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Attachment and Psychopathology: A Dynamic Model of the Insecure Cycle

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Two decades of research on adult attachment and psychopathology, suggest that while various indicators of attachment insecurity increase risk for psychopathology, these findings are generally vulnerable to correlational designs, lack of specificity and relatively small effect sizes^{1,2}. Studies of the effects of early indicators of attachment insecurity on subsequent psychopathology have also yielded small effect sizes and general lack of specificity with regards to diagnostic outcomes^{3–5}. As a result, there is a need for more nuanced models that hold the potential for better understanding how adult attachment is implicated in the development and maintenance of psychopathology. These models will benefit from moving from a view of attachment as an aspect of personality toward a more dynamic model that accounts for how personality continually transacts with dyadic communication in attachment relationships. We propose a model of attachment and psychopathology that is premised on an insecure cycle between Internal Working Models (IWM) and mistuned communication with relationship partners. When dyadic communication confirms or amplifies insecure aspects of personality, the contribution of attachment to the development or maintenance of psychopathology is compounded. Alternatively, secure aspects of IWMs or dyadic communication can moderate the effects of the secure cycle on the management and treatment of psychiatric disorders.

Our model of the insecure cycle begins with identifying three components of insecure IWMs: negative expectancies, interpretative biases, and defensive strategies. We then consider a continuum of insensitive or mistuned patterns of dyadic communication ranging from abandonment to subtle forms of disengagement that serve to perpetuate and confirm insecure IWMs. In this view, insecure expectancies create a series of vulnerabilities that increase the likelihood of exposure to threats to a partner's availability and responsiveness. Reduced capacity to respond to these threats in turn, creates a recursive cycle in which the individual interprets and responds to communications in ways that maintain or exacerbate the perception of threat, confirm expectancies and activate defensive strategies in an attempt

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to reduce anxious feelings. Alternatively, when insecure aspects of personality are met with sensitive responses from a relationship partner, negative expectancies may be disconfirmed. Similarly, when IWMs are organized by more confident expectations, communication difficulties are more likely to be repaired, the secure cycle disrupted and the risk for psychopathology reduced⁶.

Our view of the insecure cycle illustrates a more general shift in attachment research from approaches that focus primarily on insecurity as a relatively stable trait-like aspect of personality, toward a more dynamic transactional model that focuses on within person variability⁷, relationship specificity⁸ and malleability to change⁹. This more dynamic view of attachment processes points to substantial between person variability in beliefs about insensitive or rejecting caregivers and to an approach that views attachment security and insecurity as a continuum of risk for the development and maintenance of psychopathology. This move toward a more dynamic view of attachment processes provides a framework for more individualized assessment of attachment related risk and points to the need to develop and test experimental interventions that are designed to increase security in specific components of the insecure cycle that in ways that may reduce risk for psychopathology.

Conceptualizing Intrapersonal Risk–Attachment Related Diatheses

The components of insecure IWM's, negative expectancies, interpretative biases, and defensive strategies are depicted in Figure 1. Distinguishing these components may help to identify specific transdiagnostic mechanisms that increase risk for several clinical disorders and that may become targets for therapeutic interventions¹⁰. At the heart of insecure internal working models are *negative expectancies* that attachment figures will not be available or responsive at times of danger or challenge¹¹. These expectancies can be inferred from attachment behavior or from scripts of adult attachment narratives¹². Negative expectancies for available and responsive care typically generate anxious or depressed feelings that have been linked to trait-levels of neuroticism and pessimism². These negative expectancies or forecasts about a relationship partner's behavior support *interpretative biases* in which positive signals of a partner's availability are ignored or minimized and subtle cues of insensitive response are amplified into perceived threats to a partner's availability^{10,13–16}. As a result, relatively common daily fluctuations in the degree to which a partner is available and responsive will be interpreted as confirming negative generalizations about the partner and corresponding negative feelings about the self.

Defensive strategies have represented the predominant focus of adult attachment literature with personality conceptualized as either states of mind with respect to attachment¹⁷ or attachment styles². These defensive strategies have been broadly conceived as based upon either deactivating or hyperactivating the attachment system in order to reduce anxious feelings that accompany negative expectancies. Dimensional ratings of these strategies have been used as global indicators of IWMs in the two major streams of the adult attachment assessment, attachment styles and states of mind. In early parent-child relationships, these strategies were thought to serve the *interpersonal* function of altering the output of the child's attachment system to reduce potential conflict with an insensitive caregiver or to maintain the child's access to an inconsistent or inattentive caregiver¹⁸. Extension of these

strategies to assessments of adult attachment have emphasized the *intrapersonal* emotion regulation function of reducing the anxiety and fear that accompanies negative expectancies for a caregiver's lack of availability¹⁹.

Deactivating and hyperactivating strategies can be conceptualized as forms of attention deployment that serve both interpersonal and intrapersonal functions. Deactivating strategies divert attention from attachment needs in both self and others²⁰. At the intrapersonal level, diversionary strategies restrict the individual's access to feelings that would motivate care seeking behavior while at the interpersonal level, this attentional strategy reduces the individual's capacity to attend to and read attachment signals from others. Hyperactivating strategies also reduce an individual's ability to flexibly deploy attention. At the intrapersonal level excessive focus on attachment needs and feelings restricts access to exploratory or competency motivations²⁰. At the interpersonal level, these attentional strategies increase vigilance toward caregivers in ways that create potential burden and reduce the caregiver's capacity to effectively respond to the individual's needs and signals. Self-perceptions of burdening caregivers have been linked to increased risk of suicidality²¹. Both types of defensive strategies reduce the individual's capacity to reappraise interpretations of self and other²² and restrict an individual's ability to redeploy attentional resources to reflect upon or accurately mentalize their own or their partner's thoughts and feelings^{22–24}.

Conceptualizing the Interpersonal Context—Stress and Attuned Communication

The degree to which insecure IWM's confer risk for psychopathology depends on the extent to which emerging patterns of communication in an attachment dyad confirm or disconfirm intrapersonal vulnerabilities. The quality of these emergent patterns of communication depends on partners' relationship histories as well as evolving perceptions of self and other in the relationship²⁵. For while an insecure individual will bring negative expectancies, interpretative biases and defensive strategies to interactions with a relationship partner, the partner's interpretations and responses offer multiple opportunities to alter expectancies, disconfirm interpretative biases and reduce anxieties that motivate defensive strategies²⁶. If a relationship partner can accommodate, reappraise and empathize with an insecure individual's needs, a relatively stable pattern of sensitive and supportive communication can be established²⁷. Although this more secure pattern reduces risk for psychopathology, the insecure individual may remain more vulnerable to major stressful life events that tests the dyad's capacity to maintain sensitive and supportive communication.

Stressful interpersonal events have been consistently identified as potential precipitants of adult psychopathology²⁸. For instance, the events that are most predictive of major depressive disorder involve rejection, betrayal or break-ups in close adult relationships. In relationships in which a partner finds the relationship unsatisfactory and responds with hostile or rejecting communications, an insecure individual not only confirms negative expectancies about the partner but also amplifies perceptions of the partner as a potential source of threat or abandonment. Increased fear and perception of threat, in turn, make defensive strategies less effective in reducing fear and anxiety and contribute to an escalation

in the anxious cycle that increases vulnerability for psychopathology. When insecure IWMs are combined with hostile or rejecting patterns of communication in close relationships, vulnerabilities that predispose an individual toward developing anxious, depressed, or anti-social symptoms are more likely to cross thresholds for psychiatric diagnosis. In these circumstances, the symptoms can be viewed as signals that the insecure cycle is breaking down and no longer adequate for maintaining a stable equilibrium for the individual or the relationship partner²⁹.

Attachment related risk for psychopathology is greatest when chronic hostile communication results in relationship break-up or when an individual experiences chronic difficulty in maintaining an attachment bond. Careful differentiation between chronic and episodic stressful life events has indicated that individuals who are exposed to chronic romantic stress characterized either by persistent lack of support and rejection in a relationship or by consistent difficulty initiating any close relationship are at the greatest risk for developing major affective disorders. Long-term lack of connectedness leaves the individual isolated in ways that increase the risk associated with insecure IWM's. This social isolation has also been consistently identified as one of the key interpersonal factors for suicidal ideation and behaviors. Additional candidates for more extreme risk for psychopathology include abusive behaviors, abandonment or targeted rejection^{3,30}.

A Dynamic Transactional Model of Attachment and Psychopathology

Attachment research has largely neglected the large proportion of insecure individuals who do not develop clinically significant psychological problems. This neglect raises questions about how aspects of security can be introduced into the insecure cycle in ways that stabilize attachment relationships and moderate risk for psychopathology. Consideration of secure elements in the insecure cycle suggests that there may be considerable heterogeneity in the extent to which an individual's insecure cycle is capable of accommodating discrepant elements and open to change. At the intrapersonal level, the discrepant secure components can be introduced to IWMs at the levels of expectancies, biases or defensive strategies¹³. For instance, a study of individual's trusting or secure interpretations of their partner's responsiveness, resulted in reductions in deactivating attentional strategies over time³¹. Similarly, analysis of Main and Goldwyn's AAI classifications, points to the possibility that non-defensive secure attentional strategies inferred from the coherence of interview discourse can coincide with episodic memories reflecting negative expectancies for caregiver availability. This discrepancy between underlying expectancies and attentional strategies in the interview has been associated with more adaptive outcomes¹⁷.

The dynamic nature of the insecure cycle is also evident in research that differentiates between state and trait views of attachment insecurity. Intervention studies suggest that temporary changes in IWM's can be facilitated by experimental interventions that target defensive strategies³², interpretation biases³³ or expectancies for caregiver availability³⁴. Priming studies illustrate the promise of interventions that target automatic expectancies and interpretative biases rather than defensive strategies^{7,33}. The advantage of interventions that target pre-conscious or automatic levels of processing is that these interventions can introduce changes that do not challenge defensive attentional strategies. Reflection and

updating of models may follow but is not required for moderating the insecure cycle or increasing the individual's overall level of security³⁵. The challenge for interventions that target state fluctuations in attachment processes is to demonstrate that movement toward more secure functioning is sustained over time.

Sensitive and responsive communication is a particularly potent moderator of the insecure cycle³⁶. In a study of adult romantic relationships, Overall and colleagues showed that although avoidant partners were more likely to show anger and withdrawal during discussions of partners' desired changes in each other. However, more dynamic analyses of within person change over the course of the discussion revealed that these same subjects' anger and withdrawal were attenuated or responsive to their partners' softening communications. These dyadic regulatory processes point to the degree to which partners' can accommodate each other's insecure IWMs in ways that activate reparative processes and result in more cooperative and mutually attuned dyadic communication³⁷. The importance of adapting communications to the vulnerabilities associated with insecure IWM's has long been a mainstay of Bowlby's theory of therapeutic change³⁸. In a study of clients in 16 weeks of psychotherapy, clients whom perceived their therapists' as more empathic over the course of treatment showed reductions in their attachment insecurity over the course of treatment²⁶.

Conclusion

Over the past decade, research on attachment and psychopathology has moved toward a more dynamic understanding of the way in which IWM are in constant interplay with interpersonal communication. For clinicians, this view serves two valuable purposes. First, the insecure cycle points to how risk for psychopathology can be dramatically amplified by vicious self-perpetuating cycles of insecure IWMs that are confirmed and validated by insensitive, stressful or rejecting interpersonal communication. This model provides a guide assessing presenting symptoms and determining the extent to which attachment issues need to be considered in treatment planning. Second, the more dynamic model provides a more nuanced approach to identifying points of entry in the insecure cycle that can be used to moderate risk for psychopathology. For researchers, the more dynamic view of attachment points to the continued need to study intra-individual variability in attachment processes and to investigate the interface between self-regulatory and dyadic regulatory processes in attachment relationships³⁹.

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Figure 1.