

# The Relationship Between Attachment and Depression

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**Abstract:** Depression is an emotional disorder with low mood, lack of interest and pleasure. Depression lead to a variety of emotional and physical problems, reducing one's ability at work and at home. The incidence of depression is increasing dramatically, and according to the World Health Organization (WHO), depression will be one of the most serious public health problems in the next 50 years. The cause of depression has always been the focus of researchers, and some researchers believe that depression is associated with insecurity attachment – whether it is in children, adolescents or early adulthood, depression is more related to insecurity attachment. Attachment theory aims to explore "interpersonal relationship" and believes that intimacy, including parental-kid attachment and adult attachment, is the basis of individual mental health. Individual attachment experience will gradually internalize, forming a unique internal working model, and individual interpersonal connection, which plays a lasting role to the development of emotions, personality traits and other aspects. In this article, we start with the attachment theory and discuss the effects of attachment on depression in different ages, and also focuses on the treatment of depression based on attachment theory.

## 1. The concept and classification of depression

Depression is an emotional mental illness characterized by emotional symptoms, despair and sorrow. In addition to emotional symptoms, many people with depression have obvious physical symptoms. The three most common physical symptoms are loss of appetite, fatigue, as well as sleep disorders [1]. Depression can be divided into early onset depression and late onset depression according to the first onset of illness. It is generally believed that early onset depression refers to the first onset time is earlier than 60 years old, and late onset depression refers to the first onset time is later than 60 years old. However, some researchers claimed that the first onset of early onset depression should be before the age of 18, and late onset depression refers to the clinical population suffering from depression after the age of 60. It is currently considered clinically that there are different causes and neural mechanisms for early-onset and late-onset depression. In this article, we focus on early-onset depression, which includes childhood, adolescence, early adulthood, and mid-adult of an individual.

According to a survey in the United States, about 15% of children and adolescents have depressive symptoms, and children and adolescents with severe depression account for 3% to 5% [2]; 5% to 10% of children and adolescents in Italy have depressive symptoms [3]. In the adolescent stage, the incidence of depression increases with age. In China, the second grade of junior high is the key grade for the occurrence and development of depression. As grades and ages increase, the scores of depression among junior high school students have increased. In addition, some surveys show that the depression of Chinese college students has increased year by year. The prevalence of depression among college students in Beijing has reached 23.66%, and the national college students' suicides have accelerated. A large-scale (n=9090) epidemiological survey in the United States showed that the high incidence of depression was between the age of 29 and 44, and the average duration of depressive episodes was 16 weeks [4]. Currently, the tools commonly used to screen for depression include some self-rating scales, including the Hamilton Depression Scale, the Beck Depression Scale, etc.

## 2. From parental-kid attachment to adult attachment

Attachment behavior mainly exists between infants and primary caregivers (usually referring to

mothers). It is a behavioral tendency of infants craving and seeking to maintain close contact with primary caregivers, which is a positive and affectionate emotional connection between mothers and infants. Attachment is the most important social relationship in early childhood and the beginning and component of individual social development. Studies have shown that the early secure attachment relationship is not only conducive to the healthy development of children's physical and mental health and the smooth progress of socialization, but also directly affects the improvement of personality in the process of individual growth. Attachment is of great significance to the development of the individual. Psychologists have conducted a large number of related research and found many factors affecting the nature of children's attachment, including parents, children and the family system.

The famous psychologist Ainsworth divides the attachment styles into Secure, Avoidant and Ambivalent/ Resistant. For infants and young children, the most contacted people are their parents and the family, so that the attachment style is inextricably linked to the parents. Ainsworth found that high-sensitivity mothers can help a 1-year-old baby form a secure attachment. Conversely, those mothers who are less sensitive or less reactive will lead to avoidant attachments or ambivalent/resistant attachment. The study by Clarck-Stewart et al. [4] also shows that mothers with high reactivity and accurate understanding of children's signals can often establish a secure attachment with infants. Conversely, they may form avoidant or anxious-ambivalent attachments. This relationship is applicable in families with different scenarios, different races, and different socioeconomic demographic characteristics [5].

The formation of secure attachment is also related to the child's own characteristics. Attachment theorists, represented by Ainsworth, believe that attachment reflects a repeated parenting experience in early childhood, the essence of which is a two-way reflection of interpersonal relationships. Ven Den Boom suggested that the endogenous variables of children and the internal working patterns of young children may affect the attachment behavior of young children. In other words, the temperament of young children may have an important impact on attachment [7]. The difficulty of care for young children of different temperament types is different. If the baby has a high negative temperament, it is usually more difficult to care for, easier to get irritated, and harder to get close, which is generally associated with insecure attachment. Conversely, positive temperament is associated with secure attachment. Although some researchers suggest that the attachment style is determined by children's temperament, whether it is in the attachment subtype characterized by low anxiety and low seeking closeness, or the attachment subtype characterized by high anxiety and high affinity, there are secure attachment babies and insecure attachment babies. Therefore, it can be known that temperament is not a determining factor of attachment type. Hence, child temperament is one of the factors that form the formation of secure attachment.

In addition to the parents and the children themselves, the initial environment in which the family grows as an individual also has an effect on the form of attachment formed by the infant. If a family is harmonious, full of warmth and love, and parents raise their children in a reasonable way, this atmosphere is undoubtedly an excellent condition for a secure attachment relationship. If parents' emotions are more negative, and there are behavioral problems such as depression and even substance abuse, resulting in children not being able to get the care they deserve, it will lead to the alienation of relationships and the difficulty of forming secure attachment. Parents' own characteristics, children's own characteristics and family system factors can directly or indirectly affect parenting behavior through different combinations, which deeply affects the formation of attachment relationship.

At present, attachment research has expanded from parental-kid attachment to adult attachment. The concept of adult attachment was first proposed by Hazan & Shaver (1987). They believe that attachment can occur not only between infant and parents, but also between close friends and partners [8]. They found that the interaction between the close friends and the partners showed some common characteristics with the maternal relationship, including physical intimate contact; when intimate people are on the side, they feel safe; when the other party is not easily accessible, they feel insecure; they share new discoveries with each other; they make fun of the other person's facial features and show their fascination with each other, placing the other person in the priority position. Therefore, they speculate that adult intimacy is as attached as maternal and child relationships.

In fact, current research on adult attachment divides the types of adult attachment into Secure, Dismissing, Preoccupied, and Fearful based on different self-models and other models. A person with secure attachment has a positive self-model and a positive model of others. The one with preoccupied attachment has a negative self-model and a positive model of others; a person with dismissing attachment has a positive self-model and a negative other model; while the one with fearful attachment has a negative self-model and a negative other-person model. In addition, studies have found that the four types of adult attachment correspond to the infant's Secure, Avoidant, Ambivalent and Disorganized. Moreover, the attachment characteristics exhibited by childhood individuals will still be revealed after adulthood. The proportion of adults with four different attachment types matches the proportion of attachment types of infants. In other words, adult attachment is actually in line with the child's attachment, and the type of attachment in childhood is likely to determine the type of adult attachment. Insecure attachment in childhood, if not corrected and changed, will accompany the individual into adulthood, affecting the individual's overall mental health status, symptomology and psychological problems.

### **3. The relationship between attachment and depression**

A core principle in attachment theory is the life cycle approach, which believes that the origin of insecure attachment stems from the bad experiences of childhood [9]. Inconsistent and insensitive parenting practices, as well as parental separation or more extreme neglect and abuse experiences, are thought to lead to difficulties in attachment after adulthood [10], and such early adverse experiences are often associated with major depression. Together [11-13]. Bowlby (1969/1982, 1973) emphasizes that from infancy, individuals begin to construct a representational model of attachment based on their true life experiences with individuals who establish attachment relationships, and individuals use established models to explain things related to attachment, and to predict future behaviors or events [14]. Bowlby found that the loss of early security attachment was closely related to depression, and insecure attachment gradually led to a pessimistic disappointment and helpless self-intention. When grown up, the complexity of interpersonal relationships will increase the tendency of depression. Bifulco A. et al. studied the association between depression and attachment styles, and the results showed that any type of insecure attachment was significantly associated with depression [15]. Main & Goldwyn's research confirms that individuals with insecure attachment are more likely to suffer from depression and are more prone to depressive symptoms [16].

From the perspective of emotional and behavioral regulation, Brennan et al. believe that there are two basic dimensions of adult attachment: the anxiety dimension and the avoidance dimension. The scores in these two dimensions determine the different types of adult attachment. Secure type: low avoidance, low anxiety; Preoccupied type: low avoidance, high anxiety; Fearful type: high avoidance, high anxiety; Dismissing type: high avoidance, low anxiety [17]. In a study of 438 people in a comprehensive university, the study of college students' attachment relationship, social support, and depression has shown that there is a significant positive correlation between attachment avoidance and depression. There is a significant positive correlation between attachment anxiety and depression. And the number of secure attachment individuals in attachment avoidance and attachment anxiety is significantly lower than the other three styles of insecure attachment. That is, compared with the other three styles of insecure attachment students, secure individuals are less likely to be separated from intimate objects, and can establish close relationships with partners and maintain individual independence. This may be because secure attachment means that the individual does not worry about not being able to attract the attention of the attachment object, and relies on the attachment object to provide security and protection, and to have relatively non-defensive behavior and psychological integration of attachment experience, memory and emotion. This allows secure attachment individuals to be flexible in dealing with complex interpersonal relationships in adulthood, that is, to be able to integrate the needs, emotions, and different perspectives in a relationship for the sake of their own safety and health. Insecure attachment means that the individual is not confident that he or she can cause attention to the attachment object and can rely on the attachment object to provide the necessary protection for physical and mental safety. They intentionally or unconsciously cause

individuals to fall into pain and potential disorders.

#### **4. Intervention method for depression**

Current clinical treatments for depression include medication, psychological intervention, and physical therapy. Although 30%-50% of those who have major depressive disorder without psychotic traits are insensitive to antidepressant medications, drug therapy is often used in the treatment of major depressive disorder and refractory depression. These drugs are generally selective 5-HT and NE reuptake inhibitors. In addition to medical treatment, psychological intervention is also an indispensable means, including classic cognitive behavioral therapy, behavioral activation, art therapy, and mindfulness therapy that has recently received attention and respect in the field. In addition to the above intervention methods, some current refractory depressions use physical stimulation therapy, including repetitive Transcranial Magnetic Stimulation (rTMS) and vagus nerve stimulation (VNS). In VNS treatment, devices implanted in the chest send electrical impulses to the vagus nerve in the neck, which stimulates the brain area and improves mood. Other studies have also shown that rTMS treatment on the left prefrontal cortex is safe and effective, which can improve the state of mind and reduce depressive symptoms [18].

Family therapy is a group psychotherapy model that is implemented for families. Its goal is to help families eliminate abnormal and morbid conditions to perform healthy family functions. The characteristics of family therapy are not to focus on the analysis of the internal psychological structure and state of family members, but to focus on the interaction and relationship of family members; it is to explain individual behaviors and problems from the perspective of family systems, where individual changes depend on overall change of the family. There are now six major genres, which are: Bowen Family System Therapy, Structural Family Treatment, Strategy Family Treatment, Empirical Family Therapy, Psychoanalytic Family Therapy, and Cognitive Behavior Family Therapy. In recent years, people's interest in attachment has gradually increased. Some therapists have introduced the method of family interaction into the overall method of family therapy based on the basic model of attachment. Finding a specific family treatment can reduce the risk of insecure attachment, thereby reducing the risk of depression. Or in the case of suffering from depression, through treatment, reduce the sense of insecure attachment, to achieve the effect of relieving depression.

In the formation of insecure attachments, in some specific situations of childhood, parents do not actively or positively respond to the needs of children, which may cause insecurities to children and form insecure attachment. Therefore, in family therapy, it is possible to reshape secure attachment through interactional awareness. Interactional awareness refers to how each family member may experience some situation, pay attention to each role that family members may play, and pay attention to their own emotions and the ability of the behavior they will do to influence others. Interactional awareness is an important part of collaboration. It helps to think about how family members can keep in touch with what happens in interactions in various situations, thus maintaining a safe family relationship [19]. Such an approach can enable family members to modify some of their inappropriate behaviors, cultivate compassion, and learn to stand on the side of others. Parents can give appropriate reactions when the child is depressed and sad. The child will also look forward to the support of the parents, feel the safety, and understand that they have a place in the hearts of their parents.

In addition to this, there is Attachment-Based Family Therapy (ABFT). ABFT is a short, experience-supported, emotion-centered approach designed for depression and suicide teens. Some results studies have demonstrated the effectiveness of this treatment [20]. The main purpose of the model is to improve the quality of adolescent-parental attachment relationships. Studies have shown that, in general, the quality of adolescent-parent relationships is critical to adolescent health [21], and therefore, by implementing ABFT treatments, the insecure attachment relationships between adolescents and their parents or major closes can be improved. The primary task of the ABFT therapist is to re-construct the treatment framework in relational terms and to establish attachment relationships as the primary goal of treatment, rather than focusing on addressing the painful environment for adolescents. It puts the main attention on the quality of attachment: when adolescents are depressed

and sad, they can express their feelings to their parents and gain the support and protection from their parents. When the family member agrees to repair and enhance the attachment relationship, the therapist will confirm the broken attachment relationship with the adolescent alone, and the general cause may be neglect or abuse. When these painful, fragile emotions are perceived, adolescents can communicate directly with their parents in a clearer way. In order to facilitate this process of self-exploration, ABFT therapists often use several intervention strategies. Firstly: they will create an environment that resonates. Secondly: The therapist will promote emotional treatment. Thirdly: for the inappropriate or negative emotions of the adolescents, the therapist will give a reflection and make corrections. Finally: the therapist will carefully listen to the past experiences and traumas of the young (especially unsatisfied attachment needs, etc.) to help the young people connect, clarify, symbolize and mark these major adaptive emotions so that they can share directly with their parents in the future [22].

## 5. Summary and outlook

Based on the current high incidence of depression and the background of various treatment methods, this paper draws the following two points through empirical research on the relationship between depression and insecure adult attachment and family therapy:

(1) Insecure adult attachment and depression have a relationship that cannot be ignored

(2) Family therapy can solve the insecure attachment feelings at various stages of life, thus reducing the possibility of suffering from depression

However, there are still many shortcomings in this article:

(1) For the intervention from the perspective of attachment, the analysis in this paper is still relatively shallow.

(2) No relevant empirical studies have been conducted to test the effectiveness of this intervention.

Since Bowlby proposed attachment theory, psychologists have continued to deepen and expand their research on attachment. After more than 20 years of research, the results achieved have made tremendous contributions to psychology. The promotion and development of family therapy is very rapid, but there is still much room for development in the depth and breadth of research and exploration of family therapy and its integration with other therapies. Whether it is theoretical research or clinical application, it needs to continue exploring, so that family treatment methods can be used in more aspects from different angles, and to benefit more patients.

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