fact that both views independently defined adult attachment in relation to the categorical patterns of attachment defined by Ainsworth. In contrast to
Bowlby’s goal of explaining how severe attachment threat (i.e. failed protection) compromises mental health, social personality researchers extrapolated concepts from attachment theory explicitly to explain romantic love (Hazan & Shaver, 1987). Identified using personality typology terminology, ‘attachment style’, adult romantic attachment is a model of intimacy, loneliness and general relatedness.

Hazan & Shaver (1987, 1990) ‘invented a questionnaire measure of adult attachment styles that distinguishes among the grown-up versions of the three kinds of infants described by Ainsworth’ (Hazan & Shaver, 1990, p. 35). Adults who identified themselves as feeling confident and comfortable being close to others were defined as secure. Adults who identified themselves as unable to trust others, anxious about being pushed towards intimacy, and feeling uncomfortable around others were defined as avoidant. Adults who identified themselves as reluctant to get close to others but desiring closeness, and worried about their partner’s commitment to them in the relationship were defined as ambivalent.

In order to evaluate the contribution of the social personality view of adult attachment to mental health risk, the question of construct validity must first be addressed. Does romantic attachment style represent the construct of attachment as defined by Bowlby? Although scant empirical energy has been spent on this issue, social personality theorists make their case for construct validity on the basis of three lines of thinking: sample distributions, core dimensions that define the attachment relationship and mental representation. The first line of thinking emphasizes the fact that sample distributions of secure, avoidant, and ambivalent romantic attachment styles parallel attachment classification distributions reported for infants (for overview see Shaver & Clark, 1996). This argument for construct validity is not one that is typically endorsed by methodologists (Nunnally, 1978). Even if the proportion argument was sound, the studies in which the similarities between the infant attachment and adult romantic attachment data emerged are importantly very different. Specifically, Bowlby (1969/1982) emphasized that the behavioural and, therefore, representational indices, of attachment are context-specific; they can be observed only under conditions that activate the attachment system. There is no reason to assume that romantic attachment measures (paper and pencil tests that are sometimes administered to groups of adults collectively) activate the attachment system.

A final concern with the proportions argument is that the items on these measures are often generalized statements about experiences in relationships. Individuals’ responses and their assignment to a specific romantic attachment classification group is likely to reflect a host of factors, including identity, personality, intimacy, or representations of other interpersonal relationships that are not completely overlapping with attachment (de Haas, Bakersman-Kranenburg & van IJzendoorn, 1994). Taking this point a bit further, it is interesting that the social personality typology of adult romantic attachment has been derived almost completely from studies of traditional college-age students in short-term relationships. Based on the behavioural system perspective that we outlined earlier, there is no reason to believe that romantic adult attachment style, in fact, reflects attachment; instead, the responses of these young adults to questions of closeness and intimacy may be confounded by sexual or affiliative relationships that are, according to theory, heightened during this phase of the life-span (Hinde & Stevenson-Hinde, 1991). Hazan (1992) proposed that in college, young people shift their attachments to
peers. Empirical support for this hypothesis, however, is equivocal. Smith & George (1993), for example, found that while the exploratory system of traditional college-age students was organized around peers, parents nonetheless remained their primary source of protection and security. Further, Sheldon & West (1989) found that college students organized their expectations of relationships in a manner that reflected a functional distinction between attachment and affiliation. For all of the above reasons, therefore, it is suggested that typically for most young adults (particularly those recruited from the general population of college students) adult romantic attachment style is more strongly influenced by experiences in the sexual or affiliative domains than by childhood caregiving experiences.

The second line of thinking is based on the identification of two dimensions, avoidance and anxiety, that have been found to discriminate romantic attachment classification groups (Bartholomew & Shaver, 1998; Shaver & Clark, 1996). Discriminant function analysis using these two dimensions placed adults into the same three groups originally identified by Ainsworth (secure, avoidant, ambivalent). This argument, too, has its weaknesses. Following closely Ainsworth’s descriptions of mother–infant interaction, the dimensions tap accessibility, attentiveness and responsiveness of the romantic partner. As Shaver & Clark (1996) state, ‘When infants notice that their attachment figure is available, interested, and responsive, they become more playful, less inhibited, visibly happier, and more interested in exploration. When an adolescent or adult falls in love, similar positive emotional effects are evident because the same underlying dynamics are involved’ (Shaver & Clark, 1996, p. 32). It is emphasized that it is accessibility, attentiveness and responsiveness in the context of real or perceived danger or threat that is central to an attachment relationship. More generally, accessibility, attentiveness, and responsiveness—described most simply as the dimensions of avoidance and anxiety—describe the most basic features of all relationships (mother and baby, adult romantic partners, friends or coworkers). Further, recent attachment research challenges the notion that avoidance and anxiety are, indeed, independent dimensions at the level of representation. Children judged avoidant and ambivalent based on reunion behaviour show a strong mixture of avoidant and anxious defences (Solomon et al., 1995). A parallel finding was reported for the mothers of these children (George & Solomon, 1996). If attachment and adult romantic attachment were indeed tapping the same construct, one would expect to see parallels at the level of representation. The independence of the avoidance and anxiety dimensions that characterizes adult romantic attachment, therefore, is likely to be an artefact of measures that were constructed to mirror basic patterns of infant behaviour rather than underlying representational processes.

The third line of thinking used to support claims of construct validity centres on the concept of mental representation. In the social personality view, mental representation is defined in terms of cognitive attribution. Following the methodology defined by this approach, mental representation is assessed in terms of self-report responses to pre-defined inventories (e.g. Carver, 1997; Collins & Reed, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987). Romantic attachment style is designated on the basis of a person’s conscious self-evaluation; classification is based in what the individual designates or claims to be true about self and others in intimate relationships (see also, Crowell & Treboux, 1995). According to attachment theory, assessment of representational models of attachment requires the examination of patterns of behaviour (as in the strange
situation) or thought. Representational approaches to classification of adult attachment status in filial and adult relationships are based on evaluations of 'states of mind' or defensive processes (Crowell & Treboux, 1995; George & Solomon, 1996; Main, 1995). Little consideration is given to reported behaviour or attributions. Indeed, it is this emphasis on unconscious mental processes that has led to strong construct and discriminant validity of developmental measures of attachment. Researchers have shown that attachment as measured by the AAI, for example, is related to other construct-validated assessments, including measures of child and adult attachment (e.g. see Bakersman-Kranenburg & van IJzendoorn, 1993; Crowell & Treboux, 1995; Fonagy, Steele & Steele, 1991; Fonagy et al., 1995; George et al., 1999; Main et al., 1985) and parental caregiving (George & Solomon, 1996). Given the differences between these two approaches, it is not surprising that researchers have not found a significant correspondence between classifications based on the AAI and Hazan–Shaver’s romantic attachment style measure (for a complete discussion, see Crowell & Treboux, 1995). As Crowell & Treboux argued, this failure to demonstrate equivalence in these forms of classification raises questions as to whether these approaches are describing the same construct. This question is compounded by the fact that, with the exception of the above study, there are no published construct and discriminant validity studies of other romantic adult attachment measures.

More recently, Bartholomew, following a somewhat different approach than previous researchers in this area, developed an adult attachment typology to describe intimate reciprocal interaction (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994; Scharfe & Bartholomew, 1995). She approached her work by using clinical-style interviews regarding individuals’ relationships with parents and peers; indeed, her parent interview was patterned very closely after the AAI. Her conceptual formation of adult attachment combined two fundamental aspects of attachment research (infant attachment categories and Bowlby’s (1969/1982, 1980) formulation of self and other mental representations of attachment) with Millon’s (1969) model of personality. As a result, Bartholomew defined attachment ‘in terms of the intersection of two underlying dimensions of internal working models—positivity of models of the self and positivity of models of hypothetical others—resulting in four attachment patterns’ (Scharfe & Bartholomew, 1995, p. 394). Dimensions of positivity were then redefined as dimensions of avoidance and dependency (Bartholomew & Horowitz, 1991). Thus, Bartholomew’s conceptualization of romantic adult attachment was derived from a pre-defined model that included four classification prototypes; each prototype described a different combination of positive and negative evaluations of self and other. The names and descriptive characteristics that were used to designate each prototypic group were formulated by extrapolating from descriptions of adult attachment based on the AAI and the romantic attachment groups based on Hazan & Shaver’s measure. Descriptive characteristics were assigned according to their ‘fit’ into each predefined category. The prototype in which individuals described self and other as positive, and in which individuals were neither avoidant of nor dependent on others, was labelled secure. The three other prototypes in which individuals described negative evaluations of self, other, or both and in which individuals reported problems with avoidance and dependency, were labelled insecure.

Although Bartholomew’s prototypes have been shown to be related empirically to
some adult personality variables (for an overview, see Crowell & Treboux, 1995, and Shaver & Clark, 1996), the larger issue of construct validity that we raised earlier remains: To what degree does Bartholomew’s adult attachment typology reflect Bowlby’s construct of attachment? There are no published studies comparing the developmental and Bartholomew models of adult attachment; however, given their conceptual divergence, a significant match between Bartholomew’s four adult romantic attachment categories and the four adult attachment status classification groups would be unlikely. We believe this to be true particularly because the construction of these prototypes ignored mental or defensive processes. Westen (1992) stated:

Social–cognitive models now often assume that a schema can be ‘tagged’ with affect of one valence or another; however, matters are far more complex. A person’s schema . . . may include dozens of specific and generalized representations, which may not only have conflicting affective qualities among them but also within them. These encoded affective valuations will influence information processing and behavior in complex and interactive ways . . . (one cannot assume) that the representation that becomes conscious is the one that receives the most activation, because a strongly activated representation may be too painful to acknowledge and may thus leave its mark though a defensively transformed derivative. (Westen, 1992, p. 384)

We find Westen’s statement to be particularly relevant to Bartholomew’s interpretation of avoidant attachment. According to Bartholomew’s scheme, individuals judged avoidant hold a positive evaluation of self and a negative evaluation of other. From a defensive processing point of view, it is more likely that the conscious, positive evaluation of self observed in Bartholomew’s subjects reflects a self-serving bias and not a positive underlying internal working model of self. Indeed, we reiterate that according to Bowlby’s model, attachment insecurity is accompanied by negative internal evaluations of self. Self-serving bias, the tendency for an individual to portray him- or herself in a positive light to others, is a well-researched topic in social psychology; however, this concept has been ignored in Bartholomew’s model.

Recently, the social personality view has assimilated Bartholomew’s model to produce a single, internally consistent model of adult romantic attachment that parallels the current developmental model of child attachment. Bartholomew’s fourth category (fearful avoidant) was added to the typology: ‘The need for this category arose when Main and others noticed a fourth, at first unclassifiable and rather baffling kind of infant, that they eventually called D, for disorganized/disoriented’ (Shaver & Clark, 1996, p. 33). The fearful avoidant adult, defined by high avoidance combined with high anxiety, was designated as the conceptual equivalent of the ‘disorganized/disoriented’ infant. Shaver & Clark argued that fearful avoidant adults reported behaviour in intimate relationships that appeared to be identical to Crittenden’s (1985) A/C attachment group. The construction of a model of adult romantic attachment that was identical to the model of child attachment was now complete.

A major problem with this new social personality model of adult romantic attachment is that there is absolutely no evidence that the A/C typology is at the core of attachment disorganization. The concept of disorganization emerged from observations of infant behaviour in the laboratory (Main & Solomon, 1986, 1990). Compared with infants whose attachments were organized (secure, avoidant, ambivalent), infants judged disorganized (D) appeared to lack a coherent behavioural attachment strategy during laboratory reunion and other episodes of the strange situation. Thus, the defining feature
of attachment disorganization is the infant’s inability to maintain an organized attachment strategy. Only a small minority of these children demonstrated A/C behaviour (Main & Solomon, 1990). Further, although Crittenden’s (1985) typology differs from that of Main & Solomon, both overlap in the designation of more forms of ‘disorganization’ than the A/C pattern.

As we will discuss more fully below, disorganized attachment has been shown to be related to developmental and psychopathological risk in children and adults; by conceiving of a disorganized category of adult romantic attachment, the social personality view is positioned to examine relationship and mental health risk. Given claims that the adult and child models are now completely parallel, construct validity questions become even more important. Another question, one that is central to our topic, must now be added: How does adult romantic attachment inform us about the contribution of attachment to mental ill health?

Fearful avoidance and mental ill health

Bartholomew’s fearful avoidant attachment is the only romantic adult attachment construct that has been used to examine clinically relevant problems. Defined as a combination of negative evaluation of self with negative evaluation of other, ‘The fearful prototype is characterized by avoidance of close relationships because of a fear of rejection, sense of personal insecurity in relationships, and a distrust of others’. (Bartholomew & Horowitz, 1991, p. 228). Although fearful avoidance has been found to be related to interpersonal difficulties such as exploitation, self-regard, and personal distress (Bartholomew & Horowitz, 1991) and to the personality dimensions of introversion and neuroticism (Shaver & Brennan, 1992), in general, these problems and traits did not differentiate romantic attachment groups. Fearful avoidance has been associated with relationship conflict and trauma. Fearful avoidant men were described as more destructive in response to conflict interaction with their partners (e.g. ignore the problem, threatening to leave the relationship) than men with other romantic attachment styles (Scharfe & Bartholomew, 1995). Fearful avoidance has also been found in greater proportions than other insecure attachment styles in battering men (Dutton, Saunders, Starzomski & Bartholomew, 1994) and in women survivors of sexual abuse (Anderson & Alexander, 1996). Finally, fearful avoidance has been linked to the symptoms related to abuse and trauma, including dissociative symptoms and borderline personality disorder (Alexander, 1993; Dutton et al., 1994).

Although fearful avoidance fits nicely into a four-cell typology of adult romantic attachment and the view that some form of adult avoidance coincides with 1980s attachment models of adjustment difficulties, an increasing number of attachment theorists no longer view avoidance as a primary contributor to vulnerability, maladjustment, and mental ill health (e.g. Lyons-Ruth & Block, 1996; Main, 1995; Solomon & George, 1996; see also reviews by Lyons-Ruth & Jacobvitz, 1999; Solomon & George, 1999; van IJzendoorn, Schuengel & Bakermans-Kranenburg, in press). Following the behavioural systems model that is the foundation of attachment theory, Main (1990) argued that avoidance is a secondary behavioural strategy that serves the set-goal of attachment behaviour (i.e. proximity) while allowing the infant to minimize activation of the attachment system. As a consequence, avoidance allows attachment behaviour to
remain organized and coherent. Solomon & George (1996) have further argued that in terms of protection, avoidant strategies provide the child with ‘good enough’ protection. That is, the distance promoting strategies utilized by mothers and children in avoidant relationships still allows the mother to protect the child from physical danger and threat. In summary, although avoidance compromises physical closeness, it does not compromise protection.

Fearful avoidance, as a dimension of personality or intimacy, may indeed explain the problems and feelings reported by individuals in this romantic attachment group. In terms of explaining the attachment mechanism underlying interactive failure in the adult partnership and mental health problems, the concept of fearful avoidance is misleading. Avoidance helps the attachment system remain organized and, ultimately, maintains attachment relationships and mental health. This raises the question of whether the attachment contribution to clinical problems is the fearful avoidance of intimacy, or something else. Contemporary attachment theory and research suggest that attachment is compromised when the attachment system (and resulting behaviour) becomes disorganized.

**Attachment disorganization, defensive exclusion and segregated attachment systems**

As stated earlier, attachment disorganization is defined as the absence of a coherent attachment strategy. Recent research has shown that, although disorganized behaviour observed in infancy appears to become organized (controlling) during childhood, attachment appears to remain disorganized at the level of mental representation (Solomon et al., 1995). In order to understand, then, the relationship between adult attachment and mental health risk we need to examine the attachment concepts of defence and segregated systems, the mental processes that define disorganization (George et al., 1999; Solomon et al., 1995).

According to Bowlby (1980), the key to understanding the role of relationships in the development of clinical symptomology and emotional distress was defence. He stated that ‘defensive exclusion is regarded as being at the heart of psychopathology’ (Bowlby, 1980, p. 65). He believed that mental health required the individual to be able to engage in some degree of conscious reorganization of severe attachment-related experiences, thus integrating the experience and accompanying effect. This means that it is only when the individual gains conscious access to painful or distressing attachment experiences that he or she can ‘reorganize’ mental representations of attachment from the past with experiences of the present. Conditions (internal and external) that promote reorganization and integration allow the individual to remain organized and capable of functioning in activities and relationships.

Bowlby was specifically interested in the symptoms of mental ill health that might arise under conditions of severe threat to attachment or loss of an attachment figure (i.e. experiences of failed protection). Under these circumstances, attachment was at risk 5.

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5The importance of the conscious reorganization of attachment-related trauma to mental health is empirically supported by Fonagy et al.’s (1995) study of reflective self function and the outcome of psychotherapy. Ratings of individuals’ capacity to represent mental states in others and in themselves was significantly associated with the extent of symptomatic improvement following a course of intensive psychodynamic treatment.
of breaking down. Because Bowlby viewed the attachment system as one of the major contributors to personality development, he believed that the breakdown of the attachment system placed the individual at risk for certain symptoms associated with mental ill health. In the face of intense attachment threat, processes of defensive exclusion resulted in attempts to segregate, as completely as possible, feelings of longing for love, disappointment, misery, anger and memories of the attachment figure. Bowlby proposed that this attachment information was stored in one or more separate representational models. These models were defined as: (1) segregated and blocked from consciousness; (2) not integrated into behaviour or thought; (3) closed to new experience and information about attachment; (4) internally consistent and organized in relation to the goal of the attachment system (i.e. segregated systems); and (5) existing in parallel with models that have access to consciousness. When segregated, Bowlby proposed that the attachment system was almost completely deactivated. This could only be accomplished when ‘the governing system and the one having free access to consciousness {is} a system from which almost every element of attachment behaviour {is} excluded’ (Bowlby, 1980, p. 354). Likened to repression, this form of defensive exclusion was the mechanism that allowed the individual to adapt to experiences of severe attachment threat. The long-term risks of segregated systems to mental health, however, were believed to outweigh the short-term benefits.

Segregated systems are not inert and Bowlby believed that they could not be blocked from consciousness indefinitely. Further, based on current thinking regarding trauma, it is likely that the individual’s repeated experience of attachment threat sensitizes the individual to attachment-activating stimuli. Perry and colleagues (1995) proposed that sensitization to trauma and threat becomes an integral part of the personality; the brain is thought to develop a trait-like template based on acute responses to threat, especially if the threat is experienced during early childhood, that guides future information processing and memory storage (Perry, Polland, Blakley & Vigilante, 1995). With the exception of the few case studies Bowlby described in his volume on loss, there is little information about the circumstances or cues that activate segregated models. Attachment theorists have suggested that this form of defensive exclusion fails when the individual needs defences the most—that is, when the individual appraises certain stressors, even mild ones, as threatening. It is precisely at those moments that one would predict intense activation of the attachment system and the emergence of the segregated attachment system (George & Solomon, 1999; West & George, in press). Upon release of the segregated attachment system, ‘behaviour as is then shown is likely to be ill-organized and dysfunctional’ (Bowlby, 1980, p. 346), that is, dysregulated (Horowitz, Markman, Stinson, Fridhandler & Ghannan, 1990; Solomon et al., 1995). Dysregulation results in emotional flooding, attempts to constrict or block the emergence of the segregated attachment system, or a mixture of both (Solomon et al., 1995; George & Solomon, 1998). Regardless of the form it takes, dysregulation and the accompanying breakdown of defence places the individual at risk for mental and behavioural disintegration and helplessness.

In his volume, Separation, Bowlby (1973) expressed the view that fear (fear of separation, fear of loss and abandonment) was the fundamental emotion that organized the attachment system (see also Main & Hesse, 1990). Research evidence points to the fact that, under extreme conditions, it is fear that disorganizes, dysregulates and
immobilizes the attachment system. Some disorganized infants respond with fear upon reunion with the attachment figure (Main & Solomon, 1990). Some mothers of disorganized infants have been described as frightened themselves or frightening their baby (Lyons-Ruth, Atwood & Bronfman, 1999). Disorganized mental representations of attachment in children and adults reveal frightening themes of violence, aggression, punishment, extreme isolation and destruction (George et al., 1999; Solomon et al., 1995). Many mothers of disorganized children fear being out of control, vulnerable, threatened, or helpless to provide protection for their child (George & Solomon, 1996).

With regard to fearful avoidant romantic attachment style, then, it might appear that Bartholomew's identification of fear as characteristic of this group bears some resemblance to the developmental view of attachment just described. The severe compromises of fear to behaviour, personality development, and mental health outside the arena of attachment theory is well-known (see Perry et al., 1995). As with other aspects of the social personality model, construct validity cannot be assumed based on arguments of resemblance. The fear reported by fearful avoidant adults is explained as the mixture of simultaneous tendencies towards avoidance and anxiety. The fear described in the developmental model is the product of a completely separate relationship dimension—dysregulation. Dysregulation and disorganization of the attachment system is the attachment contribution to mental ill health.

The above thesis is supported by empirical attachment studies of trauma, violence and clinical disorders. Several AAI classifications assess different forms of dysregulated segregated systems, including the U (unresolved loss or trauma), CC (cannot classify) and E3 (preoccupation with traumatic experience) classifications (Hesse, 1996; West & George, in press). In a study of the influence of childhood sexual abuse on adult mental representations of attachment, Stalker & Davies (1995) found that 24 women (60% of their sample) were unresolved with respect to loss and/or trauma. Studies have linked U and CC forms of segregated systems to male relationship violence and criminality (Holtzworth-Munroe, Hutchinson & Stuart, 1992; van IJzendoorn et al., 1997).

Attachment disorganization and segregated systems has also been found to be related to borderline personality. Patrick, Hobson, Castle, Howard & Maughan (1994) reported that 9 out of 12 female patients diagnosed with borderline personality disorder were classified as unresolved, a proportion significantly higher than that found in a comparison group of patients diagnosed with dysthymic disorder. Similarly, Fonagy et al. (1995) found that borderline patients' AAI narratives had a significantly higher rating on the lack of resolution of abuse, but not loss scale, of the AAI.

Evidence for a link between disorganized attachment and dissociative symptomatology comes from a recent study in which the consequences of attachment disorganization were explored longitudinally (Carlson, 1998). In this study, infants at 24 months were assessed for attachment using the strange situation procedure (Ainsworth & Wittig, 1969) and then evaluated for later adjustment through to 19 years of age. Carlson found that

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6The present authors note that a few individuals with dysregulated or disorganized attachments are likely to be misclassified into the fearful avoidant romantic attachment group. It is also likely that others are misclassified as preoccupied. Bartholomew & Horowitz (1991) found that problems with self regard and distress, for example, were reported by individuals in both the preoccupied and fearful avoidant romantic attachment groups.
an infant history of attachment disorganization was significantly correlated with dissociation in adolescents\(^7\).

Finally, in a study that investigated the association between specific patterns of attachment and a history of suicidal behaviour in clinical adolescents, Adam, Sheldon-Keller & West (1996) found that disorganized attachment differentiated adolescents with suicidal behaviour. Specifically, 73% of adolescents with suicidal behaviour compared with only 44% of adolescents in the clinical comparison group were unresolved for earlier trauma.

In summary, the results of these studies offer compelling evidence that the attachment contribution to mental ill health is not the product of avoidance but, rather, the product of attachment disorganization that results from repeated experiences of dysregulation and the breakdown of defense. In this regard, Main stated that in future research on attachment insecurity and mental difficulties “...it seems likely that disorganized attachment status with the primary caregiver in infancy will be the form of early insecurity most frequently linked to significant mental difficulties (Main, 1995, p. 454).

Conclusions

Following Bowlby’s predictions, a growing body of research suggests that attachment is, indeed, a major contributor to mental ill health. This raises important questions regarding how certain mental processes and problems are the product of experiences with attachment figures. The answers to these questions have important implications for attachment theory and its clinical application. In this paper, we discussed two competing views of adult attachment. According to Bowlby, an attachment relationship is built on the provision of protection and safety, a relationship that builds into the individual notions of the self as being worthy of protection. We argued here that the social personality view does not describe this form of adult relationship. Bartholomew stated, “Our working hypothesis is that underlying all adult attachment measures are the two fundamental dimensions identified by Bowlby—the positivity of self model and the positivity of other model” (Griffin & Bartholomew, 1994, p. 442). Focusing solely on self and other schemas and their underlying avoidance and anxiety dimensions, however, the social personality view was never intended to capture the essential features of attachment relationships as described by Bowlby. Rather, adult romantic attachment describes adult intimacy and closeness, patterns which would be expected to result from a complex interplay of factors, including early attachment experiences combined with experiences in friendships or sexual relationships and more general aspects of personality and identity (see also Crowell & Treboux, 1995). As such, measures of adult romantic attachment have strong internal validity and the patterns identified by these measures predict a wide range of phenomena, including intimacy, marital satisfaction, trust, self-esteem, loneliness, jealousy, relationship satisfaction and break-up, religious beliefs, stress coping style, and behaviour in the workplace (Bylsma, Cozzarelli & Sumer, 1997; Shaver & Clark, 1996).

\(^7\)The reader is also referred to discussions linking disorganization to dissociation by Main & Morgan (1996) and Liotti (1999).
What are the contributions of these two models to our understanding of the development of mental health risk? Both disorganized adult attachment and fearful avoidant adult romantic attachment provide us with information in this area. This appears to be especially true with regard to abuse, borderline personality, and dissociative symptomology, no doubt because these problems have been shown to be related to experiences of relationship trauma in childhood. In the present authors’ knowledge, choices of what to retain and what to leave out are not only possible but actually necessary for successful building and clinical understanding. It is stressed that fearful avoidant romantic attachment is not the adult analogue of disorganized attachment and should not be designated as such. This attachment group was developed during that period of time in the history of attachment research when attachment avoidance was associated with developmental risk (Sroufe, 1988), a position that is not supported by contemporary research. Further, based on a two-dimensional model, fearful avoidance fails to capture the notion of dysregulation of the attachment system, the core feature of disorganization and the dimension related to mental ill health. In summary, by comparing the theoretical and methodological assumptions of these two streams of literature, we agree with others who claim that developmental and social personality models reflect two very different phenomena. Certainly, the notion of fearful avoidance contributes to our understanding of certain clinical phenomena; however, as the romantic attachment style construct is still undefined, it is difficult to pinpoint the nature of the contribution.

Based on Bowlby’s theory, the attachment contribution to mental health risk is conceived as the product of the breakdown or dysregulation of one or more segregated attachment systems. The function of the attachment system is to ensure that children, and later adults, develop a relationship with a ‘stronger and wiser’ individual who will provide protection from danger and threat. Following contemporary attachment theory and research, we have shown that certain aspects of mental ill health are likely to result from the emotional flooding and constriction that accompanies dysregulated attachment. Clinical symptomology, including the signs of pathology originally identified by Bowlby (dissociated mental states, depersonalization, pathological levels of anxiety or self-blame, aggressive, reckless, and violent and destructive behaviour directed towards the self and others, compulsive caregiving, compulsive self-reliance and euphoria), result when dysregulation of the attachment system leaves the individual overwhelmed by feelings of helplessness, vulnerability and fear of abandonment.

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Received 18 February 1998; revised version received 24 June 1998