Review / Derleme

Evaluating The Attachment Behaviour in During Puberty and Adulthood

Merve Cikili Uytun[1],
Didem Behice Oztop[2],
Ertugrul Esel[3]

[1]Child and Adolescent Pscyhiatrist, [2]Assoc. Prof. Dr., Erciyes University, Faculty of Medicine, Department of Child and Adolescent Psychiatry, Kayseri - Turkey
[3]Prof. Dr., Erciyes University, Faculty of Medicine, Department of Pscyhiatry, Kayseri - Turkey

ABSTRACT
Evaluating the attachment behaviour in during puberty and adulthood
The attachment behaviour, which begins to be established during infancy, may continue its influence all lifelong. In this period, the attachment developed between primary caregiver (usually the mother) and the baby, is inclined toward peers during puberty period. When she/he reaches adulthood, the partner with whom an emotional relationship is established takes the first place.
These attachment patterns which continue without any basic change have an influence on several areas such as the personal and social life, professional relationships, stress control, physiological and psychological health, and cognitive development of an individual. Those who developed a safe attachment during their infancy can establish healthier relationships during their puberty period and adulthood and they are able to cope with the problems in their life better and experience less problem. On the contrary, the individuals who developed insecure attachment, experience problems with their relationships during their puberty period and adulthood, have problematic relationships and have difficulty in coping with the problems in their lives. Moreover, it is considered that insecure attachment has a role in the development of many psychopathologies during puberty and adulthood. In this respect, attachment patterns provide a general framework for the psychiatric applications in both childhood and adulthood.
In this review, a general viewpoint is presented for the neurobiology of attachment, attachment behaviours during puberty and adulthood and the tests used to evaluate attachment within the scope of Bowlby's attachment theory.
Key words: Attachment, adolescent attachment, adult attachment

ÖZET
Ergenlik ve erişkinlikte bağlanma davranışının değerlendirilmesi
Bebeklik döneminde temelleri atılan bağlanma davranışı yaşam boyu etkisini sürdürmektedir. Bu dönemde birincil bakım veren (genelde anne) ve bebek arasında gelişen bağlanma, ergenlikle birlikte akranlara doğru yönelmektedir. Erişkinlik dönemine gelindiğinde ise duygusal ilişki kurulan eş ilk sırayı almaktadır.
Temel olarak değişmeden devam eden bu bağlanma örüntüleri, kişinin kişisel ve sosyal hayatı, profesyonel ilişkileri, stres kontrolü, fiziksel ve psikolojik sağlığı ve kognitif gelişimi gibi birçok alanda etkili olmaktadır. Bebekliğinde güvenli bağlanma geliştirmiş olan bireyler, ergenlik ve erişkinlik dönemindeki ilişkilerini de sağlıklı olarak kurabilmekte, hayatlarındaki problemler ile daha iyi baş edebilmekte ve daha az sorun yaşamaktadırlar. Bunun tersine, güvensiz bağlanma geliştirmiş olan bireyler ise ergenlik ve erişkinlik dönemlerindeki ilişkilerinde sorun yaşarlar, ilişkileri problemlidir ve hayatlarındaki sorunlar ile başa çıkmakta zorlanırlar. Ayrıca, güvensiz bağlanmanın ergenlik ve erişkinlik dönemdeki birçok psikopatolojinin gelişmesinde rol oynadığı düşünülmektedir. Bu açıdan bakıldığında bağlanma örüntüleri, hem çocukluk döneminde hem erişkin dönemde psikiyatrik uygulamalar açısından genel bir çerçeve belirlenmesini sağlamaktadır.
Bu gözden geçirme yazısında, temel olarak Bowlby'nin bağlanma kuramı çerçevesinde, bağlanmanın nörobiyolojisi, ergenlik ve erişkinlik döneminde bağlanma davranışları ve erişkin dönemde bağlanmayı değerlendirmede kullanılan testlere genel bir bakış sunulmuştur.
Anahtar kelimeler: Bağlanma, ergen bağlanması, yetişkin bağlanması

INTRODUCTION

Attachment behavior, more convenient to deal with the challenges of life to approach in accordance with another person the and behavior is defined as the person who carried out the individual for maintaining relationship (1).

Attachement style, which begin to be identified in early stages of life and considered to be continous, shapes the pattern of relationship with other people. Attachment begins with consisting of mother-child attachment and continues in different ways throughout of life. The other attachment behaviors are relationships with spouses and friends, supporting a team, country, or religion and falling in love. The relationship between mother-child is the first basic relationship (2). The

securely attached infants trust the others, and discover the world and able to adapt to changes in life. The inefficiencies and disruptions in the first basic relationship cause a negative effect on attachment. Secure or insecure attachment style shows very little change throughout life. Bowlby and other attachment theorists thought that early relationships with caregivers are critical because they represent prototypes for later relationships and inadequate care during infancy is a predictive of later troubled relations, and serve to facilitate future psychopathologies (3,4). So attachment style affects life-long personal and social life, professional relationships, stress control, cognitive development, and even affect the physical and psychological health (5).

In the researches of Goldfarb and Spitz it is shown that children who are raised in orphanages but had no intimate relationships are emotionally and mentally underdeveloped and more prone to have mental problems and anxiety disorders (6,7). In another research of Goldfarb, it says that between children who are raised in orphanages and those adopted at four months old, it is found that there is a distinct difference in intelligence levels. This shows the importance of attachment during a child's development (8-10).

The attachment system is similar in some respects to the physiological system that regulate body temperature, blood pressure. Any real or perceived obstacle to proximity maintenance results in anxiety, which in turn triggers attachment behaviors designed to reestablish proximity. Such behaviors persist until the "set goal" for proximity has been achieved. The degree of proximity required to keep anxiety at bay is related to a variety of endogenous and exogenous factors, including the child's age, emotional and physical state and environmental threat. The establishment and maintenance of proximity engender feelings of security and love, whereas disruptions in the relationship typically beget anxiety and sometimes anger or sadness. Hence Bowlby (3), argued that an attachment is an emotional bond.

ATTACHMENT THEORY

It is considered that attachment theory was established in 1958 with the use of the term attachment firstly by Bowbly. In 1944, Bowlby's first publication about attachment of an article entitled "Forty-four Juvenile Thieves: Their Characters and Home life" reported strong association between early maternal seperations and subsequent delinquency among boys (11). In 1950, John Bowlby was invited by the World Health Organization (WHO) to report on the mental health of London's homeless children. Bowlby had been trained in psychoanalytic tradition but, as soon as he began to practice in child therapy, he found himself troubled by what he perceived to be inadequacies in psychoanalytic theory (12). Bowlby was also troubled by inconsistencies between psychoanalytic theory and his own observations. That institutionalized children suffered extreme distress and even sometimes failed to thrive despite being fed and cared by staff and this was not consistent with the psychoanalytic notions that suggest children love their mother simply because they associate her with the satisfaction of a hunger drive. Bowlby's growing dissatisfaction with psychoanalytic theory helped to launch a search for answers to questions raised in his WHO report (13).

Bowlby improved this theory, which effects human social behaviour "from cradle to grave," as a consequence of a harmony and control system. While creating this theory Bowlby inspired from Darwin, whom he wrote a biography about with big respect, psychanalism, an organismic functional system theory and animal psychology (14,15).

Later on, Bowlby and Ainsworth defined that attachment behaviours develop as a process which is like the processes defined as cognitive development by Piaget (16,17). Piaget defined that babies can adapt to new and complicating conditions and develop behavioral schemes by affecting their surrounding (18). In relation to this Bowlby, decided that babies develop internal study models belong to the care-giver in a close relationship with them. By this way, if the comfort, protection and discovery needs of the children are met in their relationship with attachment figure, a child can develop completing internal model (3,13). If the attachment figure shows an inadequate and unsafe behaviour against meeting child's comfort, protection and discovery needs; children develop an internal study model in which they

feel themselves insufficient and invaluable (19). According to Bowlby these models lead to thoughts, emotions and behaviours in later close relationships (20).

DEVELOPMENT OF ATTACHMENT

Attachment between mother and child began in pregnancy (21). In pre-birth phase, fetus, can respond to mother's affections. In 26th week, it is declared that fetus has the ability of perception, showing reaction, catching the information it hears (22,23). In this period attachment between mother and child (21 is affected from attachment style of mother's own infacy. At the same time, during pregnancy and puerperal phase mother may live the troubles and conflicts which she had during the developing process of attachment to her own mother, again (21,24). If mother, forms a dependent relationship which is close, full of love and safe with her mother and father, this situation reflects to her marriage and the relationship with her child (25,26). The attachment relationship between mother and the baby, with the joining of father and siblings also becomes stronger. It is declared that there is a strong relationship between the quality and the quantity of this social support and mother-baby attachment (27).

At the basis of Bowlby's attachment theory, there is an assumption of human babies' being able to live only when there is an adult who is willing to give care and protecting them since they are not maturated at their birth (14,20). According to Bowlby, human has congenital pscyhobiological systems. This system, motivates the baby to create a bond with other important people who will meet the baby's needs for living. Being born with the capacity of behaviors (such as sucking, observing, smiling, crying and touching) for providing interaction with care-giver also helps this bond to develop. These properties which are brought congenitally progressively develop as a result of a regular and coherent interaction between the baby and the care-giver (20,28).

Children could conceivably direct their attachment behaviors to any available person. In reality, however by the sixth or seventh month of life, all normal infants selectively direct these behaviors to one person, with

whom they also seek proximity and from whom they also seek proximity and from whom they object to being seperated. The person who is important for the infant is who usually responds to their distress. the quality of the response is significant. Thus, familarity and responsiveness dictate preferences and influence the selection of an attachment figure (3).

When we divide attachment development process into phases; in the period before the attachment from birth till 8-12 weeks, baby moves with maternal stimulants. Shows orientation towards individuals in his/her surrounding, but has whether a very limited or no ability to recognize people. The first signs of attachment appears in the second phase which is extended from 8-12 weeks to 6th month. In this phase baby, starts differentiating mother from foreigners and directs his/her attention more towards mother. The third phase which bonding can completely be observed is between 6th and 24th months. Attachment is shaped around first 24 months (20,22). After the 25th month, the baby who is independent of his/her mother has a complicated relationship with his/her mother. The end point of the process is called as "partnership whose aim is corrected according to conditions". Here the aim of protecting closeness, is set according to child's ability of postponing satisfaction and cognitive representation of availability of care-giver. At this point care-giver and child, can start discussing and bargaining about the conditions of relationship between them and each one of them can start a verbal communication about their own aim, and can make their aims concomitant. By this way, attachment behaviour is developed during infancy (1,3,20).

NEUROBIOLOGY OF ATTACHMENT

Care-giving behaviour in living creatures develops under the effect of some neurochemical substances (29). The evolutionary prototype of these substances is "Vasotocin". Vasotocin regulates the maternal behaviour. Vasopressin and oxytocin which are effective in behaviours of maternity in mammals, care-giving, child protection and sexuality are derived from vasotocin with a change of single aminoacid (30). Vasopressin and oxytocin causes different types of behaviours in male

and female brains. While oxytocin compared to vasopressin is primarily effective in female sexual and social behaviours; vasopressin is more effective in male sexual behaviours and it is more related to aggresiveness (31,32). Oxytocin, makes fathers less agressive and supportive against their children, whereas vasopressin is related to more agressive side of maternal behaviour. This situation can be explained as a help mother to protect her child from harm. It is declared that oxytocin is needed specifically in the first delivery to start maternal behavior but not needed for continuation of motherhood, and in the deliveries after the first delivery without presence of oxytocin Oxytocin maternal behaviour continues. If it is not the first delivery, blockade of oxytocin does not prevent maternal behaviour (33). Also it is proposed that oxytocin has a positive effect on mother's understanding baby's signs and on recoginizing her baby (34). The system providing peace, safety and emotional synergy feelings which accompanies adult woman-man bonding (friendly or mature love) is the system which is related to oxytocin and vasopressin (VP) like neuropeptides (35).

Vasopressin also decreases separation anxiety and affects social memory (32). If a social relationship of a couple results in an increase in levels of oxytocin, vasopressin and opioids, it is found out that this couple also spends some time later (36,37). This finding is interpreted that the hormones which provides positive emotions to come out in social bonding, at the same time facilitates recording of these emotions in memory (36,37).

These substances which eases friendly social relationship and sexual relationships, at the same time strengthens the memories which are formed as a result of these relationships. Hippocampus which has an important place in memorial functions, is discovered that having a high sensitivity to oxytocin and vasopressin hormones. In a study which investigates relation of social bonding with addiction; showed that morphine which is one of the artificial opioids, decreases crying of animals related to separation anxiety via Mu opioid receptors (38). In living creatures, the substance which interacts with Mu receptors maximum, namely which is able to reduce separation anxiety maximum is an endogen opioid like molecule, Beta-Endorphine. In the literature, it is proposed that artificial opioids creates dependency by forming feelings which are alike satisfaction and joy provided by social relationship and at the basis of opioid dependency, there lies the reason of not being able to feel the satisfaction gained from social relationship and individual livings instead trying to provide these feelings with the artificial Pharmacological agents (29,38). When pharmacologically this effect is gained, social isolation occurs, in an opposite way after decrease in opioid effect, also the desire for social friendship increases. Experimentally, it is shown that opioid use frequency increases in the mice which are kept away from friendship environment (29). Oxytocin is shown to decrease the opioid tolerance of the organism by the way of increasing sensitivity of brain opioid system (38). This finding, provides mothers to take care of their children also when they are grown-ups and makes mothers to be able to have joy when they spend time with their children (39).

The basis of mothers caring about baby more than fathers and performing a behavior of giving baby more natural care is a result of neurobiological differences other than cultural and social reasons(29). Maternal brain is prepared more for care-giving. During the evolution of limbic system, female brain is developed for showing more sensitivity towards baby's stress calls, being in a closer relationship with children, and more for playing games (29). In a mother-child relationship which includes mutuality if the child receives a good care, brain creates and records its biochemical organisation as "everything is allright" but if the child is rejected or neglected, neuronal systems are formed according to these behaviours (13,20,32,40).

ATTACHMENT IN ADOLESCENCE

Nearly 60 years ago, in his last printed book, Freud says that the relationship between mother and baby is baby's first and the longest relationship and this relationship is a prototype of the other relationships which he will form during his lifetime. Although it was rejected in those times, this view was modified and protected by Bowlby (1,41).

Adolescence is a special period that biological, mental and social change have priority. Also, in human development it is the last period that neurological change is fast. In this period including important changes, related to sexual development and increase in sexual interest; bonding characteristics aslo undergo important revisions. This change is a must for living safely in the world which is both safe and dangerous and creating a bonding towards his own children and partner in the future (42).

In adolescence, the relationships outside the family get condensed and there is a progression to independency from parents. In this period the relationships with peers become prior. With the sexual development in this period, in the aspect of attachment not only safety is considered but also breeding is started to be considered. The dominant attachment patterns in adolescence are now sexualized. With the coming out of sexual interest which is the second basic motivation that the behaviours are rooted from, strategies for providing a safety related to attachment are organized again. Here safe upper dialectic is reconsidered. For a safe adolescent, the relationship at target is a kind of relationship that generally trusted by adolescent sexually, accepted by the partner and at the same time it is a kind that he/she can talk about his/her sexual preferences and emotions freely. This is a quite confusing target because this relationship includes families, peers and social surroundings as well. When approached in terms of attachment, sexuality in adolescence, at the same time brings out the subject of choosing a partner. At this point subject is unification of two young people under the effect of their own internal functioning models. Related to this, acceptance or rejection, will find its meaning according to its appropiateness or inappopriateness to experince repertoire (43).

Secure attachment developed towards parents are found to be related with ego respect, life quality, affective situation, pyschological well-being, identity and adaptation developed against school (42). The children and adolescence who developed secure attachment, can create relationships easily, show less aggresion in their relationships and can cope with stress beter (44).

The adolescents who developed unsecure attachment, starts having problems in family in this period. Because most of the time, most of these adolescents, develop an idea that their parents strip off their individuality. Due to perceiving his/her parent as a danger for his/her indiviuality, he/she starts a conflict with his/her parent and the parent frequently tell about his/her being fed up with the adolescent (21). These adolescents most of the time also have problems in relationships outside the family. For example, for an adolescent who has ambivalent attachment organisation, sexual feelings can be quite confusing. These include bonding feelings with the characteristics of fear, being left alone and hostility; anxious and uncertain behaviours. Because here internal functioning models are generally built on unforeseen close relationships (43,45).

An adolescent who developed a dissmissing attchment organisation can behave in a defensive way like having a sexual experience without love or aimed at just pleasing his/her partner or random sexual experience. This persons are ascertained that they have tendency to take control of the people around because of not trusting them, are unable to express their anger directly, do not have the integrity feeling, are unable to keep self-value feeling (46,47). Also these adolescents get into depression quickly when they have a problem with the parent with whom they created a bonding.

In the adolescents who developed an unsecure/disorganised attachment, the feeling of driven into loneliness, low self-respect, unable to show an organised behavior while coping with stress, applying physical violence frequently and disobeying rules are observed. Also these adolescents applies masturbation frequently as a sexual coping mechanism (21,48). As a result, although bonding and bonding relationships are explained primarily as specific to childhood, they preserve their importance also in adolescence (42,49). When looked in this aspect, an adolescent's need for parent support never ends; but adolescent always desires to be perceived as an individual independent from his/her parents (21).

On the basis of repeated interactions with the caregiver, infants learn what to expect and they adjust their behavior accordingly. These expectations form the basis of "internal working models" that can be used to

forecast caregiver availability and responsiveness and that include interrelated models of self and attachment figure. These models guide thoughts, feelings and behavior in sebsequent close relationship throughout life (50). It is considered that neurobiological factor is one of the reasons of remaining attachment behavior is unchanged. In researchs Using the AAI (Adult Attachmnet Interview), a measure of the coherence of adults' narratives about their childhood experiences, researchers found that insecure, dismissing adults (who idealized their caregivers or normalized harsh childhood experiences) showed elevated electrodermal activity during the interview, which suggests that these individuals were suppressing or deactivating emotion systems. Roisman and his colleagues have extended this line of research, finding that insecure adults show relatively high levels of electrodermal reactivity when discussing areas of disagreement with their romantic partners and that individuals with low levels of securebase-script knowledge also demonstrate heightened skin conductance in response to attachment-related distress vocalizations. These findings are thus consistent with the thesis that attachment behavior's etiology involves neurobiological factors (51).

ATTACHMENT IN ADULTHOOD

The attachment relationship which is developed for parents in childhood period, turns into a romantic relationship which can last for a long period of time in adulthood. In this period, the function of love and social bonding is to ease breeding, provide safety feeling and decrease anxiety (35). In this kind of relationship, although it looks like individuality is more important, bonding is needed for the relationship to last longer. In romantic relationships, although fertility, sexual relationship have more importance; during the relationship it is desired to have a relationship like one that is between parent and child. But the difference here is the individual in this period is an adult (21).

The relationships formed in infancy with parents has many similarities in different aspects to the romantic relationships formed in adulthood period. Like a child's feeling himself safe, when his attachment figure is with

him and when there is sensitivity towards his needs; adults also feel themselves safe and relaxed when they are together with their partners and when they are satisfied for their needs. In this case, for example a partner has the role of being a safe backbone behind individual's developing new projects in his work-life (like the period of discovering environment during infancy) (52). When individual feels himself stressed, sick or in danger; his partners provides safety, comfort and protection. In other words, love-life is the emotional bonding which is lived with an adult partner providing safety feeling (21).

Adult attachment has certain differences from infant attachment, although basic dynamics of these two are similar (53). Firstly; childhood attachment in their general form, complementary; whereas adult attachment are mutual (16,17,53,54). Every partner at the same time are both care-giver and care-taker. Moreover, bonding relationship progresses from extrinsic, observable interaction level to internally represented beliefs and expectations (55). Whereas babies need physical contact for a complete relief, for adults the thought of possibility to touch someone provides relief. Important thing is the safety that is felt (3). For achieving this, adults have more options than babies (28). Another difference is; for babies the actual attachment person is generally mother or father but the person to whom adult are bonded generally is a peer or a sexual partner. In this way adult bonding relationships include integration of three behavioral system which are bonding, care-giving and sexual relationship (3,53). Hereof, there are differences related to what motivates the search for closeness. Anxiety and distress are concerned as the basic motivators for every age. But adult search for closeness

Table 1: Basis of the attachment behaviors

	Parents	Peers
Infancy	Proximity maintenance	
	Safe haven	
	Secure base	
Early Childhood	Safe haven	Proximity maintenance
	Secure base	
Late Chilhood\Early Adolescence	Secure base	Proximity maintenance
		Safe haven
Adulthood		Proximity maintenance
		Safe haven
		Secure base

also can be resulted from protection or relief or wish for having a sexual relationship (3).

In transfer of attachment from parents to peers; during infancy and childhood, when peers start to fulfill the responsibility which primarily belong to parents, after a certain point bonding will pass to peers. And after peers, it will pass to partners with whom an emotional relationship is formed. According to information we gathered from the literature, this kind of transfer occurs slowly (3).

According to a study done by Crowell and his friends, attachment of individuals before and after marriage are evaluated. 96% of the individuals who showed a secure attachment before marriage, continued on showing a secure attachment in their marriage. While 79% of the individuals who showed dismissing attachment, showed a dismissing attachment in their marriages; 27% of them took a place in anxious group. This study shows us that attachment behavior in marriage also stays the same without changing generally (56).

The Assessment Methods of Attachment in Adults

Along with the increasing emphasis on attachment theory, research for the assessment of attachment in adulthood has also increased. The following summary describes some of the measures of "adult attachment", meaning instruments which attempt to classify models of attachment or attachment styles, or which identify characteristics of models of attachment, attachment styles, or behaviors of adult attachment relationships. The measures were all developed using ideas from attachment theory, and are self-report or interview measures.

1. Adult Attachment Interview

Mary Main and colleagues developed a semi-structured interview about childhood attachment relationships, and the meaning which the individual currently gives to past experiences (55). In this interview with 18 questions about the attachment behavior of the parent's own childhood feelings and behaviors are investigated and the AAI scoring system was developed

using interviews of parents and knowledge of the Strange Situation classifications(57). This scoring system, modified and extended so far. The AAI is scored from a transcript using scales which characterize childhood experience with each parent: Mother and father loving, rejecting, neglecting, involving, and pressuring (55). It should be noted that adult attachment styles can not be based on from childhood attachment experiences, but based on the adult's current explanation and interpretation that childhood experiences. For example, the adults who had very difficult and traumatic experiences during childhood but raised them in solution in adulthood can be classified in secure attachment group (28). According to the Adult Attachment Interview, adult attachment styles are classified as secure\autonomous, insecure\dismissing, insecure\preoccupied and unresolved.

Individuals classified as secure/autonomous describe diverse childhood experiences, maintain a balanced view of early relationships, value attachment relationships, and view attachment-related experiences as influential in development. Adults are classified as insecure on the basis of incoherency, meaning they fail to integrate memories of experience with assessments of the meaning of experience. Adults classified as insecure/dismissing deny or devalue the impact of early attachment relationships, have difficulty with recall of specific events, often idealize experiences, and usually describe an early history of rejection. Adults classified as insecure/preoccupied display confusion about past experiences, and current relationships with parents are marked by active anger or with passivity. Individuals may be classified as unresolved in addition to a major classification. These adults report attachmentrelated traumas of loss and/or abuse which have not been reconciled. The unresolved classification is given precedence over the major classification in classifying the individual, and is considered an insecure classification. A "can't classify" category is assigned when scale scores reflect elements rarely seen together in an interview, e.g., high idealization of one parent and high active anger to the other. Such interviews are highly incoherent and insecure (54).

Stability has been demonstrated in a number of studies

(54,58-61) and there are no gender differences in distribution of classifications (62). Discriminant validity of the AAI has been demonstrated with respect to intelligence, memory, cognitive complexity, social desirability, and overall social adjustment (24,54,59). In addition, researches showed that the individual's pattern of attachment in childhood and adulthood are similar (58,59).

2. Attachment Interviews

The prototypes were based on Bowlby's idea that an attachment model involves ideas concerning both self and other, the scoring system views the models of self and other as independent and hence a four category system is delineated (63). Four attachment styles prototypes are defined with indiviudal's self image (positive and negative) and images of others (positive and negative). This scale shown in Table 2.

The first attachment style described in adults is secure attachment style. The secure prototype reflects an individual who is comfortable in relationships, values relationships, and can be both intimate and autonomous. In the form of secure attachment, sense of self-worth, feeling to be lovable and it is often combined with expectation that the other people would give the answer. They have positive feelings about both themselves and others. They can recognize the problems of themselves and call for help and support, they are comfortable in a constructive way to express their difficult feelings. Secure subjects compared to insecure individuals, they interpret life threatening events that a source of stres less life threat. These people have self confidence in their ability to deal with the stressful situation. They express their feelings clearly. They use to seeking support for dealing with stres- inducing situations as an emotion regulation strategy. They discuss the situations clearly

and fins solutions to them rather than avoid from conflict situations. In addition, secure subjects are aware of the anger's psychological marks. They become an associate in problem solving for accordance. They express their anger in a controlled and non- hostile way. As a result, individuals with secure attachment styles have positive emotion experiences and that enhances to creative problem solving.

Preoccupied attachment style reflects a sense of positive reviews for the others and feels worthless themselves. Subjects who shown preoccupied attachment have low self esteem, they perceived the others as supportive and not benefit from this support in a positive way, the individuals at low levels of self-disclosure. They have negative perspectives about themselves and have positive perspectives about others and they are basically anxious individulals. They are exaggerated and demonstrate of negative emotions and continuously looking for the approval of their husbands. In dismissing attachment style, subjects combine that feeling as lovable person themselves and negative expectations about other people. Such persons avoid from close relationships and protect themselves against disappointment and maintain their independence. The essential feature of the dissmissing style should be the avoidance of intimacy. Because they have positive perspectives about themselves, but have negative perspectives about others. They suppress negative emotions and use avoidance strategies as basic coping strategie. Fearful subjects combine with a sense of low self-esteem and negative expectations about others. Fearful subjects avoid from close relationships with other people and protect themselves against anticipated rejection. Fearful subjects have negative models about themselves and others, and classified as anxious/avoidant. Anxious/avoidants want establishing a close

Table 2: Four theoretical attachment styles

		(POSITIVE)	(NEGATIVE)
MODEL OF OTHER	(POSITIVE)	**SECURE** Comfortable with intimacy ve autonomy	**PREOCCUPIED** Preoccupied with relationships
	(NEGATIVE)	**DISMISSING** Dismissing of intimacy and Counter dependent	**FEARFUL** Fearful of intimacy and Socially avoidant

relationship with others but avoid excessive closeness. Because they are anxious about be hurt (54,61,64-66).

Gender differences have been found in researchs: Women were more likely to be preoccupied, and men were more likely to be rated dismissing (63).

3. Current Relationship Interview

Judith Crowell and Everett Waters (also an Ainsworth student) have recently adapted the Adult Attachment Interview for use with couples and they call this the Current Relationship Interview. In a very similar interview, adults are asked not about their relationship with parents but with their spouse. And as in Adult Attachment Interview participants seem to fall into patterns that are easily recognized as secure, insecure-dismissing, and insecure- preoccupied (54).

Crowell & Waters examined this interview by testing a sample of several hundred engaged couples in both the Adult Attachment Interview and the Current Relationship Interview. They found that people who were secure – coherent with respect to their parents were much more likely than others to be secure – coherent with their fiancées. For both males and females, having secure – coherent beliefs about the romantic partner was significantly related to secure base behavior. People who have secure – coherent beliefs about their partners were significantly more likely to be able to use their partner as a secure base, ask for help, explain what they needed, and accept help and support for the solution of difficult problems. They were also more able to recognize when their partner was asking for help and more able to see and offer what he/she was needed. Both insecure – dismissing and insecure –preoccupied were less effective at using and serving their partner as a secure base (54).

4. Adult Attachment Q-Sort

The Q-sort is an alternative method of scoring the Adult Attachment Interview and was derived from the original scoring system. It emphasizes the relation between affect regulation and attachment style by examining the use of minimizing versus maximizing emotional strategies. The interview is scored from transcripts using a forced distribution of descriptors in two dimensions: Security/anxiety and deactivation/hyperactivation. Security reflects coherence and cooperation within the interview, and memories of supportive attachment figures. Deactivation strategies correspond to dismissing strategies, whereas hyperactivating strategies reflect the excessive detail and active anger seen in many preoccupied subjects (54).

Using the Q-sort method of scoring, men were more likely to be described as dismissing (67).

5. Marital Q-Sort

The Q-sort assesses two dimensions of attachment within the current relationship: Reliance on the partner and psychological availability. The reliance scale assesses use of the partner as a secure base/safe haven, whereas availability assesses being a secure base/ safe haven to a partner. Each subject completes a self-report q-sort and a sort of his/her partner's behavior. Attachment security is the combined score of self-reports of reliance on the partner and of partner's availability (54).

Husbands and wives report that wives are more reliant on husbands than the reverse, but there were no gender differences with respect to availibility (68).

6. Adult Attachment Styles and Other Versions

Hazan and Shaver (69) found that subjects with different attachment styles had different ideas about romantic relationships, with self-designated secure subjects focusing on the enduring aspects of relationships. With this scale is assessed that especially personal relationship and basic behavioral patterns with spouses shown different attachment styles. According to Hazan and Shaver's classification groups:

Secure Attachment Style: Secure respondents characterized their love experiences as friendly, happy, and trusting, They do not have concerns about convergence and abandonment. They can establish long-term relationships. They enjoy sex with especially in the long-term peers, their respects and confidences are high about both to themselves and to other people

They think that other people are well-intentioned, good-hearted, reliable and seeking social support under stressfull circumstances. They behave to their spouses in a positive, constructive and optimistic way (69).

Anxious/Ambivalent Attachment Style: anxious-ambivalent group is characterized by dependence and by the strong desire for commitment in relationships. However, they blame their spouses because of not being close enough. The most obvious feature of this attachment style ise fear of being abandoned. Their relationships are deep but short-lived and they can fall in love easily (69). The anxious/ambivalent subjects experienced love as involving obsession, desire for reciprocation and union, emotional highs and lows, and extreme sexual attraction and jealousy (28). They behave to their spouses in a jealousy and distrust way (70).

Avoidant Attachment Style: Avoidant subjects are fragile and tend to be disappointed easily. For avoidant adults, love was expected to be marked by fear of closeness and lack of trust. During sex with their spouses, they may dream to another person and they may sex with anyone without feeling love (70). They think that people are generally evil-minded and their spouse's do not love them (69). Hazan and Shaver implicated that, avoidant subject's mothers are cold, rejecting and dishonest and their fathers also dishonest and inconsistent (71). No gender differences have been found in the distribution of classifications (54,71).

7. Relationship Questionnaire

The questionnaire uses the four category model, like Bartholomew and Horowitz's Attachment Interviews. The secure description describes someone who is comfortable with closeness and dependency, and does not worry about being rejected or alone. The dismissing style emphasizes independence and self-sufficiency. The preoccupied style describes an individual who is desirous of great intimacy, concerned about being alone, and worried that others won't value him/her as much as they are valued. The fearful style is one of discomfort with closeness, difficulty with trust, and fear of being hurt (54,63).

In a large study of college students, men classified themselves as dismissing and preoccupied more often than women, and women were more likely to classify themselves as secure or fearful (54).

8. Reciprocal Attachment Questionnaire

The questionnaire purpose that assesses the quality of an individual's most significant adult attachment relationship. The subject is asked to rate the person to whom he/she feels closest and with whom he/she has had a relationship for at least 6 months (not a member of family of origin). The questionnaire consists of scales of secure base, separation protest, proximity seeking, feared loss, reciprocity, availability, and use of the attachment figure (54).

9. The Relationship Quality Scale

The Relationship Quality was developed by Pierce et al. (72) in 1991. This scale was developed for assessing individual's special support in the close relationship. The scale consists 25 items assigned to 3 facets (social support, conflict and depth) (73).

Karakurt (74) conducted a study with 306 students to test the impact of attachment styles on romantic jealousy. This scale was used in this study. The behavioral jealousy was affected by attachment styles but emotional and cognitive aspects of jealousy were not. The fearful individuals reported higher levels of behavioral jealousy and preoccupied individuals reported higher levels of negative affect and inadequacy feeling than the secure individuals. Secure individuals showed more tendencies to maintain the relationship and less intense negative emotions related with jealousy but dismissing ones had the lowest tendency to do that. Preoccupied ones had higher internalization strategy to cope with jealousy. Fearful ones had the lowest level of self-esteem protection (74).

ATTACHMENT AND PSYCHOPATHOLOGY

Bowlby and other attachment theorists argue that early relationships with caregivers are critical because

they represent prototypes for later relationships, and serve to facilitate future psychopathologies and secure attachment have been associated with mental health (75). Whatever the reason, interruptions and disruptions in the mother-child attachment period, may cause psychological stresses and may also increase the psychopathology risk (76).

Avoidant attachment patterns have been associated with adolescents' externalizing symptoms, while ambivalent attachment patterns have been linked to depression in adolescents. Disorganized attachment pattern have been associated with dissociative disorders (77). Insecure attachment patterns also have been associated with unipolar depression (78).

The associations between insecure attachment pattern and panic disorder, social phobia, obsessive-compulsive disorder, post-traumatic stress disorder and chronic pain disorder have been shown in various studies (64). In a research that conducted with adolescents, 73.3% of the non clinical group have been found to have secure attachment,while 13.3% of the clinical grup have been found to have secure attachment. While preoccupied attachment pattern have been

associated with anxiety disorders, depression, bordeline personality disorder; adolescents displaying a `dismissing' pattern were more likely to have an anti-social personality disorder, conduct disorder or substance abuse problem (79).

CONCLUSION

In recent years, research in the mother-child relationship focused largely on attachment. The most important reason for this situation, the mother-child relationship research has become most important for the next generation. Empirical studies support a probabilistic relationship between quality of attachment and clinical status (and by inference, psychological adaptation) during adolescence and throughout the life-span generally. It is thought that when the quality of early attachment is healthy, successful psychological adjustment, strong relationships and good physical health throughout life may be developed and having knowledge about an individual's attachment pattern may help us to understand reason of the psychopathologies and to plan the psychotherapies.

REFERENCES

1. Bowlby J. A Secure Base: Parent-Child Attachment And Healthy Human Development. New York Basics 1988.

2. Karabekiroglu K. Mother-child relationship and neurobiology of attachment. 21. National Child an Adolescent Pscyhiatry Summary Book, 2011, 37-38.

3. Hazan C, Shaver PR. Attachment as an organizational framework for research on close relationships. Psychol Inq 1994; 5-1:4-17.

4. Bowlby J. Attachment. Second ed., New York: Basic Books, 1982.

5. Rees CA. Thinking about children's attachments. Arch Dis Child 2005; 90:1058–1065.

6. Spitz RA, Wolf KM. Anaclitic depression: an inquiry into the genesis of psychiatric conditions in early childhood. Psychoanalytic Study Child 1944; 2:313-342.

7. Goldfarb W. The effects of early institutional care on personality. J Exp Educ 1943; 12:106-129.

8. Goldfarb W. Psychological privation in infancy and subsequent adjustment. Am J Orthopsychiatry 1945; 15:250-260.

9. Goldfarb W. Variations in adolescent adjustment of institutionally reared children. Am J Orthopsychiatry 1947; 17:449-457.

10. Goldfarb W. Infant rearing and problem behavior. Am J Orthopsychiatry 1943; 13:249-260.

11. Bowlby J. Kırk dört çocuk hırsız: Kişilikleri ve yaşamları. Int J Psychoanal 1952; 25:107-127 (Article in Turkish).

12. Hazan C, Shaver PR. Attachment as an Organizational Framework for Research on Close Relationships. Psychol Inq 1994; 5: 1-22.

13. Bowlby J. Attachment. Penguin Books 1971; 250-400.

14. Bowlby J. The Making And Breaking Of Affectional Bonds. Londra: Tavistock 1979; 129.

15. Bowlby J. Charles Darwin: A New Life. New York: Norton, 1991

16. Ainsworth MD. Attachment beyond infancy. Am Psychologist 1989; 44:709-716.

17. Ainsworth MDS, Bowlby J. An ethological approach to personality development. Am Psychologist 1991; 46:333-341.

18. Piaget J. The Development Of Thought. New York: The Viking Press, 1977.

19. Hamarta E. Üniversite öğrencilerinin yakın ilişkilerindeki bazı değişkenlerin (benlik saygısı, depresyon ve saplantılı düşünme) bağlanma stilleri çıçısından incelenmesi. Yayınlanmamış Doktora Tezi, Selçuk Üniversitesi, Konya, 2004 (Thesis in Article.

20. Bowlby J. Attachment And Loss, Vol. 1. New York: Basic, 1982.

21. Keskin G, Cam O. Puberty and Attachment: Review of the literature in terms of mental health. Journal of New Symposium 2009; 47-2:53-57.

22. Kaplan HI, Sadock BJ, Grebb JA. Synopsis Of Psychiatry. Baltimore, Maryland: William & Wilkins, 1994; 161-165.

23. Soysal AS, Bodur S, İseri E, Senol S. An overview of the attachment in infancy. Journal of Clinical Psychiatry 2005; 8:88-99.

24. Benoit D, Zeenah CH, Barton ML. Maternal attachment disturbances in failure to thrive. Infant Ment Health J 1989; 10:185-202.

25. Zeanah CH, Benoit D, Barton M, Regan C, Hirshberg LM, Lipsitt LP. Representations of attachment in mothers and their one year old infants. J Am Acad Child Adolesc Psychiatry 1993; 32:278-286.

26. Zeanah CH, Boris NW, Larriey JA. Infant development and developmantal risk: a review of the past 10 years. J Am Acad Child Adolesc Psychiatry 1997; 36-2:165-178.

27. Lowinger S, Dimitrovsky L, Strauss H, Mogilner C. Maternal social and physical contact: links to early infant attachment behaviors. J Genet Psychol 1995; 156:461-476.

28. Cakır S. The Investigation of Married People's Marital Adjustment According to Their Parental Bonding and Demographic Variables. Master Thesis, Ankara University, 2008.

29. Panksepp J. Textbook of Biological Psychiatry. New Jersey: Wiley-Liss Publication, 2004.

30. Insel TR, Harbaugh CR. Lesions of the hypothalamic paraventricular nucleus disrupt the initation of maternal behavior. Physiol Behav 1989; 45:1033-1041.

31. Insel TR. Oxytocin, a neuropeptide for affiliation: evidence from behavioral, receptor autoradiographic, and comparative studies. Psychoneuroendocrinology 1992; 17:3-35.

32. Ozbaran B, Bildik T. Neurobiology of Attchment. Journal of Child and Adolescent Psychiatry 2006; 13-3:137-144.

33. Debiec J. From affiliative behaviors to romantic feelings: a role of nanopeptides. FEBS Lett 2007; 581:2580-2586.

34. Swain JE, Lorberbaum JP, Kose S, Strathearn L. Brain basis of early parent-infant interactions: psychology, physiology, and in vivo functional neuroimaging studies. J Child Psychol Psychiatry 2007; 48:262-287.

35. Esel E. Biological and evolutionary basis of love. New Symposium Journal 2007; 45:21-27.

36. Young LJ. The neurobiology of social recognition, approach, and avoidance. Biol Psychiatry 2002; 51:18-26.

37. Winslow JT, Insel TR. Neuroendocrine basis of social recognition. Curr Opin Neurobiol 2004; 14:248-253.

38. Insel TR. Is social attachment an addictive disorder? Physiol Behav 2003; 79:351-357.

39. Francis DD, Young LJ, Meaney MJ, Insel TR. Naturally occuring differences in maternal care are associated with the expression of oxytocine and vasopressin (V1a) receptors: gender differences. J Neuroendocrinol 2002; 14:349-353.

40. Winslow JT, Insel TR. The social deficits of the oxytocin knockout mouse. Neuropeptides 2002; 36:221-229.

41. Waters T. Learning to love: from your mother's arms to your lover's arms. The Medium (Voice of the University of Toronto) 2004; 30-19:1-4.

42. Allen JP, Moore CM, Kuperminc G, Bell K. Attachment and adolescent psychosocial functioning. Child Dev 1998; 69:1406-1419.

43. Guvenir T. Attachment Theory: In Aysev AS, Taner YI (editors). Textbook of Child and Adolescent Psychiatry, Istanbul 2007, 48-50.

44. Sroufe LA. Attachment and development: A prospective, longitudinal study from birth to adulthood. Attach Hum Dev 2005; 7:349-367.

45. Finnegan RA, Hodges EVE, Perry DG. Preoccupied and avoidant coping during middle childhood. Child Dev 1996; 67:1318-1328.

46. Tyrell CL, Dozier M. Effective treatment relationships for persons with serious psychiatric disorders: The importance of attachment states of mind. J Consult Clin Psychol 1999; 67:725-733.

47. Rosenstein DS, Horowitz HA. Adolescent attachment and psychopathology. J Consult Clin Psychol 1996; 642:244-253.

48. Cooper MI, Shaver PR, Collins NI. Attachment styles, emotion regulation and adjustment in adolescence. J Pers Soc Psychol 1998: 74;1380-1397.

49. Lapsey N, Varshney, Aalsma M. Pathological attachment and attachment style in late adolescence. J Adolesc 2000; 23:137-155.

50. Meeus W, Oosterwege A. Parental and peer attachment and identity development in adolescence. J Adolesc 2002; 25:93-106.

51. Warren SL, Bost KK, Roisman GI. Effects of adult attachment and emotional distractors on brain mechanisms of cognitive control. Psychol Sci 2010; 21:1818–1826.

52. Bartholomew K. Adult attachment processes: individual and couple perspectives. Br J Med Psychol 1997; 70:249-263.

53. Weiss RS. Attachment in Adults: In Parkes CM, Hinde JS (editors). The Place of Attachment in Human Bahovior. New York: Basics, 1982;171-184.

54. Crowell JA , Treboux D. A review of adult attachment measures: implications for theory and research. Soc Dev 1995; 4:294-327.

55. Main M, Goldwyn R. Adult Attachment Scoring and Classification System. Department of Psychology, University of California, Berkeley: In Masterson JF, "Attachment Theory and Personality Disorders". Litera Publishing, 2008; 25-26.

56. Crowell JA, Treboux D, Waters S. Stability of attachment representations: the transition to marriage. Dev Psychol 2002; 38:467-479.

57. Ainsworth MDS, Blehar MC, Waters E. Patterns Of Attachment: Assessed In The Strange Situation And At Home. Hillsdale, NJ: Erlbaum, 1978.

58. Waters S, Merrick S, Treboux D, Crowell J. Attachment security in infancy and early adulthood: a 20-year longitudinal study. Child Dev 2000; 71:684-689.

59. Fonagy P, Steele M, Moran G , Steele H, Kennedy R, Mattoon G, Target M, Gerber A. The capacity for understanding psychiatric classification and response to psychotherapy. J Consult Clin Psychol 1996; 64:22-31.

60. Crowell JA, Treboux D, Gao Y, Fyffe C, Pan H, Waters E. Secure base behavior in adulthood: measurement, links to adult attachment representations, and relations to couples' communication skills and self-reports. Dev Psychol 2002; 38:1-19.

61. Waters E, Crowell J, Treboux D, Merrick S, Albersheim L. Attachment security from infancy to early adulthood: a 20-year longitudinal study. Biennial Meeting of the Society for Research in Child, 1995.

62. Van Ijzendoorn MH, Rutgers AH, Bakermans-Kranenburg MJ, Swinkels SH, van Daalen E, Dietz C, Naber FB, Buitelaar JK, van Engeland H. Parental sensitivity and attachment in children with autism spectrum disorder: comparison with children with mental retardation, with language delays, and with typical development. Child Dev 2007; 78:597-608.

63. Bartholomew K, Horowitz LM. Attachment styles among young adults: a test of a four-category model. J Pers Soc Psychol 1991; 61:226-244.

64. Kesebir S, Kavzoğlu SO, Ustundag MF. Attachment and Psychopathology. Current Approaches in Psychiatry 2011; 3-2:321-332.

65. Horowitz LM, Rosenberg SE, Bartholomew K. Interpersonal problems, attachment styles, and outcome in brief dynamic psychotherapy. J Consult Clin Psychol 1993; 61:549-560.

66. Kenneth M. Attachment theory in adult psychiatry. Part 1: Conceptualisations, measurement and clinical research findings. Advances in Psychiatric Treatment 2006; 12:440-449.

67. Borman-Spurrell E, Allen J, Hauser S, Carter A, Cole-Detke H. Attachment In Young Adulthood: How Different Measures Of Adult Attachment Relate To Adjustment. Manuscript in preparation, Harvard University, 1994.

68. Kobak R, Hazan C. Attachment in marriage: effects of security and accuracy of working models. J Pers Soc Psychol 1991; 60:861-869.

69. Feeney JA, Noller P. Attachment style as predictor of adult romantic relationships. J Pers Soc Psychol 1990; 58-2:281-291.

70. Solmus, T. Attachment and Two Faces of Love. 1. Edt. Istanbul: Epsilon Publishing, 2008

71. Hazan C, Shaver PR. Romantic love conceptualized as an attachment process. J Pers Soc Psychol 1987; 52:511-524.

72. Pierce GR, Sarason IG, Sarason BR. General and relationship based perceptions of social support: are two constructs beter than one? J Pers Soc Psychol 1991; 61:1028-1039.

73. Ozabacı N. The Turkish Adaptation of the Relationship Quality Scale: A validity and Reliability Study. Education and Science 2011; 36-162:159-166.

74. Karakurt G. The impact of adult attachment styles on romantic jealousy. Unpublished Master Thesis 2001, M.E.T.U, Ankara.

75. Nakash-Eisikovits O, Dutra L, Westen D. Relationship between attachment patterns and personality pathology in adolescents. J Am Acad Child Adolesc Psychiatry 2000; 41:1111-1123.

76. Tuzun O, Sayar K. Attachment Theory and Psychopathology. Dusunen Adam: The Journal of Psychiatry and Neurological Sciences 2006;19: 24-39.

77. Bloom KC. The development of attachment behaviors in pregnant adolecents. Nurs Res 1995; 44:284-289.

78. Bifulco A, Kwon J, Jacobs C, Moran PM, Bunn A, Beer N. Adult attachment style as mediator between childhood neglect/abuse and adult depression and anxiety. Soc Psychiatry Psychiatr Epidemiol 2006; 41:796-805.

79. Brown LS, Wright J. The relationship between attachment strategies and psychopathology in adolescence. Psychol Psychother 2003; 76-4:351-367.