



A Bayesian analysis of the link between adult disorganized attachment and dissociative symptoms



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ABSTRACT

Research on disorganized attachment has indicated that for children, adolescents, and in early adulthood, dissociative symptoms tend to be associated with disorganized attachment. Additionally, empirical evidence has supported theoretical models suggesting that childhood maltreatment and concurrent abuse exacerbate the effects of disorganization, interacting to enhance dissociative effects. This literature is developmental in nature and does not make use of a self-report measure of disorganized attachment for adults, making it difficult to determine whether similar relationships exist in adulthood. We fill this gap, demonstrating to social and personality psychologists that a self-report measure of disorganization replicates the results for a community sample of adults. We employ a Bayesian approach to analyze our data.

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1. Introduction

Attachment theory was developed to help understand both relationships and psychopathology (Bowlby, 1973). The purpose of this article is to examine the linkages between adult attachment styles, including the disorganized attachment style (disorganization), and a form of psychopathology, dissociative symptomatology. Although attachment styles have been linked to dissociation in the literature on childhood, adolescence, and early adulthood, these studies have focused on infant measures of disorganization or adult measures assessed through the Adult Attachment Interview (AAI; Main & Hesse, 1990). Our study is embedded in social/personality psychology instead of developmental psychology and examines a self-report measure of disorganized attachment in adulthood. We predict dissociative symptoms in adults across a wide age range. Earlier studies that have relied on self-report measures such as the Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) of adult attachment style have not included a self-report measure of disorganized attachment.

Dissociative disorders are associated with dissociation of identity consciousness and memory (American Psychiatric Association, 2013). Three dimensions of dissociation are characterized as dissociative amnesia (lack of memory for situations or behaviors), absorption (engagement in an activity so as to lose awareness of one's surroundings), and depersonalization (a sense of being disconnected from one's feelings or body) (Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997). These

symptoms can be on a continuum from daydreaming to dissociative identity disorder (Ogawa et al., 1997). Dissociation has been linked to childhood trauma, abuse, or other family disruptions (Liotti, 2004; Ogawa et al., 1997).

In the developmental literature, symptoms of dissociation have been linked theoretically to unintegrated working models of attachment. Main and Hesse (1990) have suggested that exposure to trauma in childhood coupled with an unsupportive attachment figure leads to the development of incoherent models of both the self and the attachment figure. This leads to mental models that predispose individuals to dissociation. Liotti (2004) has proposed a vulnerability model in which a lack of a coherent self in infancy ultimately can lead to dissociation, depending on the level, type, and/or duration of stress endured in the intervening years. Lack of coherent self in the child allows for construal of self and attachment figures in a confused, fluid manner, with the child seeing the parent as either a rescuer (normal attachment dynamics) or a persecutor (if the parent frightens or causes trauma to the child), and perhaps even a victim (if the child sees itself as evil). Or the child could see itself and its parents all as victims, in need of protection (Liotti, 2004). Thus, in the child's mind, the self and other shift among three incompatible roles—rescuer, persecutor, and victim—and there can be no synthesis into a unitary cohesive structure. This lack of a coherent, integrated model of self and other—or, having a disorganized attachment style—is viewed as preceding development of dissociation. In Liotti's words, disorganization of attachment is “intrinsically dissociative” (Liotti, 2004, p. 479).

Infant, childhood, and adolescent trauma can all enhance the effect of having a disorganized attachment style, increasing the chances of developing symptoms of dissociation. Three longitudinal studies support

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the notion that disorganization in infancy is connected with dissociation later in life. First, [Ogawa et al. \(1997\)](#) found that infant disorganization was related to self-reported dissociation in adolescence and in young adulthood. Second, [Carlson \(1998\)](#) demonstrated that infant disorganization was associated with higher ratings of dissociation in elementary and high school students, and higher self-reports of dissociation in adulthood. Finally, [Dutra and Lyons-Ruth \(2005\)](#) also found that infant disorganization significantly contributed to dissociative symptoms at age 19. In addition to disorganization, other factors such as infant, childhood, or adolescent maltreatment sometimes contributed to dissociation, but the results were mixed. For example, in [Dutra and Lyons-Ruth's \(2005\)](#) work, five measures of these earlier form of maltreatment did not predict adolescent dissociation symptoms, but some forms of trauma were predictive in [Ogawa et al.'s \(1997\)](#) study. Importantly, [Ogawa et al. \(1997\)](#) found that concurrent abuse was an important predictor of dissociation in addition to childhood abuse.

1.1. Overview of the present research

This study presents the first investigation of adult self-report disorganized attachment and symptoms of dissociation. We also look at the effects of earlier childhood trauma and concurrent partner abuse to see how they might enhance or diminish any effects of disorganization in adulthood. Attachment anxiety and avoidance are included as part of our analyses, because earlier research has suggested that disorganized attachment exists alongside the organized forms of attachment style ([Paetzold, Rholes, & Kohn, 2015](#)). We hypothesize that adult disorganized attachment will be positively related to dissociative symptoms in adulthood, even when anxiety and avoidance are included in the analysis. Based on the existing literature, we also expect anxiety to be associated with symptoms of dissociation ([Calamari & Pini, 2003](#)). We make no predictions about avoidance because there is insufficient evidence in the literature to do so. Further, we predict that childhood trauma should moderate any relationship between adult disorganization and symptoms of dissociation because of [Liotti's \(2004\)](#) findings and because [Mikulincer and Shaver \(2016\)](#) suggest that personality disorders are more likely to occur in the presence of insecure attachment and a history of early trauma. We expect this interaction to indicate that the effects of disorganization on dissociative symptomatology are enhanced by higher levels of trauma. Finally, we examine the effects of partner abuse on symptoms of dissociation, where we predict that partner abuse should interact with adult disorganization to produce dissociative symptoms (when controlling for childhood trauma). The rationale for this is because dissociative symptoms can occur at any age, and thus can potentially be influenced by abuse or maltreatment at any time of life. We expect the interaction to indicate that concurrent abuse by a partner would be associated with a greater number of dissociative symptoms for larger values of disorganized attachment.

2. Method

2.1. Participants and procedure

We obtained data using Amazon's Mechanical Turk. Participants were 487 adults, at least 21 years old and U.S. citizens. Fifty-eight percent of the sample were female; most participants were white (79%), with only 9% identifying as African American, 5% as Asian American, and 3% as Hispanic. The average age was 34.1 years ($SD = 11.3$), with a range of 21 to 80. Fifty-one percent of our sample had earned a college degree, and 47% of participants were employed in a full-time job. Most participants (78%) were in a current dating or marital relationship. Participants were told that they would complete a survey about personality, important life events, and romantic relationships. Each participant received \$1 upon completion.

2.2. Measures

2.2.1. Adult disorganized attachment (disorganization).

Disorganized attachment was measured using the Adult Disorganized Attachment scale (ADA) ([Paetzold et al., 2015](#)). The ADA is comprised of 9 items, each rated on a 7-point Likert scale, from 1 (*strongly disagree*) to 7 (*strongly agree*). Participants were instructed to rate the items based on romantic relationships in general, not a specific relationship. Sample items include "Strangers are not as scary as romantic partners" and "It is normal to have traumatic experiences with the people you feel close to." Scores were averaged so that the maximum score for each participant was 7, with $M = 2.31$ and $SD = 1.24$ in our sample. Cronbach's alpha was 0.91.

2.2.2. Attachment styles

Attachment styles were measured using the ECR ([Brennan et al., 1998](#)). This scale consists of 36 items that measure two subscales, anxiety and avoidance. Cronbach's alphas for our subscales were anxiety (0.95; $M = 3.19$, $SD = 1.39$) and avoidance (0.95; $M = 2.91$, $SD = 1.30$). Participants rated how well each item described their feelings in close relationships in general. Each item was assessed on a 7-point Likert scale, from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores on each dimension indicated greater levels of anxious or avoidance attachment.

2.2.3. Childhood maltreatment experiences

Childhood neglect and experiences of maltreatment were assessed through retrospective report using the Child Trauma Questionnaire ([Bernstein et al., 1994](#)). The 25-item scale ($\alpha = 0.95$; $M = 43.1$, $SD = 19.83$) asked participants to rate how often they believed they experienced five components of childhood trauma: emotional maltreatment, physical maltreatment, sexual maltreatment, emotional neglect, and physical neglect. Items were rated on a 5-point scale, from 1 (*never true*) to 5 (*very often true*). Scores were summed across the subscales and had a possible range from 25 to 125, where higher scores indicated greater frequency and varieties of childhood maltreatment.

2.2.4. Partner abuse

We used the Assessment of Spouse Abuse scale ([Hudson & McIntosh, 1981](#)). This scale consists of 30 items scored on a scale from 1 (*never*) to 5 (*very frequently*). Sample items include "My partner punches me with his/her fists," "My partner insults or shames me in front of others," "My partner orders me around," and "My partner belittles me intellectually." Scores were totaled for each participant, with a minimum of 21 and a maximum of 137. Cronbach's alpha was 0.98. For our sample, $M = 42.34$ and $SD = 19.58$.

2.2.5. Dissociation

Dissociation was measured using the 28-item Dissociative Experiences Scale (DES) ([Bernstein & Putnam, 1986](#)). Sample items include "Some people have the experience of finding themselves dressed in clothes that they don't remember putting on," "Some people have the experience of looking in a mirror and not recognizing themselves," and "Some people find that they become so involved in a fantasy or day-dream that it feels as though it were really happening to them." Instructions ask participants to indicate the percentage of the time each experience happens to them when not under the influence of alcohol or drugs. Responses are provided on a scale from 0 to 10, with each value representing a percentage. Scores were averaged across items, so that they ranged from 0% to 100%. Cronbach's alpha was 0.97, with $M = 1.96$ and $SD = 1.81$.

3. Analysis

Bayesian multiple regression analysis was used in this study as a result of recent criticisms of frequentist or null hypothesis significance

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