

Attachment and dysthymia: The contributions of preoccupied attachment and agency of self to depression in women

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ABSTRACT The present research evaluated a conceptual model that links preoccupied attachment to dysthymic disorder in women. From an original community sample of 420 women, 129 women were identified with depressive symptomatology as assessed by the Centre for Epidemiological Studies Depression scale (CES-D). Twenty-four of these 129 women were diagnosed as dysthymic disorder according to the Structured Clinical Interview for DSM-III-R-non-patient edition (SCID-NP). Attachment patterns were assessed using the Adult Attachment Projective (AAP). The results indicate that preoccupied attachment was associated with dysthymia. Discussion concerns the processes that may underlie the association between preoccupied attachment and depression, with attention to the possibly complicating factor of unresolved mourning.

KEYWORDS: attachment – agency of self – depression – mental representation – Adult Attachment Projective

INTRODUCTION

Bowlby's (1980) third volume of *Attachment and loss* was written with the goal of establishing disordered mourning as the basic problem underlying many psychiatric syndromes. In this volume, Bowlby put forth the hypothesis that the childhood loss of an attachment figure poses a relentless threat to the consistent availability and sensitivity of parental care. As such, he viewed loss as an experience that may compromise the development of the continuity of the self that, according to attachment theory, is derived from attachment security in childhood (Bowlby, 1969[1982]). Specifically, Bowlby argued that disordered mourning predisposed some individuals to make anxious and ambivalent attachments and, in turn, to depressive disorder. What is not clear, however, from Bowlby's writings is whether he viewed anxious and ambivalent attachments or disordered mourning as the fundamental factor in predisposing some individuals to depression.

Since the early 1990s, researchers have examined Bowlby's hypotheses regarding insecure attachment and depression empirically. These studies have confirmed Bowlby's line of reasoning concerning the link between anxious and ambivalent attachments and depressive disorder. The association between disordered mourning

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and depression, however, has not been clearly supported. In a study of what the authors termed 'vulnerable attachment styles', Harris and Bifulco (1991) compared rates of depression in women with dependent attachment styles and one form of disordered mourning, compulsive self-reliance attachment style. The greatest rate of depression was in the group of women characterized by a dependent attachment style (a form of attachment that is most analogous to Bowlby's concept of anxious attachment). Harris and Bifulco failed to find evidence, however, for Bowlby's hypothesized link between compulsive self-reliance, a form of disordered mourning, and depression.

Several investigators have examined adult attachment style and depressive symptomatology using Bartholomew and Horowitz's attachment Relationship Questionnaire (1991). This methodology identifies four adult attachment styles – secure, avoidant/dismissing, ambivalent/preoccupied, and fearful/avoidant. Central to this approach is the proposal that fearful avoidance is a category of adult attachment that is equivalent to attachment disorganization. Disorganized attachment has been linked by developmentalists to pathological mourning in the form of unresolved attachment (e.g. Main, 1995; George, West, & Pettem, 1999; Lyons-Ruth & Jacobvitz, 1999; Solomon & George, 1999). Carnelley, Pietromonaco, and Jaffe (1994) and Hammen *et al.* (1995) showed that symptomatically depressed adults were more likely to report themselves as preoccupied and fearfully avoidant. Murphy and Bates (1997) found depressive symptoms related most strongly to fearful attachment. These studies of attachment style, too, do not clarify questions regarding the linkage hypothesis and, further, they are difficult to interpret in terms of Bowlby's theory.

This difficulty is due to the fact that adult attachment style and developmental approaches to attachment are built on different attachment concepts and, therefore, not easily assimilated (Crowell & Treboux, 1995; George & West, 1999). Since pathological mourning is an important variable in the present study, we pause briefly to consider the fearful/avoidant adult attachment style category. As we have discussed in detail elsewhere (George & West, 1999), the self-reported fearful/avoidant attachment style is assumed to be the adult equivalent to attachment disorganization. Researchers studying attachment style have treated these features, defined by high avoidance combined with high anxiety, as equating with avoidant/ambivalent (A/C) behavior, a form that has been observed in some disorganized children. This reasoning is open to question, however, because the A/C pattern is *not* the core feature that defines attachment disorganization. Rather, disorganized attachment in children is characterized by the lack of a coherent attachment strategy and only a very small number of these children show A/C behavior. It is also difficult to make an argument about the meaning of an adult's attachment style based on infant behavior. Although attachment behavior is thought to be guided at the representational level (Bowlby, 1969, 1973; Main, Kaplan, & Cassidy, 1985), behavior and representation are not isomorphic.

Most of the evidence for the linkage hypothesis comes from research that uses the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984/1985/1996) to operationally define attachment status. During the course of the AAI, the individual is asked to respond to a series of theoretically guided questions designed to elicit an account of past experiences and reflections on the effects these experiences have had on development and present functioning. Attachment status is evaluated based on narrative evidence of the individual's current state of mind with respect to attachment at the time of the interview. According to attachment theory, the individual's attachment status is the product of his or her internal working model (IWM) or representation of attachment (see Bretherton & Munholland, 1999; Main, 1995, for detailed

descriptions of this process). Researchers' actual use of the AAI to designate attachment status varies. Some researchers designate three adult attachment groups (secure, dismissing, preoccupied); others use a four-group approach that adds the 'unresolved' attachment group. An individual judged unresolved on the AAI identifies a mental state of continued mourning (Main & Goldwyn, 1994), a quality of disordered mourning that is best likened to Bowlby's concept of 'chronic mourning'. Thus, the four-group approach allows researchers to examine hypotheses with regard to pathological mourning.

Studies using the three-group approach have consistently supported Bowlby's general notion that ambivalent (i.e. preoccupied) attachment is linked to depression or depressive symptomatology. Cole-Detke and Kobak (1996) and Patrick, Hobson, Castle, Howard and Maughan (1994) reported similar attachment distributions among symptomatically depressed and dysthymic individuals (4 secure, 6 preoccupied, 4 dismissing; and 2 secure, 4 preoccupied, 6 dismissing respectively). In a large-scale study of adult inpatients with major depression or dysthymic diagnoses, Fonagy and his colleagues (Fonagy *et al.*, 1996) reported that 57% of their sample was classified as preoccupied.

The results of studies that include the unresolved attachment group are inconsistent. For example, Rosenstein and Horowitz (1996) found preoccupied attachment over-represented in clinical adolescents diagnosed with depressive disorder. Fonagy *et al.*, (1996), in the afore-mentioned study, reported that 72% of this sample was classified unresolved. Tyrrell and Dozier (1997), however, reported that half of their sample of six individuals diagnosed with major depression was judged secure.

The process of integrating the findings of all of these studies is complex and leads to difficulties in interpretation. There are a number of factors that account for the discrepancies in these results. First, as noted above, researchers have used different approaches to define insecure attachment, even when they have used the same method of assessment. In this regard, it should be noted that individuals classified as unresolved on the AAI using the four-group approach may be classified as secure, dismissing, or preoccupied when the three-group approach is used. This classification overlap makes it difficult to integrate the results of the above studies. Second, depression has been measured by researchers in two strikingly different ways: studies that defined depression as a clinical disorder have used diagnostic interviews. Third, there are strong sample limitations in some studies. For example, the Patrick *et al.* and Tyrrell and Dozier studies reported findings based on very small sample sizes, which is especially problematic for analysis by gender. This is an unfortunate limitation as previous studies have reported gender differences in AAI classifications within clinical populations (Adam, Sheldon-Keller, & West, 1996; Rosenstein & Horowitz, 1996).

Depression and agency of self

In order to account for their failure to support Bowlby's hypothesis relating depression to disordered mourning, Harris and Bifulco (1991) introduced the dimension of helplessness, discussing the ways in which helplessness is related to attachment styles and the activities and states of the self-system. Although feelings of helplessness have long been implicated in distorted cognitive processes associated with depression (see Abramson, Seligman, & Teasdale, 1978; Peterson & Seligman, 1984), it is not clear how these cognitive aspects are related to insecure attachment at the level of representation. We propose that the recent attachment concept of 'agency of self' may be used to

supply a point of identity between cognitive sets such as helplessness and representational patterns of insecure attachment and, thus, appears to be highly relevant to understanding the link between ambivalent attachment and depression. As detailed below, agency of self embraces the capacity to act in the world, the use of relationships to re-establish attachment equilibrium, and the capacity to enter and actively explore one's IWM of attachment (George & West, 2001). Below, we expand on what we see as different representational degrees of agency, in particular, an absence of agency of self that we believe is analogous to the cognitive concept of 'helplessness'.

It is a familiar idea from Bowlby (1980) that mental health requires the ability to engage in some degree of conscious evaluation and reorganization of attachment-related experiences; in other words, the dimension of agency of self as indicated by the exploration of one's own IWM of attachment is critical to mental health. That conscious access to distressing attachment experiences provides a means for internal reorganization is empirically supported by Fonagy *et al.*'s (1996) study of reflective self-function and the outcome of psychotherapy. In brief, Fonagy *et al.* found that ratings of individuals' capacity to represent mental states in others and themselves were significantly associated with the extent of symptomatic improvement following a course of intensive psychodynamic therapy.

If, therefore, the examination and re-categorization of past attachment experiences (i.e. agency of self) underlies the coherence and continuity of the self, it seems proper to ask what implications the failure of this aspect of the self's agency may have with regard to depressive disorder. With respect to anxious or insecure attachment (dismissing or preoccupied), we have found that these two groups can be distinguished by varying degrees of failure of agency of self (George & West, 2001). Because dismissing individuals, through deactivating defensive strategies, attempt to minimize, avoid, or neutralize difficulties related to attachment experiences, these individuals engage in little inner representational elaboration of these experiences. At the same, however, they depict their phenomenal self as independent and strong, a depiction that underpins a capacity to act which makes them believe that they can act in an effective manner. In essence, then, dismissing individuals fail to explore their internal world of attachment but view themselves as capable of taking action (e.g. engaging in a specific activity). Harris and Bifulco (1991) showed that self-sufficiency appears to serve to protect individuals from the development of depressive disorder. We propose that self-sufficiency affords such protection because dismissing individuals mentally represent agency of self in terms of taking action on one's own behalf.

In contrast, preoccupied individuals are unable to separate themselves from their attachment experiences, and the topic of attachment (including all of the details and emotions that accompany it) is open for discussion. As a result, they risk being chronically overwhelmed by attachment. It has been shown that preoccupied individuals attempt to defend against this risk through the use of cognitive disconnection, a defensive strategy that attempts to disconnect affect, experience, and detail from its source (George & Solomon, 1999; Solomon, George, & DeJong, 1995). As is often the case, the defensive process itself becomes a form of maladaptation; cognitive disconnection is so disruptive that it results in a loss of agency of self (George & West, 2001). Attachment experiences of preoccupied individuals are never fully integrated into their own representations of attachment, leaving them to continually 'worry the wound'. That is, they turn again and again to the microscopic details of attachment experiences and feelings in a futile and frustrating attempt to achieve a coherent identity. Because of an undeveloped sense of identity, preoccupied individuals are left unable to explore their

internal world of attachment and they behave with little conviction that they can make things happen. In essence, then, in comparison with the capacity-to-act form of agency of self that characterizes dismissing individuals, preoccupied individuals typically show no agency of self. Thus, devoid of agency of self, preoccupied individuals are especially at risk for depression.

Depression and unresolved attachment

How to conceptualize the relation between unresolved attachment and depression is a more complicated matter. Although Bowlby (1980) certainly considered that the emergence of disorganized behavior that accompanies disordered and unresolved mourning placed the individual at risk for depression, how unresolved attachment and depression are to be conceptualized remains an open question.

To begin to answer this question, we need to direct our attention to the structure of the AAI because, as we stated earlier, attachment researchers designate unresolved attachment status based on the discourse analysis of the AAI. The secure, preoccupied and dismissing groups represent current states of mind with respect to the entire history of the individual's attachment experience. By contrast, the unresolved classification is based on the state of mind with respect to a specific traumatic experience (loss or physical, sexual or emotional abuse). Unresolved attachment status is designated in cases where individuals demonstrate strong lapses in reasoning about the traumatic events (e.g. disbelief that the attachment figure is dead; believing the self to be the cause of physical abuse) or marked instances during the interview when they fail to monitor meta-cognitively how they are speaking about these events (e.g. disoriented speech; unusual attention to detail; psychologically confused statements – Main & Goldwyn, 1994). It is the quality of these lapses, rather than the events *per se*, that determines whether or not individuals are judged unresolved. Some individuals judged unresolved appear to recover, so to speak, during the interview and become fairly well organized in their thinking about attachment (e.g. individuals whose alternative classifications are secure or dismissing). Others remain overwhelmed by attachment in general (e.g. individuals whose alternative classifications are preoccupied). Given the variations in unresolved status, we believe that it is the underlying preoccupied organization of mental representations of attachment, and not the detection of 'unresolved' lapses in reasoning or discourse in and of itself (i.e. the unresolved attachment classification), that is associated with the risk for depression.

The current study

The current study examined the association between adult attachment status and dysthymic disorder in women. In writing about the link between attachment and depression, Bowlby was concerned with clinical manifestations of depression. Thus, this study focuses on a clinical form of depression rather than depressive symptomatology. We chose dysthymia because it has a 5% prevalence rate in community samples and is preponderant in females after adolescence (Regier *et al.*, 1988). Additionally, dysthymia is particularly persistent and leads either to significant impairment in social and occupational functioning or to subjective distress.

Based on the aforementioned considerations of the underlying qualities of the mental representations associated with attachment insecurity (dismissing, preoccupied, unresolved), we expected that dysthymia would be most prevalent in women

with insecure adult attachment status. Most specifically, though, we expected there would be a greater prevalence of dysthymia found in women judged preoccupied as compared with women judged dismissing or unresolved.

METHOD

Participants

All of the women in this study were drawn from the Grace Hospital Women's Health Centre in Calgary, Alberta. These participants were recruited from July 1995 to May 1996 through an announcement in the *Women's Health Resources* newsletter, which invited participation in psychological research. There were 554 women who expressed interest in the study by calling the research office. These 554 individuals were mailed a brief questionnaire to determine their eligibility for inclusion in the study and 126 women were excluded from it (70 because they did not meet the inclusion criteria of being between 18 and 65 years of age and having an attachment relationship that had been sustained for at least a year and 56 because they lived outside the urban community of Calgary). Ethical approval for this study was obtained from the Conjoint Medical Research Ethics Board of the University of Calgary.

Of the remaining 428 individuals, 8 declined participation in the study, leaving 420 women in the final participant sample. The mean age of the women in this sample was 45.1 years ($SD = 9.0$). The majority of women were currently living with their attachment figures: 89% of them were either married or living with their partner, while 11% were either single, separated or divorced. The mean duration of the attachment relationship was 19.1 years ($SD = 11.9$). Of the 420 women 86% had completed at least some post-secondary education (39.9% had some community college or university, 32% were university graduates and 14.5% had completed post-graduate studies).

The Centre for Epidemiological Studies Depression scale (CES-D; Radloff, 1977), a self-report measure of the frequency of occurrence of 20 depressive symptoms scored on a 0-to-3 scale, was used to define depressive symptomatology. The CES-D cut-off score of 16 or above identified 129 women with depressive symptoms.

Diagnoses of all current and past episodes of depression and other mental disorders were based on information gathered from these 129 women in a structured interview using the Structured Clinical Interview for DSM-III-R-non-patient edition (SCID-NP; Spitzer, Williams, Gibbon, & First, 1990). Elevated rates of co-morbidity for dysthymia (typically major depression, anxiety, substance abuse, and bipolar disorder) have been reported in community samples (Weissman, Leaf, Bruce, & Florio, 1988; Mezzich, Ahn, Febrega, & Pilkonis, 1990; Rohde, Lewinsohn, & Seeley, 1991). Of the 129 women interviewed, 24 women with minor depression of at least two years' duration and no other mental disorders were classified as having experienced dysthymia according to DSM-III-R criteria and were administered the attachment instrument described in the measurement section below.

Measures

Demographic Questionnaire The 24 women described above completed a brief sociodemographic questionnaire and the Adult Attachment Projective to assess

attachment status. The questionnaire identified the following variables: age, education, marital status, present living arrangements, and duration of the attachment relationship. This questionnaire also asked participants to identify if they had experienced childhood loss through death or physical or sexual abuse.

Adult Attachment Projective The Adult Attachment Projective (AAP: George, West, & Pettem, 1997; for more extensive discussions see George & West, 2001 and George, West, & Pettem, 1999) is a method of assessing attachment in adults based on the analysis of their responses to a set of attachment-related drawings. During the procedure, the individual is presented with eight pictures and asked to make up a story to each picture. The AAP begins with a neutral, warm-up picture of two children playing ball, followed by seven attachment scenes. Some of the scenes depict potential attachment dyads. Other scenes depict individuals as alone. The pictures are administered as follows: Child at Window – a child looks out a window; Departure – an adult man and an adult woman stand facing each other with suitcases positioned nearby; Bench – a youth sits alone on a bench; Bed – a child and a woman sit facing each other at opposite ends of the child's bed; Ambulance – a woman and a child watch someone being put on an ambulance stretcher; Cemetery – a man stands by a grave-site; and Child in Corner – a child stands askance in a corner with hand and arm extended.

Each transcript is coded on eight scales grouped under the three major categories of discourse, content and defensive processing. Discourse codes evaluate *Personal experience* and *Coherency*. *Personal experience* indicates whether or not the individual's stories include statements regarding his or her own life experiences. *Coherency* assesses each story's overall coherence by evaluating quality, quantity, relation, and manner (paralleling coherence rating for the AAI). These coherency dimensions are collapsed and overall coherency is designated according to a 3-point scale.

Content codes include *Agency of self*, *Connectedness*, and *Synchrony*. *Agency of self* is coded for the 'alone' pictures and connectedness only for the Window and Bench 'alone' pictures. *Synchrony* is coded for all the 'dyadic' pictures. The *Agency of self* code takes one of four forms: internalized secure base (willingness to engage in self-reflection), haven of safety (capacity to use relationships in order to re-establish attachment equilibrium), capacity to act (ability to effect change), and no capacity to act (remaining alone or not taking steps toward effective action). *Connectedness* assesses the desire or ability of the story character to be in relationships or to interact with others. *Synchrony* assesses the degree to which the story characters are portrayed in a reciprocal and mutually engaging relationship.

Finally, the AAP codes for three forms of defensive exclusion: *deactivation*, *cognitive disconnection* and *segregated systems*. *Deactivation* is evidenced in content by negative evaluation, rejection, social roles and references to power and achievement and in process by minimization, demotion, shutting down the story, and use of distancing language. *Cognitive disconnection* is evidenced by ambivalence and preoccupation shown in content by uncertainty, withdrawal, anger and entanglement and in process by story themes taking opposing directions, glossing over, literal, very detailed descriptions of scenes, and use of passive language. *Segregated systems* are evidenced by content in which is danger, failure of protection, helplessness, being out of control, emptiness, and isolation, and odd, disturbing material is present. *Segregated systems* are also evidenced by stories that contain material coded as dissociation (e.g. talking to the deceased), intrusion of traumatic material from the

participant's own life story, or constriction (e.g. the refusal or inability to make up a story).

Upon evaluating the narrative using these codes, one of four attachment classifications is assigned. Individuals classified as secure are characterized by little use of defensive processes, moderate-to-high discourse coherence, and clear self–other boundaries in their stories. Their story themes reveal the desire to be connected to others, agency of self (particularly the internalized secure base and haven of safety forms) and mutually satisfying dyadic interactions. Individuals classified as dismissing rely heavily on the deactivation form of defensive exclusion in their stories. Their story themes reveal the desire to be connected to others, agency of self (particularly the internalized secure base and haven of safety forms) and mutually satisfying dyadic interactions. Individuals classified as dismissing rely heavily on the deactivation form of defensive exclusion in their stories. Consequently, their narrative responses range from moderately coherent to incoherent and they too tend to maintain self–other boundaries in their stories. Their stories are frequently devoid of direct attachment content. Irrespective of the presence or absence of attachment themes, however, the story characters are typically depicted as able to take action themselves. Descriptions of sensitive interactions are absent: either characters follow a stereotypical social script or characters are described as being rejected by others. Individuals classified as preoccupied use the cognitive disconnection form of defensive exclusion in their stories. As the result of this form of defense, story lines are contradictory, there is a plethora of detail, and much stumbling and uncertainty prevail, resulting in marked incoherence. Their stories are also typically marked by non-connectedness, and an absence of any form of agency of self and synchrony. Frequently, as well, self–other boundaries are violated and personal references invade their stories. Individuals classified as unresolved fail to contain, or 'resolve', indications of segregated systems that emerge in the stories (e.g. fear, harm, death, extreme helplessness). The stories are judged unresolved because segregated systems material lingers on due to the fact that characters are unable to implement agency of self in the form of protection by others, internalization, or the capacity to take meaningful action.

Interjudge reliability and convergent validity between AAP and AAI classifications have been established (George & West, 2001). In a validation study of 75 individuals, predominantly women, AAP interjudge reliability for secure vs. insecure classifications was .93 ($\kappa = .73$, $p < .000$); interjudge reliability for the four major attachment groups was .86 ($\kappa = .79$, $p < .000$). AAP–AAI convergence for secure vs. insecure classifications was .95 ($\kappa = .75$, $p = .000$); convergence for the four major attachment groups was .89 ($\kappa = .84$, $p = .000$).

Each AAP of the 24 women in the present study was audiotaped and the tapes transcribed verbatim. Two coders, who were uninformed of all other information about the participants, coded the transcripts independently. These two coders agreed at 92% level for the four-category scheme and 100% for the three-category scheme.

RESULTS

Preliminary analyses assessed the relation of age, level of education and current living arrangements to AAP attachment classification. None of these characteristics was related to overall attachment classification.

The distribution of attachment status in this sample was as follows: 2 (8%) were

Table 1 Attachment classifications of dysthymic-reporting women

Attachment group	First category	
	<i>n</i>	%
Ud*	4	17
F	2	8
Ds	4	17
E	14	58
Total	24	100

Key: *Preoccupied (E) was the forced second category for the 4 Ud women.

autonomous (F); 4 (17%) were dismissing (Ds); 14 (58%) were classified as preoccupied (E); and 4 (17%) were unresolved (see Table 1). We judge alternative classifications for the unresolved group by examining an individual's patterning of deactivation and cognitive disconnection on the AAP. All of the unresolved women were judged alternate preoccupied (U/E). Thus, if the three-category system is used, the prevalence of Es in the sample rises to 18 (75%).

The low prevalence of autonomous attachment (8%) among dysthymic women is consistent with rates (8%) reported in clinical samples but the prevalence of preoccupied attachment in this sample (58%) is dissimilar to rates reported by others (25% by Bakermans-Kranenburg & van IJzendoorn, 1993). Gender-specific differences in attachment status have been previously reported in clinical samples with dismissing attachment characteristic of insecurity in males and preoccupied attachment in females (Dozier, 1990; Rosenstein & Horowitz, 1996). These gender differences in AAI categories may, in part, account for the overrepresentation of preoccupied attachment in this sample of dysthymic women.

Drawing from the demographic questionnaire, we were able to determine the proportion of our sample that reported childhood loss or trauma (physical or sexual abuse). Three of the 24 participants (17%) had experienced trauma in the form of sexual abuse. Abuse experience was regular, it occurred throughout the late childhood and early adolescent years, it ranged from fondling to penetration, and a single family member was the perpetrator in all cases. Only 2 individuals (17%) reported loss of an attachment figure before the age of 18 and 8 individuals (30%) experienced the loss of a close loved one in adulthood.

The strong association between dysthymic disorder and the preoccupied category is evidenced when we now consider some of the ways in which preoccupied attachment is shown in AAP responses. Additionally, because the AAP is a new measure, these examples may be helpful to demonstrate some of the features of the coding process. To highlight the distinctive features of preoccupied attachment, we consider three stories that pertain to the same picture – Bench.

Story 1

Hmm . . . well it looks like a – park bench – so hum – you know she's – wanted to get away – from something – wanted to – maybe wanted to be outdoors I don't know not necessarily but just wanted to be away from – ahh – whatever

has happened. Well I'm trying / I'm tryin' to think of of what . . . I can't imagine myself in that situation though because – uhm – if I go outside uhm – because I'm upset er you know because something has happened that bothers me – I go outside to sort of / you know look at the clouds or look at the the river or uhm – I wouldn't go outside and uhm – eh you know and then cry and hide from from nature cuz nature – sort'a comforts me. Uhm – so this / you know this person has some kind of experience that that's not one for me. So I don't know / maybe she's had a huge fight uhm – with somebody at home – an' let it out. [INTERVIEWER: *What do you think might happen next then?*] Somebody may come along and uhm – find her – you know? Somebody may have have ahh – come along to try an' an' fix things up. or – she could be there for a long time or she could – she may go back – she may go somewhere else.

Story 2

Looks like a woman, a teenager or an adult woman – either thinking very deeply about something or that is emotionally upset and they just want to be by themselves in the park? . . . [INTERVIEWER: *What might have led up to this?*] Something or something in their life or the family (hmm) family, family situation or uhhh trouble at work er not being able to get the work done in the period of time or ahh a relationship with a friend, male or female, or a lover it's something they need to be by themselves stay there an' think it out, she'd stay there and think it out or cry it out er / feel a release from sitting there and then go back home and carry on with what she was doing [INTERVIEWER: *Anything else come to mind?*] No, but that's what I do I go sit by myself when I need to.

Story 3

She's just had an experience. I don't know what type of experience. It's just been an experience that made her think and she's been out walking. I don't know, and she's come across the bench that overlooks, not water, but kind of a hill or something, and there's, there's other people walking by, but they're pretty sporadic, and she's just sort of, really introspective right now, and contemplating thoughts and feelings and emotions, and just um, just all with regards to this experience. I mean it could be an experience. It's just, I mean it's one of those, it's not like a boyfriend breakup, it's not uh, it's just a sort of a coming to terms of herself experience, and she's just being, it's something has happened that's really brought out her own stuff and she's getting that. That's what she's doing, she's going inside being kind of introspective. She's going to stay here for a while, just sort of be and, she's gonna, you know, just look out emptily, and and maybe come back to this position, but probably not. She'll stay in this position for a little bit, and stare out for maybe about 20 minutes in sort of a a meditative state, and then just, you know, she'll slowly make her way back to home or wherever it was that she was, and just, it's going to be a series of . . . She's not going to come to terms with anything, but she's going to be on her journey of what she needs to come to terms with.

In the three preoccupied stories, a generalized emphasis on the defense of cognitive disconnection results in severe confusion and ambivalence. As one follows these

stories, one sees the uncertainty-laden ways in which they are put together. Consequently, coherence is adversely affected as opposing themes are juxtaposed (quality), phrases and ideas are repeated (quantity), personal references are made (relation) and jargon, unfinished thoughts and vagueness are encountered (manner). Uncertainty is particularly evident in the floundering to the ending of Story 1 in which three possibilities are offered: (1) somebody helps her, (2) she stays there for a long time, or (3) she goes somewhere else. Story 2 is also noteworthy for uncertainty as the individual vacillates about the identity of the character and offers multiple story-line possibilities ('family situation', 'trouble at work' or 'relationship with a friend, male or female, or lover'). After being unable to decide as to whether the character will 'think it out' or 'cry it out', the story ends with the glossing-over statement 'carry on with what she was doing'. The psychobabble-filled discourse in Story 3 ('a coming to terms of herself experience', 'she's going to be on her journey') utterly fails to conceal the underlying incapacity to seize upon more exact and productive meanings. In the end, agency of self in the form of internalized secure base, haven of safety or even the capacity to act is notably absent in all three stories.

We next present two stories that also pertain to the Bench picture, here in illustration of secure attachment; they offer the reader a comparison with the preoccupied stories.

Story 4

She feels separated from her classmates and that's why no one else is around. And she's um kind of depressed because she doesn't know what to do and she's just trying to figure everything out. [INTERVIEWER: *What do you think led up to that scene?*] She might have been, she might be um introverted to begin with which makes it harder for her to make friends or she might have had a fight with a friend who um retaliated. [INTERVIEWER: *What do you think might happen next?*] Um she'll probably get through it and find someone to hang out with at least one person who feels alone too.

Story 5

It's ah, this person ah is like all by themselves and ah completely isolated and just got into ah really big fight with their parents and ah just she doesn't want to be with anybody right now, she just wants to be by herself and ah and mope but she doesn't realize that if she would associate with others that things would get better. And she'll realize this, once she realizes this she's going to go out and break down that wall and talk to other people. [INTERVIEWER: *Anything else?*] Nope.

Central to the AAP Bench stories of secure individuals is that characters are portrayed in activities of internal exploration (internalized secure base) or as seeking comfort and protection from others (haven of safety). We note that the characters' problems are not necessarily resolved nor are they described as necessarily happy or less lonely as the result of this activity. Resolutions that remedy sadness and loneliness are not central to attachment theory. Rather, what is important is that these characters are described as engaging in activities that explore the core of the self or seek out others for attachment comfort without any indication that these activities have failed or been rebuffed. Compared with the jargon-like references to states such as 'introspection' in

the preoccupied stories, we see in Story 4 that the girl's activity on the bench centers on 'trying to figure everything out'. In Story 5, exploration of the self is revealed in the girl's personal realization, the result of which is a transformation from isolation to a renewed connectedness to others. This theme contrasts with Story 3 in which attempted internalization ('coming to terms with herself') clearly ends in failure. These stories are moderately to highly coherent and, once the attachment problems are identified clearly, the story moves forward to completion.

DISCUSSION

Prior to our discussing the results of this study, the variations found in depression with the self-report measure and the diagnostic interview warrant comment. The finding in the current study that the majority of women who scored high on the CES-D did not meet diagnostic criteria for dysthymic disorder is consistent with previously reported findings (Fechner-Bates, Coyne, & Schwenk, 1994; Roberts & Vernon, 1983). Furthermore, there is evidence that the psychosocial factors that correlate with self-report measures of depressive symptoms are different from the correlates of depressive disorder (see Coyne & Downey, 1991), and this raises the question as to whether similar differences might be found in the distribution of attachment classifications according to the ways in which depression has been variously measured in previous studies.

We first hypothesized that preoccupied attachment would be associated with the diagnosis of dysthymia in women. Consistent with our prediction, we found that 58% of the 24 women with a diagnosis of dysthymia were classified as preoccupied. This result is consistent with Cole-Detke and Kobak (1996), Rosenstein and Horowitz (1996) and Fonagy *et al.* (1996). More generally, consistent with our predictions and the findings of most other researchers, the majority of women with dysthymia were judged insecure (92%).

We also hypothesized that dysthymia would not be associated with unresolved attachment. Our predictions were again supported. This result differs from the findings of Fonagy and colleagues, who reported 72% of depressed adult inpatients were unresolved. This proportion stands in contrast to only 17% judged unresolved in our study. Given the strong link proposed by Bowlby between the experience of loss and depression, we examined our data set to see how many participants had indeed experienced loss, irrespective of their unresolved status. We also examined our data set for experiences of trauma. Fonagy *et al.* reported that a sizeable number of their sample of inpatients had experienced either sexual or physical abuse (53 [65%] of 82 participants) or loss through death of an attachment figure (77 [94%] of 82 participants). In contrast to Fonagy *et al.*'s participants, only a very small minority of the depressed women in our study had past experiences of trauma. It could be argued that unresolved attachment status might impact upon the severity of depression and thus the probability of inpatient admission, and thereby lead to a significant unresolved attachment bias in the Fonagy *et al.* sample. Bowlby's views regarding loss and depression were similarly influenced by his focus on clinical patients. Our findings suggest, though, that loss is not as clearly linked to depression as Bowlby had assumed when non-clinical individuals are the focus of inquiry.

The present findings contribute to the broader discussion of the psychological processes that underlie the relation between preoccupied attachment and depression. According to Bowlby (1973, 1980), the precursor experiences of preoccupied attachment

in adulthood is likely to consist of contradictory and unpredictable caregiver responses to the child's attempts to establish safety and security within the attachment relationship. He cogently argued that the experience of extended interactions with a caregiver whose behavior is unpredictable and highly conflicting contributes to the development of multiple and incompatible models of self. As a result of such incompatible models, and under the dominating influence of uncertainty, information from the attachment system is never integrated to form a coherent internal representational world. Because the agency of the self is extended and strengthened when coherence is created, the preoccupied individuals' failure to achieve the integration of attachment experience, memories and affect contributes to an overwhelmed or lost sense of efficacy of the self. From this perspective, then, depression represents a basic reaction to the sense of frustration experienced by preoccupied individuals in their efforts to achieve an internally coherent representation of attachment. Further, it is likely that this mental state contributes to what cognitive psychologists have portrayed as helplessness in depressed individuals.

When we speak of ambivalence and cognitive helplessness at the representational level, we are referring to the underlying uncertainty in thought and absence of reflectiveness evident in the preoccupied individual's discourse. As seen in the example stories we presented earlier, when uncertainty and ambivalence invade and pervade discourse, we may expect unfinished thoughts, empty phrases, wandering off the topic and glossing over to be more or less conspicuous. In these vague and empty aspects of discourse, we see in the story's action the lack of agency of self. Among the various specific AAP forms this lack of agency may take, the following are common: story characters do not enter and actively explore their internal models of attachment; characters do not use relationships for support or exploration; and characters are not portrayed as able or confident in making things happen. Viewed broadly, the preoccupied individual's psychic functioning belies a lack of movement in the direction of understanding, integration or empowerment. Altogether then, the inability of the preoccupied individual to take steps to effect a transformation of the self means that the self stays the same, with a sense of futility and a depressive lowering of self-esteem the inevitable consequences.

Several limitations qualify the findings of the present study. The results must be accepted with caution, as the number of dysthymic women in the study is less than ideal. This study is cross-sectional; therefore, the temporal relationship of attachment organization to dysthymic disorder is not known. It could be speculated that a woman's depressive disorder might influence her responses to the scenes depicted in the AAP. In turn, it is possible that recovery from depression might cause a change in these responses. Additional work is needed to explore such possibilities. Further, we acknowledge that the sample is comprised of volunteers and caution against generalization to non-volunteer samples. On the other hand, the 5% prevalence rate of dysthymia in our community sample is consistent with the rates reported in large community-based epidemiologic studies (Regier *et al.*, 1988), and suggests that it is reasonable to extrapolate the findings to women in other community samples. Finally, in the applying of these findings to an etiological model, attachment variables need to be considered in relation to other risk factors for depression.

Within these limitations, the results of this study provide compelling evidence that mental representations indicative of preoccupied attachment may be important underpinnings associated with dysthymic disorder in women. These data complement prior findings (Cole-Detke & Kobak, 1996; Rosenstein & Horowitz, 1996) indicating a

relation between preoccupation and depression. Importantly, these findings highlight the relevance of a theoretical description of preoccupied attachment that focuses on the lack of agency of self.

Finally, the findings of this study suggest that the Adult Attachment Projective is an important new tool for assessing mental representations of adult attachment status. Classification of adult attachment using the AAI is based on analyses of individuals' accounts of childhood experience. Although the evaluation of childhood attachment experience and the transformation of experience over time are important in attachment theory and research, the AAI is not designed to evaluate other important constructs of the Bowlby–Ainsworth model. The AAP is unique in that it is the only representational measure that allows us to examine the attachment state of mind with regard to agency of self, the goal-corrected partnership, connectedness to others, and the organization and dysregulation of defense.

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REFERENCES

- Abramson, L. Y., Seligman, M. E. P., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*, 49–74.
- Adam, K. S., Sheldon-Keller, A. E., & West, M. (1996). Attachment organization and history of suicidal behavior in adolescents. *Journal of Consulting and Clinical Psychology, 64*, 264–292.
- Bakermans-Kranenburg, M., & van IJzendoorn, M. (1993). A psychometric study of the Adult Attachment Interview: Reliability and discriminant validity. *Developmental Psychology, 29*, 870–879.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a category model. *Journal of Personality and Social Psychology, 61*, 226–244.
- Bowlby, J. (1969[1982]). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation*. New York: Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness and depression*. New York: Basic Books.
- Bretherton, I., & Munholland, K. A. (1999). Internal working models in attachment relationships. In J. Cassidy & P. R. Shaver (Eds), *Handbook of attachment* (pp. 89–111). New York: Guilford Press.
- Carnelley, K. B., Pietromonaco, P. R., & Jaffe, K. (1994). Depression, working models of others, and relationship functioning. *Journal of Personality and Social Psychology, 66*, 127–140.
- Cole-Detke, H., & Kobak, R. (1996). Attachment processes in eating disorders and depression. *Journal of Consulting and Clinical Psychology, 64*, 282–290.
- Coyne, J. C., & Downey, G. (1991). Social factors and psychopathology: Stress, social support and coping processes. *Annual Review of Psychology, 42*, 401–425.
- Crowell, J. A., & Treboux, D. (1995). A review of adult attachment measures: Implications for theory and research. *Social Development, 4*, 294–327.
- Dozier, M. (1990). Attachment organization and treatment use for adults with serious psychopathological disorders. *Development and Psychopathology, 2*, 47–60.
- Fechner-Bates, S., Coyne, J. C., & Schwenk, T. L. (1994). The relationship of self-reported

- distress to depressive disorders and other psychopathology. *Journal of Consulting and Clinical Psychology*, 62, 550–559.
- Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., Target, M., & Gerber, A. (1996). The relationship of attachment status, psychiatric classification, and response to psychotherapy. *Journal of Consulting and Clinical Psychology*, 64, 22–31.
- George, C., Kaplan, N., & Main, M. (1984/1985/1996). *The Adult Attachment Interview*. Unpublished manuscript, University of California, Berkeley.
- George, C., & Solomon, J. (1999). Attachment and caregiving: The caregiving behavior system. In J. Cassidy & P. R. Shaver (Eds), *Handbook of attachment* (pp. 649–670). New York: Guilford Press.
- George, C., & West, M. (1999). Developmental vs. social personality models of adult attachment and mental ill health. *British Journal of Medical Psychology*, 72, 285–303.
- George, C., & West, M. (2001). The development and preliminary validation of a new measure of adult attachment: The Adult Attachment Projective. *Attachment and Human Development*, 3(1), 30–61.
- George, C., West, M., & Pettem, O. (1997). *The Adult Attachment Projective*. Unpublished attachment measure and coding manual. Mills College, CA.
- George, C., West, M., & Pettem, O. (1999). The Adult Attachment Projective: Disorganization of adult attachment at the level of representation. In J. Solomon & C. George (Eds), *Attachment Disorganization* (pp. 318–346). New York: Guilford Press.
- Hammen, C. L., Burge, D., Daley, S. E., Davila, J., Paley, B., & Rudolph, K. D. (1995). Interpersonal attachment cognitions and prediction of symptomatic responses to interpersonal stress. *Journal of Abnormal Psychology*, 104, 436–443.
- Harris, T., & Bifulco, A. (1991). Loss of parent in childhood, attachment style, and depression in adulthood. In C. Murray Parkes, J. Stevenson-Hinde, & P. Marris (Eds), *Attachment across the life cycle* (pp. 234–267). London: Routledge.
- Lyons-Ruth, K., & Jacobvitz, D. (1999). Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J. Cassidy & P. R. Shaver (Eds), *Handbook of attachment theory and research* (pp. 520–554). New York: Guilford Press.
- Main, M. (1995). Recent studies in attachment. In S. Goldberg, R. Muir, & J. Kerr (Eds), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 467–474). Hillsdale, NJ: Analytic Press.
- Main, M., & Goldwyn, R. (1994). *Adult attachment scoring and classification systems*. Unpublished manuscript, University of California, Berkeley.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds), *Growing points in attachment theory and research. Monographs of the Society for Research in Child Development*, 50(1–2, Serial No. 209), 66–104.
- Mezzich, J. E., Ahn, C. W., Febrega, H., & Pilkonis, P. A. (1990). Patterns of psychiatric comorbidity in a large population presenting for care. In J. D. Maser & C. R. Cloninger (Eds), *Comorbidity in anxiety and mood disorders* (pp. 189–204). Washington, DC: American Psychiatric Press.
- Murphy, B., & Bates, G. W. (1997). Adult attachment style and vulnerability to depression. *Personality and Individual Differences*, 22, 835–844.
- Patrick, M., Hobson, R. P., Castle, D., Howard, R., & Maughan, B. (1994). Personality disorder and the mental representation of early social experience. *Development and Psychopathology*, 6, 375–388.
- Peterson, C., & Seligman, M. E. (1984). Causal explanations as a risk factor for depression: Theory and evidence. *Psychological Review*, 91, 347–374.
- Radloff, L. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401.
- Rieger, D. A., Boyd, J. H., Burke, J. D., Rae, D. S., Myers, J. K., Kramer, M., Robins, L. N., George, L. K., Karno, M., & Locke, B. Z. (1988). One-month prevalence of mental disorders in the United States. *Archives of General Psychiatry*, 45, 977–986.

- Roberts, R. E., & Vernon, S. W. (1983). The Center for Epidemiology Studies Depression Scale: Its uses in a community sample. *American Journal of Psychiatry*, *140*, 41–46.
- Rohde, P., Lewinsohn, P. M., & Seeley, J. R. (1991). Comorbidity of unipolar depression: II comorbidity with other mental disorders in adolescents and adults. *Journal of Abnormal Psychology*, *100*, 214–222.
- Rosenstein, D. S., & Horowitz, H. A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting and Clinical Psychology*, *64*, 244–253.
- Solomon, J., & George, C. (1999). The place of disorganization in attachment theory: Linking classic observations with contemporary findings. In J. Solomon & C. George (Eds), *Attachment disorganization* (pp. 3–32). New York: Guilford Press.
- Solomon, J., George, C., & DeJong, A. (1995). Children classified as controlling at age six: Evidence of disorganized representational strategies and aggression at home and school. *Development and Psychopathology*, *7*, 447–464.
- Spitzer, R. L., Williams, J. B. W., Gibbon, M., & First, M. B. (1990). *Structured clinical interview for DSM-III-R-non-patient edition*. Washington, DC: American Psychiatric Press.
- Tyrrell, C., & Dozier, M. (1997). *The role of attachment in therapeutic process and outcome for adults with serious psychiatric disorders*. Paper presented at the biennial meeting of the Society for Research in Child Development, Washington, DC.
- Weissman, M. M., Leaf, P. J., Bruce, M. L., & Florio, L. (1988). The epidemiology of dysthymia in five communities: Rates, risks, comorbidity, and treatment. *American Journal of Psychiatry*, *7*, 815–819.

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