



Exploring links between attachment and mental health

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Abstract: Attachment theory provides numerous implications for mental health and individual functioning throughout the lifespan. Attachment styles, formed based on early interactions with a caregiver, play a crucial role in emotional regulation, relational satisfaction, and psychological well-being. Childhood experiences become the foundation for the development of internal models of self, the world, and others, influencing attachment patterns in adulthood. These patterns are significant for later relationships, especially romantic ones, mental health, and the development of psychopathology. If the primary caregiver responds consistently, supports, and comforts the child, the child will be inclined to cooperate, seek closeness, and feel loved and safe. Such a child will develop a secure attachment, viewing the caregiver as a secure base and a refuge from the unpredictable world. Individuals who formed a secure attachment style in childhood tend to create stable and mature relationships, exhibit greater psychological resilience, and are less likely to struggle with mental health issues. Conversely, if the caregiver is unresponsive or lacks sensitivity, the child may develop an insecure attachment style, characterized by heightened anxiety or avoidance. Attachment-related anxiety is associated with a persistent state of heightened vigilance, as individuals remain on alert, anticipating potential separation from their parents. Avoidant attachment is marked by a tendency to maintain emotional distance, reluctance to rely on others, and a lack of seeking comfort and support from caregivers. An insecure attachment style negatively impacts romantic relationships. Moreover, individuals characterized by attachment anxiety or avoidance are more prone to mental health disorders. Attachment theory provides a crucial framework for understanding the complex links between early relational experiences and mental health. Poor relationship quality, complex PTSD, depression, personality disorders—particularly antisocial and borderline—have their roots in early maladaptive relationships between the child and caregiver and may be related to interpersonal trauma. Secure attachment acts as a protective factor against psychopathologies, promoting emotional stability and healthy social functioning.

Key words: attachment, C-PTSD, depression, personality disorder

Introduction

Attachment theory revolutionized thinking about the gravity of relationship between child and its mother. It sheds a light on the subsequent consequences of its disruption through separation, deprivation, and bereavement, which can lead to serious health and mental problems (Bretherton, 2000; Hodny, Prasko, Ociskova, Vanek, Holubova, 2021; van Leeuwen, van Wingen, Luyten, Denys, van Marle, 2020; Yazici-Celebi, Yilmaz, Karacoskun, Sahin, 2024). Throughout a lifespan people suffer repercussions of maltreatment which occurred in early stages of their life and which manifest itself in a serious health problems such as depressive (Frost et al., 2024; Hayre, Sierra Hernandez, Goulter, Moretti, 2024; Yazici-Celebi et al., 2024), obsessive-compulsive (Hodny et al., 2021; van Leeuwen et al., 2020), or ADHD

symptoms (Akman et al., 2024; Wylock, Borghini, Slama, Delvenne, 2023), or C-PTSD symptoms (Farina, Liotti, Imperatori, 2019).

Today's research concur Bowlby's theory about importance of attachment pattern forged in early childhood. According to the theory, children seek proximity of responsive caregiver from early infancy. These early experiences become a base to develop an internal model of the self, the world and others, and will influence attachment patterns in adulthood. Hence, if the primary caregiver is responsive, consistently supports and consoles a child, the child will eagerly interact with him, seek his proximity in order to being loved and secured. This child will be securely attached and will perceive the caregiver as a safe base, a shelter protecting from an unpredictable world (Ainsworth, Blehar, Waters, Wall, 1978; Bowlby, 1997).

However, the lived experience often diverges from the above picture. When a caregiver is unresponsive, shows a lack of sensitivity or even frightens the child, he or she may develop an insecure type of attachment, which is characterized by greater level of anxiety or avoidance (Ainsworth et al., 1978). Attachment anxiety involves a persistent state of heightened alertness, as individuals remain on guard anticipating potential separation from their parents (Brumbaugh, Fraley, 2006; Castellini et al., 2023), whereas attachment avoidance is associated to a tendency to maintain emotional distance, reluctance to rely on others, seek comfort and support from caregivers (Norris, Lambert, Nathan DeWall, Fincham, 2012).

Van Ijzendoorn et al. (van Ijzendoorn, Schuengel, Bakermans-Kranenburg, 1999) conducted a comprehensive meta-analysis exploring the prevalence of different types of attachment relationships across general population and several clinical groups. According to collected data, 62% of the young children were securely attached to their caregiver. Thus, over 38% of the children in general population exhibit some kind of harmful attachment style. Notably, in maltreated samples, securely attached children constituted only 9% of the sample (van Ijzendoorn et al., 1999). Those children not only experience early injustice and abuse, but also establish a life-long pattern of functioning in relation to oneself and others and suffer its consequences, most probably, for the rest of their lives. Previous meta-analytic studies have shown, insecure attachment is linked to psychopathology such as internalizing and externalizing problems (Hoeve et al., 2012; Madigan, Brumariu, Villani, Atkinson, Lyons-Ruth, 2016).

Building on the foundational principles of early attachment theory, adult attachment theory extends these concepts into adulthood. Adult attachment theory investigates how early attachment experiences with primary caregivers influence attachment behaviors and dynamics in adult relationships. Originating from the work of Hazan and Shaver in 1987, the theory has evolved to examine how secure, anxious, and avoidant attachment styles influence interactions with romantic partners, close friends, family members, and even therapists. It underscores the critical role these attachment styles play in emotional regulation, rela-

tional satisfaction, and psychological well-being across the lifespan (Meredith, Ownsworth, Strong, 2008; Zagaria, Baggio, Rodella, Leto, 2024). Additionally, attachment theory highlights the profound impact of attachment styles on overall mental health. Secure attachment is linked to greater psychological resilience and lower incidence of mental health disorders, while insecure attachment styles, such as anxious and avoidant, are associated with increased vulnerability to conditions like depression, anxiety, and personality disorders (Choenni et al., 2024; Colonnese et al., 2011; Luyten, Campbell, Fonagy, 2021; Madigan, Atkinson, Laurin, Benoit, 2013; Murray, Jacobs, Rock, Clark, 2021; Trucharte, Valiente, Espinosa, Chaves, 2022). This underscores the importance of understanding and addressing attachment issues in mental health treatment and intervention.

1. Attachment in romantic relationships

A key determinant of a child's attachment pattern is the caregiver's sensitivity, which involves the ability to perceive and appropriately respond to the child's signals of distress (Ainsworth et al., 1978; Duschinsky, 2020). Secure attachment is commonly associated with a caregiver who is sufficiently sensitive, providing consistent and appropriate responses to the child's needs. This secure base allows the child to explore the world with confidence, knowing they can rely on their caregiver for support and comfort.

Adult attachment styles in intimate relationships closely align with Ainsworth's (1978) classifications: secure, avoidant, and anxious/ambivalent and a rich body of research indicates that attachment styles significantly affect romantic relationships. The attachment style formed with a caregiver acts as a foundational schema for subsequent functioning – encompassing cognition, communication, intimacy, love, self-perception, social environment, and interpersonal interactions. Through early relational experiences, individuals develop internal working models of themselves and others. When these models are grounded in positive self-beliefs and a benevolent view of the world, they signify secure attachment. In such cases, individuals

perceive themselves as deserving of care and love, while viewing others as responsive and trustworthy. Conversely, attachment insecurity is linked to negative self and other models, characterized by the conviction that one is unworthy of love and care, and that others are perceived as unresponsive and untrustworthy. It is these internal models that guide an individual's relationship with their romantic partner (Beeney et al., 2017; Evraire, Dozois, Wilde, 2022).

Securely attached individuals exhibit satisfaction and contentment with mutual closeness, perceiving their partners as trustworthy and accepting. Their relationships are stable, mature, and rich in positive emotions. Secure attachment positively correlates with the components of love: passion, intimacy, and commitment, resulting in a satisfying relationship (Bukalski, 2020). Numerous studies confirm this correlation and describe negative associations of these love components with avoidant attachment (Juroszek, Haberla, Kubezko, 2012; Liberska, Suwalska, 2011). Studies also suggest that there is a link between secure attachment and forgiveness in relationship and (Körner, Schütz, Fincham, 2022).

Conversely, childhood experiences of insecure attachment negatively impact romantic relationships. Avoidantly attached individuals experience low satisfaction and emotional intimacy with their partners, struggle with trust and acceptance, and feel insecure and distant. Anxiously attached individuals are preoccupied with relationship stability and fear rejection, worrying about their attractiveness and their partner's commitment. They constantly seek reassurance but fear rejection, leading to distress in relationships (Campbell, Stanton, 2019; Kardasz, Dudka, 2019; Liberska, Suwalska, 2011). Moreover, anxious attachment predicts love addiction and lower levels of relationship functioning such as sexual satisfaction, commitment and relationship satisfaction (Dineen, Dinc, 2024; Moors, Ryan, Chopik, 2019).

The findings from the research demonstrate that there are clear connections between the anxiety and avoidance dimensions of attachment and communication behavior in general (Anders, Tucker, 2000; Bond, Bond, 2004). These associations highlight the impact of attachment styles on how individuals interact and communicate with others. Interpersonal

communication between partners with insecure attachment styles is of poorer quality and features more conflict behaviors (Bukalski, 2020; Liberska, Suwalska, 2011). This may relate to conflict resolution styles – avoidantly attached individuals tend to avoid and ignore problems, while anxiously attached individuals respond more negatively and aggressively (Çağlayan, Körük, 2022). Individuals exhibiting higher levels of avoidant attachment tend to shy away from intimacy, which makes them less inclined to use communication strategies that foster close connections. Weger and Polcar (2002) found that those with lower levels of attachment avoidance find communication less rewarding and less effective for gaining others' approval. Additionally, avoidant attachment shows a negative correlation with person-centered comforting behaviors, which are closely tied to the concept of confirmation (Weger, Polcar, 2000). Since confirming messages promote closeness while disconfirming messages create distance, it can be inferred that attachment avoidance is likely associated with communication patterns that include more disconfirming and fewer confirming messages.

The issue of attachment styles in romantic relationships is widely studied in various contexts (Han et al., 2021; Richter, Schlegel, Thomas, Troche, 2022; Takano, Mogi, 2019; Tosun, Yıldırım, Altun, Yazıcı, 2022). Research shows that anxious attachment is characterized by higher levels of daily excessive reassurance seeking (ERS), which paradoxically results in lower trust in women. Avoidant attachment features lower daily ERS, possibly due to a tendency to limit the expression of negative emotions. Excessive reassurance seeking is understood as persistent demands for validation of self-worth (Evraire et al., 2022). Additionally, studies comparing attachment styles in different types of relationships reveal that secure attachment is more associated with marriage, providing a conducive environment for forming and maintaining secure bonds, unlike engagements or cohabiting relationships. Moreover, the number of previous relationships negatively correlates with the intensity of secure attachment in the current relationship (Liberska, Suwalska, 2011). Securely attached individuals believe that spending more time with their partner would yield more benefits than

costs, leading to increased intimacy and emotional closeness (Monteoliva, García-Martínez, Calvo-Salguero, 2016). Furthermore, women securely attached to their partners experience higher overall relationship quality, encompassing support, passion, and responsibility for the relationship (Gulczyńska, Jankowiak, 2016). Secure attachment also correlates with higher relationship satisfaction, positively impacting overall mental and physical well-being, and life satisfaction (Alabrudzińska, Bakiera, 2021; Malina, 2011).

2. Attachment trauma and C-PTSD

Post-traumatic stress disorder (PTSD) has been officially recognized as a mental disorder since 1980 (American Psychiatric Association, 1980). Initially, PTSD was formulated to describe the psychological symptoms that develop after experiencing significant traumatic events, such as combat or natural disasters. However, it has become increasingly clear that individuals who undergo complex trauma, particularly interpersonal trauma, may exhibit symptoms that the traditional PTSD diagnosis does not fully encompass (Fung, Chien, Lam, Ross, 2023).

Complex Post-Traumatic Stress Disorder (C-PTSD) is a term used to describe a distinct pattern of symptoms that can arise from prolonged and repeated exposure to trauma, particularly in interpersonal or relational contexts. The symptoms of C-PTSD include both the classical PTSD symptoms and additional disturbances in self-organization such as affective dysregulation, negative self-concept, and disturbances in relationships. C-PTSD has been recognized as an official trauma disorder in the ICD-11 (Fung et al., 2023; Harrison, Weber, Jakob, Chute, 2021; Lam, Ng, Zhou, Hung, Fung, 2024).

C-PTSD symptoms are more related to social-interpersonal trauma and adversities such as childhood maltreatment than to non-human trauma. From this viewpoint, C-PTSD can be understood and classified as a disorder primarily related to social and interpersonal factors (Fung et al., 2023; Po el al., 2023). To better capture the unique and multifaceted symptoms experienced by children and adolescents who endure prolonged and repeated interpersonal trauma,

scholars proposed the term “developmental trauma disorder”, acknowledging that these symptoms extend beyond the scope of traditional PTSD. The typical outcome of cumulative relational trauma, which leads to complex PTSD, includes alterations in affect and behavioral regulation, interpersonal problems, dissociative symptoms, and somatizations (van der Kolk, Roth, Pelcovitz, Sunday, Spinazzola, 2005).

The pathological processes observed in C-PTSD, particularly emotional dysregulation, disturbances in relationships, and negative self-cognitions, are believed to originate from early traumatic misattunements between the child and caregiver (Cloitre et al., 2009; Farina et al., 2019; Zagaria et al., 2024). Childhood maltreatment, including neglect, abuse, and inconsistent caregiving, disrupts the child’s development of secure attachment and healthy emotional regulation. These early adverse experiences impair the child’s ability to form stable and trusting relationships, leading to pervasive interpersonal difficulties later in life. C-PTSD symptoms are routinely observed in the clinical practice of patients with Attachment Trauma (Farina et al., 2019). Among the wide array of diagnoses received by patients with AT, C-PTSD seems to be an efficient category to describe AT-related problems in adulthood. This further underscores the significant link between childhood maltreatment and the manifestation of C-PTSD, highlighting its utility in clinical settings for accurately capturing the long-term impacts of early relational trauma.

In conclusion, the recognition of Complex Post-Traumatic Stress Disorder (C-PTSD) has provided deeper insights into the intricate relationship between attachment and trauma. The introduction of C-PTSD as an official disorder in the ICD-11 emphasizes the significant impact of prolonged and repeated interpersonal trauma, particularly in the context of childhood maltreatment, on the development of emotional dysregulation, negative self-concept, and disturbances in relationships. The term “developmental trauma disorder” has been proposed to further encapsulate the unique clinical presentations in children and adolescents who experience such trauma. The correlation between early traumatic misattunements with caregivers and the manifestation of C-PTSD symptoms underscores the critical role of secure attachment in healthy emotional and relational development.

3. Depression and attachment style

The World Health Organization (WHO) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community”. Yet, depression remains a serious global issue. Despite ongoing efforts, there has been no significant progress in reducing its burden since 1990 (GBD 2019 Mental Disorders Collaborators, 2022). The European Brain Council’s Value of Treatment study found that only 52% of depression cases are diagnosed, 62% of these receive treatment, with 33% achieving good outcomes and another 33% experiencing poor results. Only 12% of those receiving treatment are referred to a psychiatrist or specialist. On a global scale, just 30% of individuals with depression receive treatment, and among them, only 40% receive adequate care (Mekonen, Chan, Connor, Hides, Leung, 2021; Strawbridge et al., 2022).

In Europe, major depression was identified as the most common mental disorder and a cause of disability worldwide (Gu, Jing, Li, Huang, Wang, 2018). Depression and anxiety are among the most prevalent mental illnesses in young people, with 50% of lifetime mental illness cases starting before age 14 and 75% before age 24 (Kessler et al., 2005). Thus, identifying the roots of this significant mental obstacle experienced by modern society, as well as potential protective mechanisms against it, appears to be a pivotal endeavor for psychologists around the world.

Bowlby (1973) emphasized the crucial role of attachment in understanding both normal development and psychopathology. He proposed that attachment experiences have enduring impacts throughout a person’s life and are pivotal in shaping personality and psychological disorders (Blatt, Levy, 2003). In line with this, insecure attachment has been linked to depression, anxiety, and stress (Blatt, Levy, 2003; Bowlby, 1973; Fonagy, Luyten, 2016; Fonagy, Target, 2002).

Research indicates that secure attachment is a protective mechanism against psychopathology, while insecure attachment is related to child psychopathology associated with internalizing problems, especially depression (Colonnesi et al., 2011; Madigan et al., 2013). Both father-child and mother-child attach-

ment negatively predict loneliness and depression in children later in life (Tan et al., 2023). Bowlby argued (1973) argued that the loss of security contributes to negative self-representations, views of others, and perceptions of the environment. This loss can lead to low self-esteem, difficulties in interpersonal relationships, and a pessimistic outlook on life, which in turn increases the risk of developing depression in adulthood (Craba et al., 2023).

Contemporary research indicates that both avoidant and anxious attachment styles are associated with an elevated risk of developing depression. Adults with an anxious attachment style often experience fear of rejection, abandonment, or lack of acceptance. They tend to hold negative self-beliefs and perceive others as highly attractive and necessary, leading to a continual pursuit of approval. Conversely, adults with an avoidant attachment style harbor negative thoughts about others, fear intimacy, feel discomfort with closeness and dependency, and exhibit emotional suppression, which impairs their ability to effectively manage problems (Dagnino, Pérez, Gómez, Gloger, Krause, 2017; Demirci, Ateş, Sağaltıcı, Ocak, Kıvanç Altunay, 2020). Research indicates that avoidant attachment has both direct and indirect effects on depressive symptoms, whereas anxious attachment influences depression only indirectly through mediating mechanisms (Trucharte et al., 2022). Factors such as self-esteem, stress management, certain dimensions of psychological well-being (self-acceptance, interpersonal relationships, environmental mastery), alexithymia, self-criticism, and social support play mediating roles between attachment style and depression (Dagnino et al., 2017; Şenkal, Işıklı, 2015; Trucharte et al., 2022). On one hand, when attachment is characterized by anxiety or avoidance and satisfaction with social support is low, depressive symptoms intensify, highlighting the moderating role of social support. On the other hand, insecure attachment styles weaken the positive effects of social support by perceiving the environment as less supportive, thereby exacerbating depressive symptoms. This indicates that insecure attachment moderates the relationship between social support and depression (Costa-Cordella, Vivanco-Carlevari, Rossi, Arévalo-Romero, Silva, 2022; Dagnino et al., 2017).

Valighani et al. (2018) investigates the role of mediators between attachment style and depression. According to their study, self-knowledge, self-control, and self-compassion appears to be key mediators. In the context of anxiety and stress, integrative self-knowledge, mindfulness, and self-compassion are the relevant mediators. Furthermore, mindfulness and self-compassion uniquely act as moderators in the relationship between insecure attachment and depression and appear to play a protective role in mitigating the impact of insecure attachment on depression (Valikhani, Abbasi, Radman, Goodarzi, Moustafa, 2018).

Undoubtedly, emotion regulation strategies play an important role in the interplay between attachment style and depression. Individuals, depending on their attachment style, exhibit tendencies towards different regulatory strategies, some of which may be maladaptive (Pastuszek-Draxler, Bętkowska-Korpała, Gierowski, 2019; Picardi et al., 2019). An avoidant attachment style is characterized by the deactivation of the attachment system, wherein emotion regulation is achieved through denial, suppression, avoidance, distancing, or minimizing the internal experience and expression of emotions. Suppression pertains to the inhibition of unwanted thoughts associated with unpleasant emotions, while avoidance serves to mitigate suffering (Ludwikowska-Świeboda, 2022; Murray et al., 2021; Trucharte et al., 2022). Consequently, individuals with an avoidant attachment style encounter challenges in relying on others, fostering trust, seeking support, and relinquishing emotional distance (Picardi et al., 2019). This maladaptive emotion regulation strategy constitutes a primary mediator in the relationship between avoidant attachment style and depression.

Conversely, individuals exhibiting an anxious attachment style tend to magnify difficulties, display heightened sensitivity, and express anxiety in an amplified manner. The hyperactivation strategy encompasses mechanisms such as cognitive disconnection, which entails a lack of coherence between the actual problematic situation and the individual's behavior and emotions. Furthermore, individuals with an anxious attachment style are inclined toward rumination, characterized by the

pathological overprocessing of negative thoughts and emotions (Ludwikowska-Świeboda, 2022; Murray et al., 2021). Such maladaptive emotion regulation strategies lead to a preoccupation with relationships, feelings of being undervalued, and excessive fears of rejection within interpersonal dynamics (Picardi et al., 2019).

4. Attachment and personality disorder

Personality disorders afflict approximately 10-13% of the general population, manifesting as enduring patterns of cognition, affectivity, interpersonal functioning, and impulse control that deviate markedly from cultural expectations. These pervasive and inflexible behaviours can lead to significant distress or impairment in social, occupational, or other important areas of functioning (Żuchowicz, Bliźniewska, Talarowska, Gałęcki, 2018). Their etiology encompasses numerous variables of a biological, psychological, socio-relational, and socio-cultural nature. Attachment theory serves as a valuable framework for elucidating the etiology of personality disorders. Notably, attachment styles and personality disorders exhibit a parallel developmental trajectory and share foundational structures (Shorey, Snyder, 2006). Patients with personality disorders (PDs) exhibit characteristic, often maladaptive ways of interacting with others. Nearly all PDs are marked by significant challenges in interpersonal functioning, as highlighted by Widiger and Frances (Widiger, Frances, 1985) with the majority of DSM-V criteria for PDs being interpersonal in nature (American Psychiatry Association, 2013). Given their profound connection to interpersonal functioning, most DSM-V PDs can be effectively conceptualized within an attachment-oriented framework.

Models of self and others formed in early childhood influence an individual's emotions, behaviours, as well as relationships, thus impacting the very constructs encompassed by personality dysfunction. Bowlby (1977) was among the first to suggest such connections, and numerous contemporary studies now confirm the link between personality disorders

and insecure attachment styles (Choenni et al., 2024; Luyten et al., 2021; Machowicz, Ciecuch, 2023; Siczek, Ciecuch, 2023; van Leeuwen et al., 2020).

Attachment theories have greatly enhanced our understanding and treatment of personality disorders. Attachment theories have been pivotal in shaping both the theoretical framework and therapeutic approaches for individuals with PDs, particularly those with antisocial and borderline traits (Fonagy, Luyten, 2016; Gunderson, 2007; Gunderson, Lyons-Ruth, 2008; Levy, Johnson, Clouthier, Scala, Temes, 2015). These theories have significantly enhanced our comprehension of the core characteristics of PD individuals, notably their profound difficulties in forming relationships.

Empirical research has shown a high incidence of anxious and disorganized attachment in individuals with borderline personality disorder (BPD), characterized by fluctuating between hyperactivating and deactivating attachment strategies, which either amplify or downplay needs (Bradley, Westen, 2005; Westen, Shedler, Bradley, DeFife, 2012). Mancinelle et al. (2024) investigated the relationship between BPD and attachment patterns and proved that borderline symptoms as well as measures of attachment anxiety and attachment avoidance are negatively correlated with an overall positive impression of social interactions. According to their research, attachment anxiety was also linked to the level of perceived responsibility to have caused partners to be unhappy. Mancinelle et al. (2024) research align with a large body of work indicating that BPD individuals tend to hold negative evaluation of others (Barnow et al., 2009; Fertuck et al., 2019; Nicol, Pope, Sprengelmeyer, Young, Hall, 2013).

However, recent findings have led to a reevaluation of attachment's role in PDs. While there is overlap between attachment theories and core PD features, evidence increasingly suggests that the impact of childrearing environments, including attachment contexts, on later outcomes may be less substantial than previously thought (Luyten et al., 2021).

Attachments pattern have also been proved to be one of the key social factors contributing to developmental of antisocial personality disorder (ASPD). ASPD severely disrupts personal and social

functioning and frequently leads to criminal behavior. Additionally, it imposes a significant burden on healthcare services, the criminal justice system, society, the individual's friends and family, as well as the professionals and caregivers involved with the individual. Individuals with ASPD frequently refuse treatment (Tyrer, Mitchard, Methuen, Ranger, 2003). Their tendencies toward chronic rule-breaking, recklessness, impulsivity, aggression, and irresponsibility make it difficult for them to assume the conventional patient role. Consequently, professionals are also reluctant to offer treatment to this group (McGauley, Adshead, Sarkar, 2008; McGauley, Yakeley, Williams, Bateman, 2011).

Within a bio-psychosocial framework, ASPD is understood to develop from the interplay between genetic predisposition and environmental factors. As mentioned, one of the primary social factors influencing gene-environment interactions is assumed to be the attachment patterns. Extensive research has established a link between attachment disruptions and the emergence of personality psychopathology (DeKlyen, Greenberg, 2008). Individuals who develop ASPD often experience early life disadvantages characterized by adverse environmental factors that disrupt the developing attachment system (Luntz, Widom, 1994; Pert, Ferriter, Saul, 2004). Many of these children exhibit conduct problems before adolescence, which are strongly associated with an elevated risk of developing adult antisocial behaviour and engaging in criminal activities (Moffitt, Caspi, Harrington, Milne, 2002). Therefore, ASPD can be seen as an attachment disorder where genetic predispositions combined with early environmental adversity lead to abnormal personality development, particularly in areas like affect regulation, and impulse control.

The relationship between attachment style and personality disorder appears to be complexed. The etiology of personality disorders constitutes an ambiguous and complex issue. Nonetheless, it is a fact that what appears to be common for individuals with personality disorders is a disrupted attachment system (Choenni et al., 2024; Erkoreka et al., 2022; Luyten et al., 2021; Mancinelli et al., 2024; van Leeuwen et al., 2020).

Conclusions

The extensive research on attachment theory highlights its profound implications for mental health, especially in understanding and treating various psychopathologies. Early attachment experiences significantly influence emotional regulation, self-perception, and interpersonal relationships across the lifespan. Secure attachment, fostered by responsive caregiving, is associated with psychological resilience and healthy relational patterns, while insecure attachment, stemming from neglect or inconsistent caregiving, leads to heightened risks of mental health disorders such as depression, anxiety, obsessive-compulsive disorder, ADHD, and personality disorders.

Attachment theory, originally formulated by Bowlby (1973), underscores the importance of early caregiver-child interactions in forming internal working models that shape future relationships and mental health outcomes. Disruptions in these early attachments can result in maladaptive emotional regulation strategies, negative self-concepts, and difficulties in forming stable and trusting relationships, which are characteristic of disorders like

C-PTSD and various personality disorders. Secure attachment acts as a protective factor against these psychopathologies, promoting emotional stability and healthy social functioning.

Research on attachment styles in romantic relationships reveals that securely attached individuals experience greater satisfaction and stability, while insecurely attached individuals struggle with trust, intimacy, and emotional regulation. These patterns extend into adulthood, influencing relationship dynamics and overall mental well-being. Furthermore, attachment disruptions in early childhood are strongly linked to the development of personality disorders, with insecure attachment styles prevalent among individuals with borderline and antisocial personality disorders.

In conclusion, attachment theory provides a crucial framework for understanding the intricate links between early relational experiences and mental health. The theory's principles have informed therapeutic approaches and interventions aimed at addressing attachment-related issues, emphasizing the need for supportive and responsive caregiving to foster secure attachments and mitigate the risks of mental health disorders.

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