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Pathological personality traits from ICD-11 and attachment – Comparison of 10 models of attachment dimensions

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Summary

Aim. The aim of the study was to analyze the relationship between personality disorders according to the new ICD-11 dimensional approach and attachment. To do so, we examined ten models of attachment and employed seven questionnaires.

Method. The study was conducted online and involved a non-clinical group of $N = 391$ (68% women, 30% men, and 2% – people who marked the "gender – other" category, aged 16–65 yeas; $M = 24.91$; $SD = 7.8$). Attachment was measured using seven questionnaires, and the Polish adaptation of the PiCD Questionnaire was used to measure personality disorders according to ICD-11.

Results. The regression analysis revealed a consistent picture of the relationship between insecure attachment (regardless of model) and personality disorders. "Negative Affectivity" and "Disinhibition" are associated with Anxious attachment, while "Detachment" and "Dissociality" with Avoidant attachment. "Anankastia" showed only a sporadic association with attachment.

Conclusions. Attachment (according to theoretical models formed in childhood) is significantly related to personality disorders in adults. In the conducted study, a coherent picture of this relationship was obtained thanks to the use of many conceptualizations and operationalizations of attachment.

Key words: personality disorders, ICD-11, attachment

Introduction

Attachment is treated as a predictor of personality disorders [1–5]. In the literature, there are many models of attachment and methods for measuring the variables distinguished in them, but in research, usually only one method is used to study at-

tachment, and this often differs between reports. Therefore, the results are difficult to compare. The purpose of this article is to overcome this limitation and apply a large set of attachment models and methods to obtain a comprehensive picture of relations that is not limited to just one model.

The new, 11th edition of the ICD classification [6], as in DSM-5 section III [7], abandons the categorical approach to personality disorders and introduces a dimensional approach. According to this approach, firstly the severity of the disorder is assessed and then its profile is determined using five pathological trait-domains (described in Table 1), called the Pathological Big Five by analogy to the so-called healthy Big Five.

Table 1. **Characteristics of pathological trait-domains in the ICD-11 classification of personality disorders [26]**

Tarit-domain	The core features
Negative Affectivity	A tendency to experience a broad range of negative emotions with an intensity and frequency disproportionate to a situation.
Detachment	A tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment), manifested in social withdrawal, indifference to people, and isolation, including avoidance of not only intimate relationships but also close friendships.
Dissociality	A tendency to disregard social obligations, conventions, and the rights and feelings of others; ruthlessness in obtaining one's goals.
Disinhibition	A persistent tendency to act recklessly based on immediate (external or internal) stimuli without consideration of potentially harmful consequences.
Anankastia	A narrow focus on one's rigid standard of perfection and/or of right and wrong, and on controlling one's own (and others') behavior to ensure conformity to the individual's particularistic ideal.

Study of the determinants of personality disorders in dimensional terms means looking for predictors of the severity of pathological trait-domains and is also possible in the non-clinical population. One such predictor is attachment [1–5].

John Bowlby is the originator of attachment theory. According to him, everyone has an internal model of attachment, which is a pattern of behavior in interpersonal relationships, and is formed on the basis of relations with the figure of attachment (most often the mother). This is then generalized to relationships with other people [8, 9]. It is possible to form an adaptive attachment style, called a secure style. However, it is also possible to form an insecure attachment style when the needs of the infant are not met. In the literature, there are many models that conceptualize and operationalize attachment in detail. In earlier models, attachment styles were distinguished as categories that were attributed to the diagnosed person [8–11]. Recently, in the conceptualization of attachment, there has been a similar change as in the conceptualization of personality disorders – the categories have been replaced by dimensions, and diagnosis means

creating a profile of traits rather than assigning to a category. In most models, two dimensions of insecure attachment are distinguished: anxiety and avoidance [12–16]. Attachment anxiety means a need for closeness, concern for one's relationships and fear of rejection and anxiety related to the possibility of receiving closeness. Attachment avoidance, on the other hand, means discomfort associated with closeness, so avoidant individuals avoid intimacy and relationships and find it difficult to be dependent on others and trust them.

There are also models that conceptualize attachment in a slightly different way. Bartholomew [17] proposes describing attachment using a positive or negative model of self or others. In this way, he distinguished four styles: (1) secure (a positive model of self and others); (2) fearful (a negative model of self and others); (3) preoccupied (a negative model of self, a positive model of others); (4) dismissing (a positive model of self, a negative model of others). A model by Bifulico et al. [16] distinguishes two variables: proximity – seeking (described as dependent behaviors or excessive approach to others) and insecurity (consisting of feeling discomfort while being close to others, the inability to trust, anger or pain associated with the feeling of being abandoned). In turn, Paetzold [18] focused on disorganized attachment, which can occur with both anxiety and avoidance, defining it as a style of attachment characterized by feelings of anxiety, fear of the partner, distrust towards the partner, confusion about romantic relationships, approaching and avoiding behaviors, uncertainty about the partner's and one's own roles in romantic relationships, and lack of integration and psychological cohesion. Table 2 lists the basic models together with the questionnaires for their measurement. All these models and measurement tools were used in this study.

Table 2. **Summary of attachment models with tools to measure them**

Model authors	Measuring tool	Variables in the model	Items	Response scale
Paetzold, Rholes, Kohn (2015)	Adult Disorganized Attachment Scale (ADA) [18]	Disorganized attachment	9	1 (strongly disagree) to 7 (strongly agree)
Feeney, Noller, Hanrahan(1994)	Attachment Style Questionnaire (ASQ) [13]	Avoidance	16	1 (totally disagree) to 6 (totally agree)
		Anxiety	13	
Fraley, Waller, Brennan(2000)	Experience in Close Relationships – Revised (ECR-R) [15]	Anxiety	18	1 (strongly disagree) to 7 (strongly agree)
		Avoidance	18	
Bifulco, Mahon, Kwon, Moran, Jacobs (2003)	Vulnerable Attachment Style Questionnaire (VASQ) [16]	Insecurity	12	1 (strongly disagree) to 5 (strongly agree)
		Proximity-seeking	10	

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Collins (1996)	Revised Adult (RAAS) [19]	Anxiety	6	1 (not at all characteristic of me) to 5 (very characteristic of me)
		Avoidance	12	
	Relationship Scales Questionnaire (RSQ) [20]	Depend subscale	6	1 (not at all like me) to 5 (very much like me)
		Anxiety subscale	6	
		Close subscale	6	
Hazan, Shaver (1987)	Relationship Scales Questionnaire (RSQ) [20]	Secure	5	1 (not at all like me) to 5 (very much like me)
		Anxious/Ambivalent	5	
		Avoidant	5	
Brennan et al. (1998); Simpson et al. (1992)	Relationship Scales Questionnaire (RSQ) [20]	Avoidant	8	1 (not at all like me) to 5 (very much like me)
		Anxiety	5	
Feeney, Hohaus, (2001)	Relationship Scales Questionnaire (RSQ) [20]	Avoidant	10	1 (not at all like me) to 5 (very much like me)
		Anxiety	13	
Bartholomew (1990)	Trent Relationship Scales Questionnaire (TRS-Q) [21]	Secure	10	1 (not at all like me) to 7 (very much like me)
		Fearful	10	
		Preoccupied	10	
		Dismissing	10	
Scharfe (2015)	Trent Relationship Scales Questionnaire (TRS-Q) [21]	Anxiety	16	1 (not at all like me) to 7 (very much like me)
		Approach-Avoidance		

Attachment and personality disorders

The first proposal to link attachment styles to personality disorders was made by Bowlby [8, 9]. It suggested a relationship between anxiety attachment and dependent and histrionic personality, and between avoidant attachment and narcissistic and psychopathic personality. Several studies have shown a relationship between personality pathology and insecure styles [1, 4, 22, 23], as well as some differentiation of personality disorders in terms of attachment. Levi et al. [2] confirmed the relationship

between insecure attachment and personality disorders, with the exception of obsessive-compulsive disorder and the relationship between borderline personality and avoidant, anxious and preoccupied attachment styles. Smith and South [5], summarizing studies linking attachment and personality disorders, noted that (1) dependent, histrionic and paranoid disorders are more often associated with anxiety, (2) avoidance, schizoid and antisocial disorders are associated with avoidant attachment, and (3) borderline disorders are associated with both anxiety and avoidance. In turn, in terms of attachment relationships with pathological dimensions of personality in theDSM-5 dimensional approach, relations between attachment and several pathological traits were found and especially anxiety attachment was related to "Negative Affectivity", and "Detachment" was related to attachment avoidance [3, 23]. Moreover, dimensions of anxiety and avoidance turned out to be related differently to personality disorders, which suggests that this is a variable differentiating these disorders [24].

Studies on attachment relationships with personality disorders – although numerous – are not without limitations. First of all, most of the research concerned the relationship between both attachment and personality disorders, conceptualized as categories [4, 23]. This is a serious limitation, because today both attachment and personality disorders are generally defined as dimensions. In DSM-5, dimensional understanding was included in Section III, as the *Alternative Model of Personality Disorder*, and in ICD-11 [6], the categorical approach has already been fully abandoned in favor of a dimensional approach. An additional limitation of the previous research was the use of various conceptualizations of attachment, which makes it impossible to determine whether the obtained results are specific to a given model or indicate a general regularity.

This study overcomes the above limitations as follows. First, personality disorders are conceptualized in the dimensional approach, according to ICD-11 [6]. Second, many different dimensional conceptualizations and operationalization of attachment have been used to obtain robust cross-model results.

Current Study

The goal of the study was to determine the relationship between personality disorders and attachment, using the conceptualization of personality disorders from ICD-11 [6], and as many as ten conceptualizations of attachment. Based on the literature review, we expected that pathological personality traits would be associated with insecure attachment [1, 3, 4, 22, 23]. Based on the research in terms of DSM5 [3], we expected significant relationships between: (1) "Negative Affectivity" and anxiety, (2) "Detachment" and avoidance, (3) "Dissociality" and anxiety and avoidance, and (4) "Disinhibition" and anxiety and avoidance. "Anankastia" is a new trait introduced by ICD-11[6], therefore, it was not included in studies using DSM-5. Nevertheless, given the pathological nature of this trait, one might expect it to be associated with insecure attachment. In particular, due to the high standards and intimacy issues, an association of "Anankastia" with both anxiety and avoidant attachment can be expected (5).

Materials and method

The study was conducted, with the approval of the Research Ethics Team of the Institute of Psychology of Cardinal Stefan Wyszyński University in Warsaw (Consent No: 02/2022 of 10.02.22), on a group of 391 volunteers (68% women, 30% men and 2% – people who marked the "gender – other" category). Subjects were aged 16 to 65 years (M = 24.91; SD = 7.8). Respondents were recruited via social networks by the first author together with her collaborators. Participants completed online questionnaires in two parts separated by an interval of about two weeks. In order to reduce what was initially a very large discrepancy in the gender distribution, after time we made the survey available only for men. Some people who completed both parts of the study were given gift vouchers.

Personality disorders were measured using the Personality Inventory for ICD-11 (PiCD; [25]; Polish adaptation: Cieciuch et al. [26]). PiCD allows the measurement of five pathological trait-domains ("Negative Affectivity", "Detachment", "Dissociality", "Disinhibition," and "Anankastia"), described in Table 1. It contains 60 items, rated on a 5-point Likert scale from 1 ("strongly disagree") to 5 ("strongly agree").

The basic attachment dimensions were measured using seven questionnaires, enabling the measurement of variables of the ten highlighted models. The ECR-R and RAAS questionnaires had a Polish adaptation [28, 29] and the other questionnaires were translated by our research team. Variables, questionnaires and models are listed in Table 2. Indicators of reliability of the measured variables can be found in Table 3.

Results

Descriptive statistics (mean, standard deviations, skewness and kurtosis) as well as Cronbach's alpha for all attachment variables used in the study are presented in Table 3. All analyses were carried out on the raw results.

Table 3. **Descriptive statistics for attachment variables**

Variable	M	Sd	Skewness	kurtosis	alpha
(ADA) Disorganized attachment [18]	2.55	1.16	0.80	0.17	0.86
(ASQ) Avoidance [13]	3.46	0.80	-0.11	-0.10	0.87
(ASQ) Anxiety [13]	3.80	0.99	-0.20	-0.50	0.87
(ECRR) Anxiety [15]	3.58	1.34	0.02	-0.77	0.91
(ECRR) Avoidance [15]	3.29	1.12	0.27	-0.40	0.92
(VASQ) Insecurity [16]	2.81	0.75	-0.04	-0.43	0.83
(VASQ) Proximity-seeking [16]	2.94	0.72	-0.12	-0.22	0.77

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(RAAS) Anxiety [19]	2.95	1.13	-0.05	-1.00	0.90
(RAAS)Avoidance [19]	2.84	0.76	-0.14	-0.42	0.85
(RSQ) Secure [11]	3.14	0.69	0.02	-0.08	0.41
(RSQ) Anxious/Ambivalent [11]	2.67	0.99	0.16	-0.78	0.77
(RSQ) Avoidant [11]	2.82	0.96	-0.01	-0.67	0.75
(RSQ) Depend subscale [19]	3.17	0.88	-0.09	-0.57	0.79
(RSQ) Anxiety subscale [19]	2.72	1.02	0.10	-0.88	0.82
(RSQ) Close subscale [19]	3.58	0.85	-0.33	-0.57	0.79
(RSQ) Avoidant [12, 14]	2.72	0.76	0.20	-0.36	0.75
(RSQ) Anxiety [12, 14]	2.65	1.11	0.10	-0.99	0.85
(RSQ) Avoidant [27]	3.06	0.69	0.17	-0.09	0.76
(RSQ) Anxiety [27]	2.92	0.95	-0.20	-0.85	0.91
(TRSQ) Secure [17]	4.18	0.74	0.08	-0.14	0.47
(TRSQ) Fearful [17]	4.24	1.24	-0.29	-0.33	0.85
(TRSQ) Preoccupied [17]	4.28	0.82	0.00	0.53	0.55
(TRSQ) Dismissing [17]	4.05	0.98	0.02	0.35	0.76
(TRSQ) Anxiety [21]	4.26	1.07	-0.28	-0.20	0.87
(TRSQ) Approach-Avoidance [21]	3.67	0.85	0.16	0.00	0.78

In order to verify the hypotheses, a regression analysis was carried out, where the pathological traits from ICD-11 were predicted by the attachment dimensions. The results of the regression analysis for all models are presented in Table 4.

Table 4. **Results of regression analysis (beta coefficients): pathological personality traits explained by variables from different attachment models**

Models and variables	Negative Affective	Disinhibition	Detachment	Dissociality	Anankastia
(ASQ) Feeney, Noller, Hanrahan, 1994					
Gender	0.11* (0.13*)	-0.07 (-0.06)	-0.16** (-0.19**)	-0.15* (-0.17**)	0.01 (0.00)
(ASQ) Anxiety	0.62**	0.25**	0.12*	-0.14*	0.09
(ASQ) Avoidance	0.01	-0.05	0.56**	0.27**	0.17*
Model summary:	0.41	0.05	0.42	0.08	0.04

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(ECRR) Fraley, Waller, Brennan, 2000					
Gender	0.14* (0.13*)	-0.06 (-0.06)	-0.15* (-0.19**)	-0.15* (-0.17**)	0.02 (0.00)
(ECRR) Anxiety	0.45**	0.21**	0.08	0.00	0.08
(ECRR) Avoidance	0.04	0.03	0.43**	0.20**	0.11
Model summary:	0.23	0.04	0.25	0.06	0.02
(RAAS) Collins, 1996					
Gender	0.15** (0.13*)	-0.06 (-0.06)	-0.15** (-0.19**)	-0.15* (-0.17**)	0.01 (0.00)
(RAAS) Anxiety	0.42**	0.21**	-0.01	-0.05	0.09
(RAAS) Avoidance	0.18**	0.02	0.56**	0.22**	0.13*
Model summary:	0.29	0.05	0.34	0.06	0.03
(RSQ) Hazan, Shaver, 1987					
Gender	0.17** (0.13*)	-0.05 (-0.06)	-0.15** (-0.19**)	-0.15* (-0.17**)	0.02 (0.00)
(RSQ) Anxious/Ambivalent	0.35**	0.24**	0.04	0.00	0.04
(RSQ) Avoidant	0.11	0.06	0.30**	0.28**	0.14*
(RSQ) Secure	-0.18*	0.00	-0.24**	0.09	-0.06
Model summary:	0.26	0.06	0.28	0.07	0.03
(RSQ) Collins, 1996					
Gender	0.16** (0.13*)	-0.04 (-0.06)	-0.14* (-0.19**)	-0.15* (-0.17**)	0.02 (0.00)
(RSQ) Anxiety subscale	0.33**	0.28**	0.08	-0.04	0.02
(RSQ) Depend subscale	0.31**	-0.09	0.17*	0.16*	0.17*
(RSQ) Close subscale	-0.02	-0.13*	-0.40**	-0.11*	-0.06
Model summary:	0.31	0.07	0.31	0.07	0.04
(RSQ) Brennan et al., 1998; Simpson et al., 1992					
Gender	0.15** (0.13*)	-0.06 (-0.06)	-0.15** (-0.19**)	-0.15* (-0.17**)	0.02 (0.00)
(RSQ) Anxiety	0.46**	0.26**	0.12*	0.00	0.06
(RSQ) Avoidant	0.15*	0.03	0.46**	0.20**	0.16*

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Model summary:	0.28	0.07	0.29	0.06	0.03
(RSQ) Feeney, Hohaus, 2001					
Gender	0.15** (0.13*)	-0.06 (-0.06)	-0.17** (-0.19**)	-0.16* (-0.17**)	0.01 (0.00)
(RSQ) Anxiety	0.57**	0.25**	0.30**	0.07	0.15*
(RSQ) Avoidant	-0.01	-0.03	0.34**	0.18**	0.10
Model summary:	0.33	0.06	0.27	0.06	0.03
(TRSQ) Scharfe, 2015					
Gender	0.17** (0.13*)	-0.05 (-0.06)	-0.123* (-0.19**)	-0.17** (-0.17**)	0.02 (0.00)
(TRSQ) Anxiety	0.52**	0.23**	0.61**	0.03	0.18**
(TRSQ) Approach-Avoidance	-0.04	0.07	0.60**	0.19**	0.03
Model summary:	0.31	0.07	0.37	0.03	0.02
(TRSQ) Bartholomew, 1990					
Gender	0.15** (0.13*)	-0.05 (-0.06)	-0.12* (-0.19**)	-0.15* (-0.17**)	0.01 (0.00)
(TRSQ) Secure	-0.10	0.04	-0.16*	0.04	0.00
(TRSQ) Fearful	0.49**	0.28**	0.43**	-0.07	0.10
(TRSQ) Preoccupied	0.22**	0.03	-0.16**	-0.027	0.06
(TRSQ) Dismissing	-0.19**	-0.03	0.19**	0.30**	0.07
Model summary:	0.33	0.06	0.46	0.08	0.02
(ADA) Paetzold, Rholes, Kohn, 2015					
Gender	0.16** (0.13*)	-0.03 (-0.06)	-0.16** (-0.19**)	-0.13* (-0.17**)	0.01 (0.00)
(ADA) Disorganized attachment	0.28**	0.27**	0.33**	0.31**	0.06
Model summary:	0.09	0.07	0.14	0.12	-0.00
(VASQ) Bifulco, Mahon, Kwon, Moran, Jacobs, 2003					
Gender	0.15** (0.13*)	-0.06 (-0.06)	-0.13* (-0.19**)	-0.14* (-0.17**)	0.02 (0.00)

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(VASQ) Insecurity	0.46**	0.24**	0.59**	0.28**	0.17**
(VASQ) Proximity – seeking	0.28**	0.19**	-0.18**	-0.40	-0.03
Model summary:	0.29	0.08	0.42	0.10	0.02

Abbreviations of the questionnaires to measure attachment are explained in Table 2.
In parentheses are the beta coefficients in a regression in which only gender was the explanatory variable. * $p < 0.05$; ** $p < 0.001$

It turned out that "Negative Affectivity" and "Disinhibition" are best explained by anxiety scales from different models, and "Detachment" and "Dissociality" by avoidance scales from different models. However, in the second case, there are exceptions, where anxiety and avoidance to a similar extent explain "Detachment", which may be related to differences in the conceptualization of attachment in different models. "Anankastia," on the other hand, is generally not predicted by attachment, and if some relations appear, they are very low. As for models in which variables other than anxiety and avoidance are distinguished, the pathological dimensions of personality (except "Anankastia") (1) have a significant relationship with disorganized attachment, measured by the ADA questionnaire; (2) Insecurity of the VASQ model is related to all pathological traits and in each case more than Proximity-seeking; although "Negative Affectivity" and "Disinhibition" are also positively related to the need for closeness, but these are dimensions that are more strongly associated with anxiety, so this is consistent with the definition of anxiety (a person with anxiety attachment needs closeness but is afraid of it).

Discussion

The study focused on the relationship between personality disorders and attachment. The essence of the study was the use of a dimensional approach to personality disorders from ICD-11 [6] and as many as ten models of attachment. Most previous studies on relations between attachment and personality disorders treated both of them categorically, and the only dimensional studies were based on DSM-5 [3, 4, 23]. Our study shows for the first time the relationship of attachment to personality disorders in terms of ICD-11 [6]. The use of many models and attachment measurement tools allowed for robust results that are not limited to one model but replicated between models.

The study confirmed a systematic association of insecure attachment styles, mainly anxiety and avoidance, with the pathological dimensions of personality disorders except "Anankastia." "Anankastia" is associated with increased behavioral control and obsessive-compulsive tendencies, which may have less to do with interpersonal relationships and behaviors, thus not revealing significant associations with attachment styles. Levi et al. [2] showed an association between insecure attachment and personality disorders, with the exception of obsessive-compulsive disorder, which is consistent with our results.

According to hypotheses, "Negative Affectivity" was strongly associated with anxiety, and "Detachment" with avoidance. Additionally, "Disinhibition" has been shown to be more strongly associated with anxiety and "Dyssociality" with avoidance. In this way, two main dimensions of insecure attachment differentiate two pairs of pathological dimensions of personality: anxiety is rather a predictor of "Negative Affectivity" and "Disinhibition," while avoidance of "Detachment" and "Dissociality." In each of the pathological trait pairs mentioned above, the association of one trait with attachment is more intuitive and replicates previous results. In contrast, the association of the other trait with attachment is less obvious, and thus the stature of this empirical result appears greater, particularly given the replication between the multiple models and instruments that were used in the study.

Regarding the relevance of attachment anxiety to personality disorders, its relationship with "Negative Affectivity" is the first type of relationship – theoretically and intuitively expected and replicating previous research reports. "Negative Affectivity," like anxiety, is associated with emotional instability and feelings of distress [11, 25]. Individuals with anxious attachment experience negative emotions related to both fear of losing the relationship and fear of the relationship [15]. The second trait clearly linked to anxiety is "Disinhibition." This means that impulsive, reckless behaviors that do not consider consequences (behaviors associated with "Disinhibition" from ICD-11), which may even appear to be bravado behaviors, may in fact be a manifestation of attachment anxiety. It appears, therefore, that attachment anxiety may underlie not only the tendency to experience negative emotions, but also externalizing behavior in the aspect concerning risky, reckless and impulsive behavior.

Regarding the relevance of attachment avoidance to personality disorders, its relationship to "Detachment" is analogous to the relationship of anxiety to "Negative Affectivity," i.e., theoretically and intuitively expected and replicating previous research reports. "Detachment" explicitly contains elements of avoidance of relationship and intimacy [25], which is also the essence of attachment avoidance [11]. In contrast, the second trait explicitly associated with avoidance is "Dissociality," defined by ICD-11 as disregard for social obligations, conventions and the rights and feelings of others, and ruthlessness in achieving one's own goals. "Dissociality" from ICD-11 corresponds to extremely low "Agreeableness" from the Big Five model, while "Detachment" corresponds to extremely low "Extraversion." The results imply that attachment avoidance can underlie a wide range of problems in social relationships: both those related to difficulties in entering into relationships, shyness (which is specific to "Detachment") and those related to disagreeableness, disregard for others and even aggression.

The use of multiple models in the study revealed some deviations from the pattern presented above, which may be derived from differences in the conceptualization and operationalization of variables in different models, but which do not relate to the essence of this detected pattern. Indeed, the biggest deviation is the similar association of "Detachment" with both anxiety and avoidance, as measured by the

RSQ and TRSQ. Thus, the replicable pattern of "Detachment's" association with avoidance is compounded by its association with anxiety, but this does not nullify the role of avoidance.

The study presented here is not free of limitations. Only self-report instruments were used and the study was conducted on volunteers from the general population from one country – Poland. Future studies would do well to consider other methods of measurement (e.g., observer description), clinical group and a cross-cultural context.

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