

Impact of Attachment Relationships on Anxiety and Depression

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Abstract. The review delves into the intricate interplay between attachment styles, depression, and anxiety, emphasizing their co-occurrence and profound impact on individuals' well-being. It underscores the significance of early attachment experiences in shaping emotional regulation and psychological outcomes and how different attachment styles influence emotional well-being, particularly in relation to depression and anxiety. The research further explains the distinct attachment types, including secure, preoccupied, fearful avoidant, and dismissive-avoidant, and their implications on emotion regulation and psychological well-being. Secure attachment fosters positive self-perceptions and healthy relationships, while insecure attachment styles can lead to difficulties in emotional regulation, potentially contributing to heightened vulnerability to depression and anxiety. The study also delves into the societal and environmental factors that may exacerbate mental health challenges among adolescents. It sheds light on how attachment styles are intertwined with mental health outcomes, including depression, social phobia, and suicidal ideation. The review further emphasizes social anxiety's moderating role in the relationship between attachment style and depression. This understanding holds important implications for clinical interventions, emphasizing the need for tailored treatment approaches that address both attachment patterns and emotional well-being. In conclusion, this comprehensive review provides a nuanced understanding of how early attachment experiences shape emotional regulation and influence mental health outcomes. The findings underscore the importance of considering attachment styles in clinical interventions and highlight the need for early support and intervention to promote mental well-being and prevent the development of anxiety and depression stemming from adverse childhood experiences.

1 Introduction

1.1 Depression and Anxiety

Depression and anxiety are two common and well-known disorders. Individuals who experience depression frequently display symptoms associated with anxiety disorders, and conversely, people who have been diagnosed with anxiety disorders frequently also have depressive symptoms. These two disorders frequently coexist and meet each other's diagnostic requirements. It is important to identify and treat both illnesses, they are linked to considerable levels of physical and psychological suffering and can lead to severe outcomes [1].

Low trust in the availability and responsibility of primary attachment figures (i.e., insecure attachment styles) is a significant contributor to depression and anxiety [2]. Attachment theory proposes that secure attachment experiences foster the development of autonomy, while insecure attachment gives rise to issues with independence [3]. Consequently, psychological conditions like anxiety and depression could be linked to a lack of secure autonomy. Utilizing a measurement of autonomy rooted in attachment theory, specifically reduced self-awareness and increased responsiveness to

others, were identified as predictors of both depression and anxiety [4].

There is additional, albeit not entirely unanimous, evidence suggesting a potential association between autonomy and both depression and anxiety. However, examinations into the relationship between autonomy and anxiety have been relatively infrequent. Given the possibility that autonomy or autonomy-related issues could more robustly predict anxiety and/or depression than attachment experiences, the need for replicating prior findings is evident [4].

Furthermore, an exploration of autonomy and attachment simultaneously could provide deeper insights into their relative significance concerning the experience of depression and anxiety. Consequently, the current study aimed to investigate how autonomy and attachment styles contribute to anxiety and depression, utilizing the framework of autonomy-connectedness rooted in attachment theory.

In the realm of depression research, a prevailing trend of findings indicates a potential link to challenges in establishing a strong maternal-child bond, particularly notable among women exhibiting a dual or disorganized attachment style [5]. Mothers dealing with depression tend to cultivate less intense connections with their offspring, encountering heightened stress levels.

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Moreover, their perception of their children often skews negative, and they may evaluate their children's attachment security as lower compared to non-depressive mothers. Some might even encounter diminished maternal instincts, coupled with increased feelings of hostility, aggression, and rejection toward their own offspring [6].

1.2 Attachment Styles

During the transitional phase of adolescence, attachment theory underscores the significance of an adolescent's instinctual drive to seek proximity to the attachment figure as a means to attain protection and security. This notion evolves as adolescents gradually become less reliant on parental connections and increasingly prioritize relationships with peers. This shift in attachment-related behavior aligns with the adolescent's pursuit of autonomy, albeit with varying degrees of attachment needs. While secure attachment remains essential for a secure base, its intensity adapts to the developmental context. There are four distinct attachment styles based on an individual's positive or negative self-perception and their perception of others. These styles are rooted in Bowlby's attachment theory. First is Secure Attachment (Cell I), the style reflects a positive self-image (feeling worthy of love and support) combined with a positive view of others (believing

others are commonly accepting and responsive). Both autonomy and intimacy are comfortable for individuals who are securely attached. They readily seek and accept comfort from caregivers when distressed and are open to forming close relationships [7]. Second is Preoccupied Attachment (Cell II), this style involves a negative self-image (feeling unworthy of love) paired with a positive view of others [7]. Individuals with this attachment style often seek external validation and acceptance from others. Fearful-avoidant Attachment (Cell III) combines a negative self-image with a negative view of others. People who have this attachment style tend to avoid close involvement with others, anticipating rejection or hurt. They may be socially avoidant and prefer to keep their distance from potential sources of emotional pain. Dismissing-Avoidant Attachment (Cell IV) features a positive self-image coupled with a pessimistic perception of others. Individuals with this attachment style shield themselves from possible letdowns by steering clear of intimate connections. They maintain a sense of autonomy and might come across as more self-sufficient, showing less inclination to seek emotional assistance from others [8].

These attachment patterns originate from a blend of two dimensions: the level of dependence on others (ranging from low to high) and the degree of avoidance of intimacy (ranging from low to high). Each style represents a theoretical prototype, and individuals may exhibit these styles to varying degrees (see Table 1).

Table 1. Model of Adult Attachment [8].

MODEL OF OTHER (Avoidance)		MODEL OF SELF (Dependence)	
		Positive (Low)	Negative (High)
	Positive (Low)	CELL I SECURE Comfortable with intimacy and autonomy	CELL II PREOCCUPIED Preoccupied with relationships
	Negative (High)	CELL IV DISMISSING Dismissing of intimacy Counter-dependent	CELL III FEARFUL Fearful of intimacy Socially avoidant

2 Attachment Style and Depression

Attachment styles play a crucial role in shaping how humans form relationships and handle our emotions. Recent studies have shown that different attachment styles are connected to both emotion regulation and psychological well-being. Attachment styles are the patterns of behavior and emotional responses we develop

based on our experiences with caregivers during childhood. These attachment styles continue to impact our adult relationships and emotional well-being. The four attachment styles are secure, preoccupied (anxious), fearful avoidant, and dismissive-avoidant.

Research suggests that our attachment styles affect how we regulate our emotions. Individuals who possess secure attachment styles typically exhibit more effective strategies for regulating their emotions. They are comfortable seeking support from others when they need it and can manage negative emotions more effectively.

On the other side, people with insecure attachment patterns could use fewer adaptable techniques. Those with anxious attachment may become overly clingy or controlling, while those with avoidant attachment might suppress their emotions and avoid intimacy.

The connection between attachment styles and depression is a significant focus of research. Research indicates that individuals with insecure attachment styles, particularly those characterized as fearful or preoccupied, are at a higher risk of experiencing symptoms of depression. These individuals may struggle with self-esteem and social competence, leading to feelings of loneliness and interpersonal difficulties. Moreover, they might lack the confidence to manage their negative emotions, contributing to their vulnerability to depression.

Studies have also revealed that emotion regulation plays a mediating role in the connection between attachment styles and depression. People with insecure attachment styles might have difficulty in generating effective emotion regulation strategies. This inability to cope with emotions might act as a bridge between insecure attachment and the development of depressive symptoms. Understanding the intricate link between attachment styles, emotion regulation, and depression

can help us develop interventions to improve mental well-being. By cultivating healthier attachment styles and learning adaptive emotion regulation strategies, individuals can potentially reduce their susceptibility to depression.

Attachment styles developed in early life continue to influence our emotional experiences and relationships in adulthood. Secure attachment styles are associated with better emotion regulation and lower vulnerability to depression, while insecure attachment styles can contribute to difficulties in managing emotions and increased risk of depression. Recognizing how attachment styles influence mental health opens doors for interventions that can enhance emotional well-being and mitigate the risk of depression.

An investigation into the relationship between teenage mental health and attachment styles was undertaken in Lebanon (see Table 2) [9]. Understanding the relationship between attachment types and mental health issues including social anxiety, suicidal thoughts, and depression was a particular area of interest for the researchers. There were various societal and environmental factors in Lebanon that could contribute to mental health challenges among adolescents.

Table 2. Adjusted Means of the Psychological Scales According to the Adolescent Attachment Styles After Adjusting for Covariates [9].

	Relationship Style A: Secure		Relationship Style B: Fearful		Relationship Style C: Preoccupied		Relationship Style D: Dismissing	
	Low Level	High Level	Low Level	High Level	Low Level	High Level	Low Level	High Level
Liebowitz fear score	30.42 (0.68)*	23.91 (0.75)*	26.37 (0.73)	27.95 (0.79)	30.02 (0.74)*	24.31 (0.77)*	22.43 (0.66)*	31.90 (0.74)*
Liebowitz avoidance score	32.97 (0.65)*	30.65 (0.73)*	34.27 (0.71)*	29.35 (0.77)*	36.86 (0.71)*	26.77 (0.74)*	26.09 (0.64)*	37.53 (0.72)*
Depression score	4.83 (0.07)	4.95 (0.08)	4.38 (0.08)*	5.40 (0.09)	4.77 (0.08)	5.01 (0.08)	4.85 (0.07)	4.93 (0.08)
Suicidal ideation score	0.89 (0.08)*	1.45 (0.08)*	1.29 (0.08)	1.06 (0.09)	1.11 (0.08)	1.23 (0.09)	0.89 (0.07)*	1.45 (0.08)*

^a Covaritates=age, sex, House crowding index, and physical activity score.

^b Data are presented as adjusted mean (standard error)

*P Value significant at <.05.

The study included a total of 1,810 students aged 14 to 17 years from different regions of Lebanon. The participants were randomly selected from various schools, and their sociodemographic information was

collected. The researchers used different scales and questionnaires to assess attachment styles, both depression and social anxiety mental health disorders, and the presence of suicidal ideation.

The participants were categorized into different attachment styles: secure, fearful, preoccupied, and dismissing. A significant percentage of participants had high levels of each attachment style. Secure Attachment: Adolescents with a high level of secure attachment were found to have lower social fear and social avoidance. However, they had a higher level of suicidal ideation compared to those with a low level of secure attachment. Preoccupied Attachment: Individuals demonstrating a high degree of preoccupied attachment displayed elevated levels of social apprehension and tended to avoid social situations. They also had a higher level of depression. Fearful Attachment: Those with a low level of fearful attachment had higher social avoidance. However, those with a high level of fearful attachment did not exhibit significant differences in depression or social anxiety. Dismissing Attachment: Adolescents with a high level of dismissing attachment had higher levels of social fear, social avoidance, and suicidal ideation.

The research underscored the intricate connection between attachment styles and the mental well-being of Lebanese adolescents. The study uncovered that diverse attachment styles were linked to distinct mental health results, such as social anxiety, depression, and suicidal ideation. The findings also underscored the importance of considering attachment styles when addressing mental health challenges in this population [10].

The Relationship Questionnaire (RQ) measures attachment behavior using 4 sub-scales corresponding to different attachment styles. The sub-scales utilize a 7-point rating scale, where higher scores signify a more pronounced attachment style. Due to the lack of a test specifically designed for use with children and adolescents, the measure was utilised to assess different attachment types in our group.

Utilising the RQ questions, Sample 1 performed an exploratory factor analysis. The examination demonstrated that the items coalesced into a single-factor solution, elucidating 55.94% of the overall variance. The analysis also had a Kaiser-Meyer-Olkin (KMO) value of 0.706 and a significant Bartlett's test of sphericity ($P < .001$). The items exhibited strong internal consistency, indicated by a Cronbach's alpha of 0.970.

3 Attachment Style and Anxiety

Anxiety is a pervasive mental health concern that often intertwines with other psychological factors, such as attachment styles and depression, characterized by intense fear and apprehension, is a prevalent mental health issue that can manifest in various forms. One particular manifestation is social anxiety disorder, which entails an overwhelming fear of social interactions and performance situations. Social anxiety often coexists with depression, creating a dual burden on individuals' mental well-being. Research has shown that approximately 34.2% of individuals with social anxiety also have a history of mood disorders, highlighting the intricate relationship between these two conditions.

Understanding the roots of social anxiety disorder and its connection to depression involves delving into

attachment theory. Proposed by John Bowlby, attachment theory suggests that initial interactions with caregivers form individuals' anticipations and operational frameworks of attachment, subsequently impacting their attachment styles throughout their lifespan [11,12]. These attachment styles play a pivotal role in interpersonal relationships and emotional regulation.

Adult attachment styles, typically categorized as secure, avoidant, or anxious-preoccupied, have undergone substantial research in the context of depression and social anxiety. Secure individuals tend to have positive expectations about others, while avoidant individuals deny their emotional needs for attachment, and anxious-preoccupied individuals worry about abandonment [13]. Studies indicate that individuals exhibiting an anxious attachment style face an elevated likelihood of experiencing heightened levels of social anxiety, depression, functional limitations, and reduced overall life satisfaction in comparison to those with a secure attachment.

The connection between attachment styles and social anxiety disorder becomes particularly compelling when factoring in the mediating influence of social anxiety on the link between attachment insecurity and depression [14]. It has been empirically supported that social anxiety can mediate the pathway through which attachment style influences depressive symptoms. This suggests that attachment insecurities, particularly the anxious-preoccupied style, may set the stage for heightened social anxiety, which, in turn, increases vulnerability to depression.

The relevance of attachment styles extends beyond theoretical frameworks, finding practical implications in clinical settings. To gauge a person's level of social anxiety, depression, and attachment patterns, clinicians frequently use a variety of evaluation methods. Measures such as the Liebowitz Social Anxiety Scale (LSAS), Beck Depression Inventory (BDI) [4], and Revised Adult Attachment Scale (RAAS) provide valuable insights into the intricate landscape of these conditions. Such assessments aid in diagnosing and tailoring treatment approaches for individuals with social anxiety disorder and comorbid depression.

In empirical studies, cluster analyses have been employed to identify distinct attachment style groups within clinical populations of individuals with social anxiety disorder [15]. These analyses have consistently revealed the presence of two primary clusters: the anxious-preoccupied and secure attachment groups. Anxious-preoccupied individuals, characterized by their concerns about abandonment, exhibit more severe social anxiety, depression, functional impairment, and lower life satisfaction compared to the secure attachment group. This clustering approach not only enhances our understanding of attachment dynamics in social anxiety but also highlights the heterogeneity within this clinical population.

4 Conclusion

According to attachment theory, parental emotional neglect may be a significant factor in the emergence of anxiety disorders. When parents are emotionally neglectful, it can lead children to develop negative self-images and perceptions of others as unreliable. These mental working models of oneself and others may eventually permeate all interpersonal interactions, thus leading to relational insecurity. Anxiety disorders were linked to parental antagonism, particularly emotional neglect characterised by anger, rejection, and coldness.

In light of these findings suggest that clinicians working with anxious children, adolescents, or young adults should think about treating anxious-ambivalent attitudes as part of the therapy process, such as worries of separation and rejection or preoccupation with relationships. Clinicians can aid patients in feeling more comfortable and self-confident by assisting them in resolving these concerns. This in turn can lay the groundwork for establishing a solid therapeutic connection and permitting a more in-depth cognitive analysis of possible early instances of parental rejection, scorn, and coldness that may aggravate anxiety symptoms.

Future research in this area should focus on further understanding the complex interplay between attachment styles, parental emotional neglect, as well as the emergence of anxiety disorders in kids and teenagers. Additionally, exploring effective therapeutic interventions and prevention strategies aimed at addressing these issues is crucial. This research underscores the importance of early intervention and support systems for children and adolescents to promote their mental well-being and prevent the development of anxiety disorders stemming from adverse childhood experiences.

Moreover, therapy plans are significantly impacted by the connection between attachment types, social anxiety, and depression. A popular treatment for social anxiety disorder is cognitive-behavioral therapy (CBT), which can benefit from insights into patients' attachment orientations. Establishing a positive therapeutic relationship that addresses attachment concerns may enhance the effectiveness of CBT by modifying self-representations and expectations regarding social interactions. Such an approach recognizes the role of attachment in shaping patients' social realities and emotional experiences.

The intricate interplay between attachment styles, anxiety, and depression illuminates the profound influence of early experiences on emotional well-being. Secure attachment fosters healthy emotional regulation and resilient relationships, whereas insecure attachment patterns can lead to challenges in managing emotions and an increased vulnerability to anxiety and depression. The empirical evidence, including the study conducted in Lebanon, underscores the global significance of comprehending these complex dynamics.

A useful approach for intervention is shown by the mediation function of social anxiety in the connection between attachment patterns and depression. Integrating

attachment-focused strategies within established therapeutic modalities, such as cognitive-behavioral therapy, holds promise for enhancing treatment outcomes and fortifying emotional well-being.

References

1. J. Tiller. *J. Med. Aust.*, 199(6), S28–S31. (2013).
2. M. H. J. Bekker & M. A. Croon. *J. Soc. Pers. Relat.*, 27(7), 908–923. (2010).
3. J. Bowlby. *Attach. Loss. Vol. I. Attach. Man*, 5(3), 523. (1969).
4. M. H. J. Bekker & U. Belt. *J. Depress. Anxiety*, 23(5), 274–280. (2006).
5. S. Dubber, C. Reck, M. Müller, & S. Gawlik. *Arch. Women's Ment. Health*, 18(2), 187–195. (2015).
6. K. Bartholomew & L. M. Horowitz. *J. Pers. Soc. Psychol.*, 61(2), 226–244. (1991).
7. P. Shaver & C. Hazan. *J. Soc. Behav. Pers.*, 2(2). (1987).
8. A. Śliwerski, K. Kossakowska, K. Jarecka, J. Świtalska, & E. Bielawska-Batorowicz. *Int. J. Environ. Res. Public Health*, 17(8), 2675. (2020).
9. The Primary Care Companion & N. Fattouh (2019). Factor analysis of the relationship questionnaire. Available online at : <https://www.psychiatrist.com/wp-content/uploads/2022/05/21m03027T1-768x239.gif>
10. N. Fattouh, C. Haddad, P. Salameh, H. Sacre, R. Hallit, M. Soufia, S. Hallit, & S. Obeid. *Prim. Care Companion CNS Disord.*, 24(3). (2022).
11. N. L. Collins. *J. Pers. Soc. Psychol.*, 71(4), 810–832. (1996).

12. W. Eng, R. G. Heimberg, T. A. Hart, F. R. Schneier, & M. R. Liebowitz. *Emotion*, 1(4), 365–380. (2001).
13. A. Schimmenti & A. Bifulco. *Child Adolesc. Ment. Health*, 20(1), 41–48. (2013).
14. A. Marganska, M. Gallagher, & R. Miranda *Am. J. Orthopsychiatry*, 83(1), 131–141. (2013)
15. T. A. Brown, B. F. Chorpita, W. Korotitsch, & D. H. Barlow. *Behav. Res. Ther.*, 35(1), 79–89. (1997).