



## CLINICAL REVIEW

# Sleep tight: Exploring the relationship between sleep and attachment style across the life span



G. Camelia Adams<sup>a,\*</sup>, Melissa A. Stoops<sup>a</sup>, Robert P. Skomro<sup>b</sup>

<sup>a</sup> Department of Psychiatry, University of Saskatchewan, Saskatoon, Canada

<sup>b</sup> Division of Respirology, Critical Care and Sleep Medicine, Department of Medicine, University of Saskatchewan, Saskatoon, Canada

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## SUMMARY

Based on early life experiences in which developmental, genetic, and environmental components interact, humans learn to trust themselves and others and connect emotionally in consistent ways that are broadly defined as “attachment styles.” These relatively stable patterns of interpersonal interaction are associated with either vulnerability to various health risks or resilience. Similarly, the mechanisms involved in sleep regulation undergo developmental changes that overlap temporally with attachment formation and remain sensitive to a series of biological, environmental and psychological influences. Interestingly, while sleep has been conceptualized as a fundamental attachment behavior given its dyadic context, few studies have explored its relationship with attachment style in various ages. We present the first systematic review of the published literature examining the relationship between attachment style and sleep in humans across the life span. While levels of evidence and methods of assessment vary significantly, the results suggest a possible life-long relationship between individual attachment style and sleep. These findings are particularly useful in understanding relatively ingrained psychological mechanisms that can affect and be affected by sleep. Clinical and research implications are discussed.

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## Introduction

Over the last decade, attachment theory has become an increasingly important paradigm for understanding various aspects of health. Psychosomatic research has shown that attachment style can influence health behaviors, such as treatment utilization and adherence, the ability to cope with stress and illness, and ultimately represents a form of resilience that plays a significant role in morbidity and mortality [1–8]. A myriad of studies have shown that attachment insecurity is a vulnerability that can predispose individuals to a wide range of psychological disorders, including mood and anxiety disorders, substance use disorders, personality disorders, and psychosis [9]. Despite the extensive literature

investigating the role of attachment style in various conditions pertaining to mental and physical health, very little attention has targeted its relationship to sleep. This lack of attention is surprising given the high prevalence of sleep difficulties and the contribution of sleep to mental health, morbidity and mortality. Sleep disorders are recognized as very common complaints, with more than 40% of the general population reporting at least one symptom of disturbed sleep [10]. Similarly, more than one third of working individuals in the United States experience disrupted sleep at a level which affects work performance and absenteeism [11]. Sleep difficulties are often accompanied by depression, anxiety and cognitive changes and their persistence is an established risk factor for subsequent mental illness and substance use disorders [12–14]. Difficulty falling or staying asleep and vivid or disturbing dreams are examples of the many sleep complaints reported by psychiatric patients. Still, very few studies have investigated the relationship between attachment styles and sleep disorders in the general population, and fewer still have done so in clinical psychiatric populations. In a very informative narrative review, Keller [15] has reviewed some of the published work, summarizing four adult studies and seven studies in children. Expanding on Keller’s work, we are offering the first systematic review of the published literature on the relationship

*Abbreviations:* AAI, adult attachment interview; ECR, experiences in close relationships; ECR-R, revised experiences in close relationships; NREM, non-rapid eye movement; PSG, polysomnography; PSQI, Pittsburgh sleep quality index; REM, rapid eye movement; SSP, strange situation procedure.

\* Corresponding author. Department of Psychiatry, Ellis Hall, Royal University Hospital, 103 Hospital Drive, Saskatoon, Saskatchewan S7N 0W8, Canada. Tel.: +1 306 844 1078; fax: +1 306 844 1504.

E-mail address: [gcg417@mail.usask.ca](mailto:gcg417@mail.usask.ca) (G.C. Adams).

between attachment style and sleep in humans across the life span. In contrast to Keller's work [15], our review also includes a brief review of studies on dreams and attachment [16,17]. We begin our review by discussing key concepts regarding attachment theory and sleep, including their progression throughout life. Next, we summarize and evaluate existing human studies investigating the relationship between attachment styles and sleep in all ages. Keeping in mind the conceptual and methodological limitations of the published literature, we review and discuss a few possible theoretical interpretations, while comparing and contrasting with the findings from animal studies. We conclude by suggesting research directions that might advance our understanding of this intricate and multidisciplinary field.

**Attachment style: theoretical models and measures**

Based on the joint work of John Bowlby (1907–1991) and Mary Ainsworth (1913–1999), attachment theory originated from careful observations of the relational world of children, especially with their parents, while taking into account the interaction between genetic and environmental factors [18–21]. According to Bowlby [19], attachment styles are formed from lived experiences, particularly the childhood experiences within one's family. He defined an "attachment bond" specifically related to the trusted relationship with an attachment figure, most commonly the mother, which is seen as a "safe haven" and "secure base" in times of need [18,19]. It is now believed that early attachment style, developed through bonds of mutual affection with the caregiver, becomes integrated into the child's interpersonal style and serves as a basis for all future emotional ties. These internalized representations of social bonds, also called "working models," lead to behavioral strategies used in close relationships. The activation of the attachment system under various threats leads to involvement of healthy or unhealthy coping strategies through attachment behaviors that are meant to re-establish a sense of safety.

While combining insights from multiple schools of thought, Bowlby and Ainsworth's attachment theory has proven eminently testable and highly useful for scientific and therapeutic purposes [9], leading to the development of numerous attachment measures [22]. For instance, Ainsworth et al. [21] developed the strange situation procedure (SSP) which is the gold standard procedure to determine attachment style in infants aged 11–18 mo. The assessment involves observations of infant behavior in a series of separations and reunions with the caregiver and in the presence of a stranger. Based on the analysis of these interactions in the SSP, three types of childhood attachment styles were initially defined:

- Secure: the child manifests distress after separation from caregiver, but recovers quickly and continues to show interest in the environment. The child is easily comforted by the parent after reunion, expresses joy and is able to return to the previous exploration. This type of attachment is generally promoted by consistent caregiving.
- Insecure-anxious (also called anxious-ambivalent or anxious-resistant): the child has difficulty tolerating separation from caregivers, uses hyperactivation strategies (i.e., intensely emotional) to obtain proximity to the caregiver and is hard to console during separation or upon reunion. This style tends to be associated with inconsistent caregiving.
- Insecure-avoidant: the child emotionally disengages using deactivation strategies (i.e., emotionally inhibited, minimal reactivity) and seems unaffected by the separation or reunion. It tends to be associated with dismissive or neglectful styles of caregiving.

Building upon the work of Bowlby and Ainsworth, Hazan and Shaver [23] were the first to examine adult attachment style by exploring the ways in which adults relate in romantic relationships. Similar to children's attachment, securely attached adults have positive views of themselves and their partners and are comfortable with intimacy and independence. Anxiously attached individuals, also called insecure-ambivalent or preoccupied, have less positive views of themselves and their partners, tend to be preoccupied with fears of abandonment, and generally use hyperactivation strategies (e.g., asking for reassurance, clingy) to obtain attention and the emotional support they need. Conversely, avoidant individuals are generally uncomfortable with closeness and intimacy and tend to use compulsive self-reliance and deactivation strategies (e.g., emotional withdrawal) when faced with relationship challenges [9]. More recently, Bartholomew and Horowitz [24] described a fourth type of adult attachment (i.e., fearful avoidant or disorganized) which combines elements of the anxious and avoidant styles in an unpredictable and almost chaotic manner (Fig. 1 illustrates the four adult attachment styles). Over the last three decades, numerous instruments have been developed to assess adult attachment style. The adult attachment types are widely accepted and are assessed with various instruments using either categorical or dimensional approaches. For a review of attachment measures, see Ravitz and colleagues [22].

**Attachment and sleep across the lifespan**

The attachment system is generally regarded as an inborn regulatory system with important implications for personality and social behavior, which is shaped primarily through interactions with the caregiver early in infancy [9]. By 6–8 mo, an infant's behavior shows the emergence of a "clear-cut" attachment style [25]. Studies have shown a moderate degree of stability in attachment style from infancy to adulthood and moderate to high stability throughout the adult years [9]. Still, while attachment styles tend to be relatively stable from childhood to adulthood, a certain degree of change can occur in response to new experiences. The stability of attachment style is due to the tendency to use pre-existing beliefs and expectations to interpret interactions in a close relationship. In addition, individuals tend to behave in ways that conform to their existing attachment style, which in turn reinforces their existing models [9]. However, cognitive models are open to revision in response to new experiences that challenge the validity of one's model [9]. For instance, a positive marriage, healthier relationships, or a skilled therapist can play a healing role in correcting maladaptive beliefs related to one's attachment

|                                  |                    | Model of Self<br>(Anxiety)  |  |
|----------------------------------|--------------------|---|--|
|                                  |                    | Positive<br>(Low)   | Negative<br>(High)   |
| Model of<br>Other<br>(Avoidance) | Positive<br>(Low)  | <b>Secure</b><br>Comfortable<br>with intimacy<br>and<br>autonomy.         | <b>Preoccupied</b><br>Preoccupied<br>with<br>relationships.        |
|                                  | Negative<br>(High) | <b>Dismissive</b><br>Dismissing of<br>intimacy.<br>Counter-<br>dependent. | <b>Fearful</b><br>Fearful of<br>intimacy.<br>Socially<br>avoidant. |

Fig. 1. Model of adult attachment styles based on Bartholomew and Horowitz [24].

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