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Avoidant Attachment: Exploration of an Oxymoron

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Exploration of an Oxymoron: Avoidant Attachment

To say of a child that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with a specific figure and to do so in certain situations, notably when he is frightened, tired, or ill. (Bowlby, 1982, p. 371)

The metaphor of attachment, which John Bowlby (1969) used to characterize the emotional bond between an infant and his or her primary caregiver, implies proximity, affection, and being “fastened on” (Oxford American Dictionary, 1980). How then could an attachment be “avoidant”? How could a magnet attracted to iron at the same time be repelled by it? Although the imagery seems improbable, one of Ainsworth’s major categories of infant attachment to mother was *avoidant*. This designation was based on the infant’s behavior in a laboratory assessment procedure, the “strange situation” (Ainsworth, Blehar, Waters, & Wall, 1978).

The strange situation was based on the assumption that even a brief separation from a caregiver in an unfamiliar setting would activate an infant’s attachment system (the innate behavioral system assumed by Bowlby, 1982, to regulate closeness to a caregiver or attachment figure) and heighten attachment behaviors (e.g., crying, following, clinging). And in fact a majority of infants in the strange situation become preoccupied and upset when their caregiver quietly leaves the room, and then seek proximity to the caregiver when he or she returns. Avoidant infants, however, do not appear distressed by their caregiver’s departure and do not display attachment behaviors when he or she returns. These infants actively create *distance* from caregivers by turning away or ignoring their greetings.

Ainsworth’s home observations revealed that mothers of avoidant infants were emotionally unexpressive, discouraged close physical contact, and were likely to reject or ignore

their infants' bids for comfort when the infants were distressed (Ainsworth et al., 1978). Over time, these infants were hypothesized to develop an adaptive strategy of minimizing attachment behavior and displays of distress to avoid punishment, distancing, or rejection on the part of primary attachment figures who were uncomfortable with closeness. In other words, avoidant infants have learned to "deactivate" their attachment systems as a defensive strategy to prevent further distress. The defensive nature of this behavior is confirmed by evidence that avoidant infants do maintain proximity to caregivers in non-threatening situations (Grossmann, Grossmann, & Schwan, 1986) and, despite the outward appearance of indifference, show heightened physiological arousal during separations (Spangler & Grossmann, 1993; Sroufe & Waters, 1977).

In adulthood, attachment is generally assessed not through observation, as in the Strange Situation, but rather with self-report or interview measures (see Crowell, Fraley, & Shaver, 1999, for a review). Nevertheless, there are striking parallels between the behavior of avoidant infants and that of adults classified as avoidant. Both avoidant infants and adults appear to defensively regulate proximity to close others when they themselves or their partners are threatened or stressed (e.g., Edelstein et al., in press; Fraley & Shaver, 1998; Mikulincer, Florian, & Weller, 1993; Simpson, Rholes, & Nelligan, 1992). Like avoidant infants, avoidant adults inhibit expressions of distress (Fraley & Shaver, 1997) and minimize displays of attachment behavior toward romantic partners (Fraley, Davis, & Shaver, 1998). Adults with an avoidant attachment style seem to be less emotionally close to romantic partners, to self-disclose less (Anders & Tucker, 2000; Mikulincer & Nachshon, 1991), to dislike physical and emotional intimacy (Fraley et al., 1998), and to grieve less following a breakup compared to nonavoidant adults (Fraley & Shaver, 1999). These findings suggest that avoidant individuals may maintain physical

and psychological distance from romantic partners as a way to prevent attachment system activation, thereby preventing the rejection, punishment, or distress they have learned to associate with close relationships.

Recent research provides further evidence for the defensive nature of avoidant adults' responses to threat: Whereas nonavoidant individuals show increased accessibility of mental representations of attachment figures when primed subliminally with attachment-related threat words (e.g., "separation") as well as more general threat words (e.g., "failure"), avoidant individuals show heightened accessibility of mental representations of attachment figures only in response to general threats. When they are primed with attachment-related threats (e.g., "separation"), avoidant individuals actually *inhibit* mental representations of their attachment figures (Mikulincer, Gillath, & Shaver, 2002). In other words, discomfort with closeness and reliance on close relationship partners may occur primarily under certain specifiable conditions of attachment-related threat (e.g., loss, separation, rejection), which may remind an avoidant person, perhaps unconsciously, of situations in which he or she was punished for expressing attachment needs and seeking closeness.

In this chapter, we are particularly interested in the interpersonal and intrapsychic dynamics of avoidance in adulthood, and how these dynamics play out in the context of close relationships. Although the topic of adult attachment has received considerable attention in recent years (e.g., Cassidy & Shaver, 1999; Simpson & Rholes, 1998), relatively few comprehensive reviews of avoidance per se exist (but see Cassidy & Kobak, 1988; Fraley et al., 1998; Main, 1981). Thus, we will provide a systematic review of the theoretical and empirical literature on avoidant attachment and attempt to answer the following questions: (1) How does avoidant attachment work, both intrapsychically and interpersonally (i.e., behaviorally)? (2) How

does avoidant attachment differ from secure attachment? (3) Are avoidant individuals really "attached" in a measurable sense? (If not, given their wariness concerning closeness and intimacy, what are they doing in long-term relationships?) (4) Are avoidant adults truly "insecure," or can avoidance 'work' smoothly as a style of relating to others? (5) Can avoidance be transformed into security? By addressing these questions in the context of a book about closeness and intimacy, we hope to shed light on the distinction between secure and insecure approaches to intimacy and dependency, or interdependence, in close relationships. We will begin by describing the normative function of the attachment behavioral system in adulthood, followed by a discussion of individual differences in the way this system is organized and regulated. Next, we will consider the unique features of avoidant attachment as they relate to interpersonal closeness and intimacy, including the ways in which avoidant individuals regulate psychological and physical closeness to others.

By "close" and "intimate" we mean both physical closeness and intimacy – spending a lot of time with a relationship partner, having an extensively interdependent relationship, and being physically intimate (e.g., touching, hugging, kissing, caressing, having sexual relations) – and psychological intimacy: being very familiar with each other and being able to talk with each other about personal feelings, wishes, and needs. When closeness and intimacy are considered within the purview of attachment theory, one thinks naturally of the kinds of closeness and intimacy experienced in an infant-mother relationship, where the infant is held by the mother, often nurses from her breasts, is kissed, hugged, and tickled by her, and is bathed and has diapers changed by her. The infant falls asleep in the mother's lap or on her shoulder and may sleep next to her or on top of her in bed. The mother, for her part, experiences intense feelings of caring and affection for the infant while having the infant literally and figuratively attached to her presence

and her body. As the infant matures, he or she will have an increasingly complex mind and imagination, which can be shared with close relationship partners. By adolescence and adulthood, perhaps the primary form of intimacy is psychological, but the physical aspects should not be underestimated. Anyone who has carried on a long-term relationship both by e-mail and in person knows that both modes of communication have their intimate aspects, but if one had to be abandoned in favor of the other, e-mail would usually be the loser.

The Attachment Behavioral System

According to Bowlby (1982), the mechanism driving attachment behavior across the lifespan is the attachment behavioral system, one of several behavioral systems (e.g., caregiving, exploration, affiliation, sexual mating), evolved to promote survival and reproductive fitness. The attachment system is automatically activated by experiences of danger or threat; in response, proximity-seeking and other attachment behaviors (e.g., clinging, crying, following) are intensified. These behaviors are adaptive in that they promote proximity to attachment figures, which in turn facilitates the threatened individual's immediate protection and ultimate survival. A central function of the attachment behavioral system is therefore the regulation of proximity (which is one form of closeness) to attachment figures according to perceived threat: When threat or stress is high, closeness and protection are necessary for survival and are particularly desired. When threat or stress is low, the attachment system is not normally activated, thus closeness may be less essential.

The regulation of proximity is central to attachment relationships in adulthood as well. Although more directly concerned with the infant-caregiver bond, Bowlby (1982) proposed that the attachment behavioral system remains influential throughout the lifespan. The normative motivation to establish affectional bonds with others, combined with the caregiving and sexual

behavioral systems, contributes to the formation and maintenance of adult romantic relationships (Fraley & Shaver, 2000; Shaver, Hazan, & Bradshaw, 1988). Based in part on this hypothesis, an extensive research effort has been devoted to the nature, function, and dynamics of attachment relationships in adulthood, including adult romantic relationships. Results from these studies reveal a number of similarities between certain aspects of infant-caregiver relationships and adult romantic relationships. For example, both infants and adults tend to seek support, comfort, and proximity to attachment figures when threatened and are likely to protest separations from attachment figures (Ainsworth et al., 1978; Fraley & Shaver, 1998; Simpson et al., 1992). These findings are consistent with the idea that the attachment system is a human behavioral system motivating individuals across the lifespan to establish bonds with caregivers and other attachment figures (Bowlby, 1982).

Researchers have provided further empirical support for the normative functioning of the attachment system in adults (e.g., Mikulincer, Birnbaum, Woddis, & Nachmias, 2000; Mikulincer & Arad, 1999; Mikulincer & Shaver, 2001). For instance, Mikulincer et al. (2000) subliminally exposed individuals to threatening words such as “failure,” “illness,” “death,” and “separation,” presumed to activate attachment-related thoughts and emotions, and measured their lexical decision times to attachment-related words reflecting both proximity and distance, such as “closeness” and “abandonment.” The closeness-related words became more accessible for all subjects, regardless of differences in security, suggesting that threats to the attachment system automatically activate thoughts related to proximity seeking.

Similarly, Mikulincer et al. (2002) found that attachment-related threats increased the cognitive accessibility of mental representations of attachment figures compared to nonattachment figures: Subliminal priming of “failure” facilitated reaction times to the names of

attachment figures in lexical decision tasks for all subjects, regardless of differences in security. In a Stroop color-naming task, the threatening primes resulted in increased color-naming interference for the ink colors in which names of attachment figures were printed, reflecting the increased mental accessibility of attachment figures' names. In contrast, threatening primes did not increase the accessibility of nonattachment figures' names, nor did neutral primes influence reaction times for the names of attachment figures or nonattachment figures.

Results from these studies suggest that there are at least two normative reactions to attachment-related threats: heightened activation of the attachment system (as evidenced by increased accessibility of mental representations of attachment figures) and a heightened desire to establish proximity to close others (as evidenced by increased accessibility of words related to closeness and security). That neither of these responses appears to be moderated by individual differences in attachment security suggests that they are universal, at least in the populations studied thus far. However, as we discuss in the following section, individual differences do play a role in the way these reactions get played out in mentation and behavior.

Individual Differences in Adult Attachment

Despite the normative motivation to maintain proximity to protective caregivers and form close emotional bonds with them, experiences with attachment figures influence the way this motivation is experienced and expressed, including an individual's comfort with, desire for, and striving for closeness. For instance, repeated experiences with an attachment figure who rebuffs or punishes displays of distress and attachment behavior may eventually lead an individual to inhibit such behavior, thereby decreasing opportunities for closeness. In contrast, an inconsistently responsive attachment figure may inadvertently elicit a heightened desire and

striving for closeness on the part of a person who is trying to assure reliable attention to attachment needs.

Recent research suggests that individual differences in adult attachment, which are related to these kinds of interpersonal experiences, are best characterized by a person's placement on two relatively independent continuous dimensions, attachment-related *anxiety* and *avoidance*, rather than by the person's placement into a discrete category (Fraley & Waller, 1998). These dimensions are conceptually similar to those underlying Ainsworth's infant attachment patterns (Ainsworth et al., 1978, Figure 10, p. 102; Brennan, Clark, & Shaver, 1998): The anxiety dimension concerns the extent to which the attachment system is activated by environmental and interpersonal stressors. Anxious infants and adults are overly concerned with fears of abandonment and rejection, and as a result tend to be especially vigilant regarding the whereabouts of attachment figures (Ainsworth et al., 1978; J. Feeney, 1998). Adults high on the anxiety dimension are more easily distressed by brief separations from attachment figures (J. Feeney & Noller, 1992; Fraley & Shaver, 1998) and often do not feel that their needs for closeness are satisfied by relationship partners (Hazan & Shaver, 1987).

The avoidance dimension concerns the regulation of attachment behavior in anxiety-producing situations. Avoidance in infancy as well as in adulthood appears to reflect deactivation or inhibition of the attachment system (Cassidy & Kobak, 1988), resulting in infrequent displays of proximity seeking and other attachment behaviors. Adults high on the avoidance dimension report discomfort with close relationships and find it difficult to depend on close others. Their relationships with others are characterized by low levels of interdependence, trust, and commitment (Levy & Davis, 1988; Simpson, 1990)

Individuals who score low on both dimensions (i.e., who are classified as secure) are

comfortable with closeness but not preoccupied with relationship partners. In threatening situations, secure infants and adults actively seek support and comfort from relationship partners (e.g., Grossmann et al., 1986; Mikulincer et al., 1993; Simpson et al., 1992.) and find that this support readily terminates activation of the attachment system. Adults with a secure attachment style tend to be in satisfying relationships characterized by trust, commitment, and interdependence (Collins & Read, 1990; Hazan & Shaver, 1987; Levy & Simpson, 1988; Simpson, 1990).

Individual differences in attachment are therefore closely tied to variations in the need for and comfort with closeness: Attachment security involves a healthy balance between closeness and independence. Secure individuals have an internal sense of security and do not generally worry about losing relationship partners, but they can seek support from attachment figures when threatened. Anxious individuals desire more closeness than do their relationship partners, resulting in dissatisfaction when these needs are not met. Avoidant individuals are uncomfortable with closeness and overly concerned with self-reliance and independence.

Unique Features of Avoidant Attachment

Distancing Strategies

Like avoidant infants, avoidant adults may (either consciously or unconsciously) fear that seeking proximity to others is not a feasible way to regulate and protect against distress because it sometimes leads to punishment or rejection. Instead, particularly under conditions of attachment-related stress or threat, avoidant adults tend to increase physical, emotional, and/or psychological distance from others.

Several different lines of research suggest that avoidant individuals use distancing as a coping strategy in response to certain kinds of threats. First, observational studies of romantic

couples suggest that emotional support and caregiving provided to a partner are predicted by an interaction between the caregiver's self-reported attachment avoidance and the partner's visible level of distress (B. Feeney & Collins, 2001; Fraley & Shaver, 1998; Rholes, Simpson, & Orina, 1999; Simpson et al., 1992). When threat or stress is low, avoidance is unrelated (and sometimes even slightly positively related) to the provision of emotional support; however, when threat or stress is high, avoidance and the provision of emotional support are negatively related. For instance, Simpson et al. (1992) led the female members of heterosexual romantic couples to believe that they were about to participate in a painful, anxiety-provoking activity. When women were less distressed, men high on avoidance were slightly more supportive than men low on avoidance, but highly avoidant men were less supportive than low-avoidant men when their partners were distressed (see also B. Feeney & Collins, 2001). Fraley and Shaver (1998) also reported that, among couple members separating at an airport, self-reported attachment avoidance was negatively related to caregiving behavior, whereas this pattern was slightly reversed among non-separating couples.

Similarly, Mikulincer et al. (1993) examined Israeli individuals' coping strategies in response to Scud missile attacks during the Gulf war. Whereas nonavoidant individuals tended to seek support from others, avoidant individuals were more likely to distance themselves from others and attempt to cope in a self-reliant manner. This difference was evident, however, only among individuals living in a dangerous, vulnerable area; secure and avoidant individuals living in less threatened areas did not differ in their use of coping strategies.

Taken as a whole, these findings suggest that avoidant individuals may be unsupportive, distant, or overly self-reliant primarily in certain kinds of situations, specifically those that are threatening because they activate attachment-related thoughts and emotions. These behavioral

findings are paralleled by recent research suggesting that avoidant individuals may also distance themselves *psychologically* from others and/or sources of distress, and that this tendency is intensified in response to threat. For instance, in an examination of subjective self-other similarity, Mikulincer, Orbach, and Iavnieli (1998) found that, compared to secure and anxious individuals, avoidant individuals perceived the least similarity between themselves and members of an in-group with respect to shared traits and opinions. This finding was particularly evident following a negative mood induction, suggesting that avoidant individuals may create psychological distance from others as a mood repair strategy.

Creating psychological distance from others may also serve as a way for avoidant individuals to enhance their self-views. By projecting their own undesired traits onto others, avoidant individuals can increase self-other discrepancies, thereby inflating their self-view (Mikulincer & Horesh, 1999). Mikulincer and Horesh (1999) found that, compared to nonavoidant individuals, avoidant individuals could more easily retrieve an example of a person possessing their own unwanted self-traits, were more likely to attribute their unwanted self-traits to unknown others, and showed memory biases in favor of these unwanted self-traits. This process of “defensive projection” may be a mechanism used by avoidant individuals to enhance or maintain a positive self-view and maintain interpersonal distance by excluding unwanted information about the self and projecting that information onto others (Mikulincer & Horesh, 1999). This process may be magnified in threatening situations: After receiving failure feedback, avoidant individuals’ self-appraisals became more positive, whereas the self-appraisals of nonavoidant individuals either remained unchanged or became slightly more negative (Mikulincer, 1998).

Dismantling Avoidant Defensive Strategies

The findings discussed thus far suggest that avoidant individuals employ a variety of defensive strategies, especially in stressful or threatening situations, to distance themselves from others, maintain positive self-views, and regulate negative emotions. Such strategies are also likely to prevent the establishment of closeness and intimacy with others. Further research, however, suggests that the effectiveness of these strategies may be undermined by situational constraints or additional sources of information. Moreover, at times, these strategies may even involve costs to those who employ them. For instance, avoidant individuals' self-views become less inflated when they are threatened but then prevented from using regulatory strategies (Mikulincer, 1998).

Mikulincer (1998) manipulated distress by providing failure feedback (vs. no feedback) to participants on a problem-solving task. He then used a bogus pipeline manipulation, in which participants were told that the veracity of their responses would be closely monitored through physiological instruments, to inhibit the use of regulatory mechanisms. Participants in the no-bogus-pipeline condition were connected to the instruments but were not told that their responses would be monitored. Consistent with previous findings, failure feedback (vs. no feedback) led avoidant individuals to inflate their self-views compared to nonavoidant individuals, but this result was evident only in the no-bogus-pipeline condition. When the bogus pipeline was used, there were no differences across attachment groups in self-inflation following failure feedback. Moreover, the bogus pipeline manipulation had no effect on avoidant individuals' self-evaluations when no feedback was given. These findings are consistent with the idea that the positive self-views of avoidant individuals are defensive in nature and may result from an effortful strategy in response to threat.

The defensively positive self-views of avoidant individuals are further called into question by other sources of information, such as peer ratings, projective measures, and physiological indices. Although avoidant individuals do not report high levels of psychological distress, their peers rate them as more anxious and hostile and less ego-resilient than nonavoidant individuals (Kobak & Sceery, 1988). Similar discrepancies are evident in avoidant individuals' responses to the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984). When asked to describe their childhood attachment figures and their relationships with them, avoidant individuals appear unable to substantiate their own claims (Hesse, 1999). They may, for instance, describe a caregiver as loving and supportive, but then seem unable to provide congruent examples of caregiver behavior to support that description.

Mikulincer, Florian, and Tolmacz (1990) also reported inconsistencies in avoidant individuals' responses to conscious and unconscious measures of death anxiety: Although avoidant individuals reported low levels of conscious death anxiety, their responses to a TAT story measure revealed high levels of *unconscious* death anxiety. Avoidant individuals have also been shown to display heightened physiological responses indicative of anxiety to AAI questions concerning attachment-related childhood events, despite their tendency to claim lack of memory for those events (Dozier & Kobak, 1992). Dozier and Kobak suggest that these physiological responses reflect avoidant individuals' use of deactivating strategies when faced with probing questions about attachment-related experiences. Moreover, these findings, coupled with those of Kobak and Sceery (1988) and Mikulincer (Mikulincer, 1998; Mikulincer et al., 1990), provide substantial support for the defensive nature of avoidant individuals' self-views: When the use of regulatory strategies is inhibited or when non-self-report measures are used, the self-evaluations of avoidant individuals lose their positive glow.

Similarly, Mikulincer et al. (2000) found that, when primed with attachment-related threat words (e.g., “separation”), avoidant individuals showed increased accessibility of closeness-related words (e.g., love, closeness) but not distance-related words (e.g., rejection, abandonment). This pattern of results was similar to that found for secure individuals and different from what was found for anxious individuals, whose minds immediately turned to both closeness- and distance-related words. With the addition of a cognitive load, however, avoidant individuals responded like anxious ones, exhibiting activation of distance- as well as closeness-related words. These findings suggest that avoidant individuals are normally suppressing or inhibiting worries about rejection and abandonment, and that this defensive process requires measurable cognitive effort or resources.

Moreover, these results allude to conditions under which avoidant coping strategies might break down and indicate that there may be potential costs associated with the use of such strategies. Although avoidant individuals may often succeed in preventing attachment-related distress (or at least the expression of that distress) and the establishment of closeness and intimacy with others, their efforts to do so may take a toll on their physical and/or psychological well-being. This may be particularly evident in highly stressful situations, or in situations in which avoidant individuals are prevented from using their characteristic regulatory strategies. For instance, avoidance was related to increased distress during the process of divorce (Birnbaum, Orr, Mikulincer, & Florian, 1997), a finding that may seem somewhat surprising given that avoidance is generally unrelated to reported distress, even among couples temporarily separating at an airport (Fraley & Shaver, 1998). Moreover, among dating couples, avoidance was negatively related to distress in response to a break-up (Fraley et al., 1998). Yet, according to Birnbaum et al., the experience of permanently separating from a spouse may overwhelm

avoidant individuals and render their defensive strategies, which are generally successful in preventing attachment-related distress, less effective. Along these same lines, avoidance was positively related to distress among new mothers adjusting to the transition to parenthood (Mikulincer & Florian, 1998).

In Mikulincer et al.'s (1993) study of reactions to Scud missile attacks on Israel, avoidant individuals coped by attempting to ignore the problem, distancing themselves from it, and not seeking social support. This strategy was related to later psychosomatic symptoms attributable to stress. Even more dramatic evidence for the limitations of avoidant coping strategies comes from a one-year longitudinal study of mothers' adjustment to a highly stressful event – their infants' being born with congenital heart disease (Berant, Mikulincer, & Florian, 2001). At a first assessment, shortly after learning of the diagnosis, mothers scoring high on attachment avoidance evidenced poorer mental health and were less likely to seek social support than less avoidant mothers. Further, mothers' avoidance at the first assessment predicted a negative *change* in their mental health status one year later. That is, the mental health of avoidant mothers, bad from the start, deteriorated over this one-year period. The deterioration was mediated by avoidant women's increased reliance on emotion-focused coping strategies and by their increasingly pessimistic appraisals of their ability to cope with the situation.

That avoidance was associated with the use of emotion-focused coping strategies in this study may provide further evidence for the breakdown of avoidant defenses. These kinds of strategies are generally found to be more characteristic of anxious, rather than avoidant, individuals. Unlike avoidant individuals, those who are highly anxious easily become overwhelmed by negative events and are often preoccupied with their own emotional reactions to those events. It is possible that, in highly stressful situations, avoidant individuals have greater

difficulty relying on their typical defensive strategies (or find them less effective) and instead are forced to rely on alternative strategies. The findings of Berant et al. (2001) suggest that reliance on these secondary strategies is partially responsible for the deterioration of avoidant mothers' mental health. Highly stressful situations may therefore leave avoidant individuals unusually defenseless, in that they cannot rely on their typical (and normally effective) coping strategies.

Another possibility is that the limitations of avoidant individuals' defensive strategies are simply more evident in high-stress situations. That is, there may be hidden costs to those using these defenses that become perceptible only when indirect measures are used, or when levels of stress reach a certain threshold. This possibility would be consistent with observations of avoidant infants, whose apparent indifference to separation is betrayed by a physiological reaction indicative of anxiety (Spangler & Grossmann, 1993; Sroufe & Waters, 1977).

Thus, the defensive strategies relied upon by avoidant individuals, although often successful in regulating attachment-related distress and maintaining distance from others, may at times prove costly to these individuals' own physical and psychological well-being. As will be discussed next, by preventing the establishment of closeness and intimacy with others, such strategies are also likely to disrupt close relationships and damage romantic partners.

Relationship Dynamics

Although there may be negative effects of avoidant individuals' chronic reliance on deactivating and distancing strategies, these effects may not always be apparent, especially in the short-term. More readily apparent are the negative effects of these strategies on the avoidant person's close relationships and relationship partners. Avoidant individuals' tendencies to distance themselves from others, affirm their independence, and suppress negative emotion may lead relationship partners to become dissatisfied and relationship quality to deteriorate. For

instance, as discussed earlier, a growing body of research suggests that avoidance is negatively related to caregiving behavior, particularly when relationship partners are distressed or upset (B. Feeney & Collins, 2001; Fraley & Shaver, 1998; Simpson et al., 1992). Perhaps as a way to distance themselves from expressions of negative emotion and others' distress, avoidant individuals seem to be unresponsive precisely when their partners most need their support. Those on the receiving end of this unsupportive behavior, although dissatisfied with their partners' response, may learn to avoid seeking support or expressing distress for fear of further rejection.

Avoidance has similarly been related to poor communication during couple members' discussions of conflictual issues in their relationship (Collins & B. Feeney, 2000; Simpson, Rholes, & Phillips, 1996). For couples including avoidant individuals, the quality of discussion appears to decrease as the level of conflict being discussed increases. Along these same lines, Guerrero (1998) found that avoidant individuals were less likely to talk to their romantic partners when they were suspicious about their partner's fidelity. Instead, they tended to distance themselves from their partners, to deny the problem, or to use other indirect coping strategies (e.g., giving their partner the "silent treatment"). Rather than easing suspicions or resolving conflicts, this kind of behavior may further alienate romantic partners. Moreover, insofar as open discussions of conflict can increase feelings of intimacy, evading such discussions may be another way for avoidant individuals to maintain interpersonal distance from relationship partners.

By preventing the establishment of intimacy in their close relationships, avoidant individuals may seek to prevent the attachment-related distress they have learned to associate with closeness. Compared to nonavoidant individuals, they are more likely to date more than one person at a time (Kirkpatrick & Hazan, 1994) and to become attracted to and/or involved with

someone else while in a relationship (Guerrero, 1998; Schachner & Shaver, 2002). Perhaps as a way to justify their reluctance to invest fully in and commit to relationship partners, avoidant individuals are more likely to perceive their partners unfavorably. For instance, they perceive their partners as less trustworthy (B. Feeney & Collins, 2001) and are more likely to suspect them of infidelity (Guerrero, 1998). If partners are devalued, threats of rejection or abandonment by them may be less distressing.

Moreover, avoidant behavior may preclude even the initial formation of close relationships. Avoidant individuals prefer to work alone (Hazan & Shaver, 1990), use work or other solitary activities to avoid social interactions (Hazan & Shaver, 1990; Mikulincer, 1997), and find themselves attracted to potential relationship partners who do not reciprocate their feelings (Aron, Aron, & Allen, 1998). After completing tasks (e.g., self-disclosure exercises) designed to foster closeness in previously unacquainted dyads, avoidant individuals report feeling less close to their partners than do nonavoidant individuals (Aron, Melinat, Aron, Vallone, & Bator, 1997).

In addition, avoidance is associated with the regulation of *physical* intimacy in the context of romantic relationships. Avoidant individuals are less likely than nonavoidant individuals to use physical touch to communicate affection and comfort to relationship partners, and are more likely to find touch aversive (Brennan et al., 1998). Nevertheless, avoidant adults are more likely than nonavoidant adults to engage in promiscuous sexual behavior (Brennan et al., 1998; Brennan & Shaver, 1995; Schachner & Shaver, 2002), suggesting that it is not *sexual* touch per se that they find aversive, but rather more affectionate or intimate aspects of touch (see also Hazan, Zeifman, & Middleton, 1994). Avoidance of physical intimacy, particularly when coupled with efforts to maintain psychological distance, may serve to prevent the establishment

of genuine attachment bonds. Consistent with this suggestion, Fraley and Davis (1997) found that avoidant adults were less likely to be in relationships characterized as “full-blown” attachments (i.e., in which relationship partners satisfied all requisite attachment functions).

In consideration of these findings, it is not surprising that avoidant individuals tend to be in romantic relationships characterized by lower levels of satisfaction, intimacy, interdependence, and longevity (Brennan & Shaver, 1995; B. Feeney & Collins, 2001, J. Feeney, 1998, 1999; Kirkpatrick & Davis, 1994; Kirkpatrick & Hazan, 1994; Lussier, Sabourin, & Turgeon, 1997). Nevertheless, most avoidant individuals do find themselves in close relationships, despite their apparent dissatisfaction with them. Moreover, they are much more likely to become involved in relationships with securely attached or even anxious partners than with other avoidant individuals (Collins & Read, 1990; Kirkpatrick & Davis, 1994; Simpson, 1990), which may serve a relationship-maintaining function (Kirkpatrick & Davis, 1994). Given their apparent discomfort with closeness and intimacy, what then motivates avoidant individuals to pursue close relationships?

We propose that avoidant adults are in roughly the same situation as avoidant infants: Like every other human being, they have a need for care and security, and do not feel fully sufficient on their own, but they have learned to maintain a certain degree of self-protective distance to avoid vulnerability and rejection. Under low-stress conditions, avoidant and nonavoidant individuals are often indistinguishable, and when a *general* (not specifically attachment-related) threat is encountered, the minds of avoidant individuals turn automatically to thoughts of attachment security and mental representations of attachment figures. Only when issues like separation and rejection (i.e., attachment-related injuries; Johnson, Makinen, &

Millikin, 2001) arise, or when the level of distress goes beyond the ability of avoidant defenses to contain, do avoidant individuals' defensive strategies become evident.

Yet these strategies are not without costs. Avoidance is negatively related to relationship satisfaction (J. Feeney, 1999), including satisfaction with sexual experiences (Hazan, Ziefman, & Middleton, 1994), and to relationship longevity (Kirkpatrick & Hazan, 1994). Avoidant individuals are less likely to discuss their sexual histories with relationship partners, which may lead to unsafe sex (Schachner & Shaver, 2002). Other relationships may also suffer: Avoidant individuals have poor parenting skills (Rholes, Simpson, & Blakely, 1995; Rholes, Simpson, Blakely, Lanigan, & Allen, 1997) and have difficulty getting along with their colleagues at work (Hazan & Shaver, 1990). They are cut off from their own emotional memories (Mikulincer & Orbach, 1995), out of touch with some of their own deep fears (e.g., of death, Mikulincer et al., 1990), and unaffected by infusions of positive affect (Mikulincer & Sheffi, 2000). Avoidant individuals use alcohol to blot out negative concerns and feelings (Brennan & Shaver, 1995; Tracy, Shaver, Albino, & Cooper, in press) and seem to crumble when put under strain (Berant et al., 2001; Mikulincer et al., 1993). They systematically distort their social perceptions, including their own self-perceptions, and have to struggle to maintain a false sense of self-esteem and self-reliance (Mikulincer, 1998).

Prospects for Change

Can avoidant individuals' destructive approach to close relationships be changed?

Unfortunately, given their tendency to deny problems and needs, and their stated dislike of self-disclosure and of people who encourage disclosure, avoidant individuals may be particularly difficult to treat in therapy. Nevertheless, we are encouraged by several promising therapeutic

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techniques currently being developed and used to treat symptoms associated with avoidance, such as fear of intimacy and defensive reactions to conflict.

Clinicians at the Glendon Association propose that fears of intimacy are rooted in destructive thoughts, attitudes, and beliefs about the self and relationship partners (Firestone & Catlett, 1999). These internalized “voices” lead people to distance themselves from others and to perceive them in a negative light, both being characteristic of avoidant individuals. Through a therapeutic intervention called “voice therapy,” individuals can learn to acknowledge, understand, and change their critical internal voices. Recent evidence suggests that voice therapy is successful in decreasing the frequency of negative thoughts about the self, relationship partners, and relationships in general (Firestone, Firestone, & Catlett, this volume). In addition, participants report greater optimism about the future and greater relationship satisfaction following the voice therapy intervention. Voice therapy may thus be an effective way to modify avoidant approaches to closeness and intimacy.

Another approach used to treat relational difficulties is Emotionally Focused Therapy (EFT; Johnson, 1996), an attachment-based therapeutic intervention for couples. According to this approach, relationship partners’ inability to manage their own attachment insecurities results in defensive responses to conflict, such as unresponsiveness and inaccessibility, which in turn result in further conflict and dissatisfaction. Defensive responses may also prevent relationship partners from providing support to and seeking support from one another during times of stress. The goal of EFT is to transform a distressed relationship into a secure attachment bond by minimizing defensive reactions to conflict and teaching partners to use one another as sources of comfort. Given avoidant individuals’ tendency to rely on defensive strategies, especially in the face of conflict, and their apparent difficulties in both seeking and providing support,

interventions such as EFT may be particularly useful (see also, McCullough, 2001, for a discussion of emotionally focused techniques). Although research on the effectiveness of this kind of therapy for treating avoidance per se has not yet been conducted, EFT has been shown to increase participants' relationship satisfaction (Johnson & Sims, 2000).

Avoidant defenses, particularly the defensive enhancement of self-views and the desire to be self-sufficient and independent of others, have also been treated with some success by therapists in the object-relations and self-psychology traditions. According to these perspectives, defensive responses result from early relations with caregivers, in which dependence and vulnerability are discouraged or punished, and the child does not feel that his or her true self is accepted (Kohut, 1966). Treatment generally involves dismantling defensive strategies by encouraging clients to give up the false self they have constructed to protect themselves from rejection and vulnerability, and by fostering recognition of needs for closeness with others (e.g., Johnson, 1987).

In addition, experimental research indicates that avoidant individuals respond positively to security-inducing primes: Like secure individuals, they become less hostile toward out-groups (Mikulincer & Shaver, 2001), more open to new ideas (Mikulincer, 1998), more empathic (Mikulincer et al., 2001), and more attracted to secure relationship partners (Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996). Although tasks designed to foster closeness in dyads may be less effective for avoidant compared to nonavoidant participants, they have nevertheless been shown to increase attachment security (at least temporarily) for both groups (Aron et al., 1997). These findings suggest that therapeutic interventions that serve similar security-enhancing functions could be used successfully with avoidant individuals. Along these same lines, secure

relationship partners, by serving as repeated, chronic security primes, may temper avoidant defenses and increase avoidant individuals' desire for and comfort with closeness.

Conclusions

We began by asking five questions to which we can now offer preliminary answers.

(1) How does avoidant attachment work, both intrapsychically and interpersonally (i.e., behaviorally)? For some people, avoidance is a necessary compromise between an innate need for reliable protection, safety, and support from a few select people – attachment figures – and fear of punishment, rejection, or abandonment by those figures. Theoretically, this compromise is accomplished through a network of inhibitory neural circuits (Shaver & Mikulincer, 2002). That is, the attachment behavioral system itself remains intact; however, under conditions that remind a person of potential vulnerability to punishment, loss of control, or rejection, he or she automatically inhibits needs for closeness and protection and instead opts for self-reliance and avoidant coping strategies. Outwardly, as observed by relationship partners and researchers, this inhibitory process may suggest the absence of distress, and even a failure to become emotionally attached to others. Inwardly, it is a costly process that can lower a person's quality of life and poison his or her close relationships.

(2) How does avoidant attachment differ from secure attachment? Secure individuals can generally be self-reliant because they have found that safety, support, and encouragement are reliably provided by relationship partners when needed. Their autonomy is not propped up by defensive, inhibitory circuitry that keeps them from experiencing the full range of emotion, distorts perceptions of self and relationship partners, and (in the long run) damages health and close relationships. Both secure and avoidant individuals view themselves as having high self-esteem, but avoidant self-views are maintained through a combination of defensive projection of

their own unwanted traits onto others and suppression or repression of threats and fears. Secure individuals generally make good relationship partners by virtue, in part, of being competent, empathic caregivers. Avoidant individuals generally do not respond well to partners who are in need, and have trouble providing empathic care.

(3) Are avoidant individuals really "attached" in a measurable sense? Yes. When asked to complete the WHOTO questionnaire (Trinke & Bartholomew, 1997), which asks who participants would turn to in times of need, avoidant individuals list the same kinds of people that nonavoidant individuals do – parents, romantic partners, siblings, and friends (Mikulincer et al., 2002). Moreover, when avoidant research participants are primed with threatening words such as "failure," the lexical decision times for their named attachment figures decrease just like those of nonavoidant participants. Moreover, when avoidant individuals are asked to vividly imagine breaking up with their long-term relationship partner, their level of concern and autonomic arousal are similar to those of nonavoidant individuals (Fraley & Shaver, 1997). What makes them different is that they can shut off thinking about this painful topic at will, which less avoidant people (especially those who are high in attachment anxiety) have difficulty doing. Although avoidant individuals may *look* less attached in many situations (e.g., being more interested in extra-relationship sex, grieving less intensely following breakups), they are likely to be attached to their primary relationship partners in very real ways. Their reasons for being involved in long-term relationships are probably more or less the same as the reasons of nonavoidant individuals.

(4) Are avoidant adults truly "insecure," or can avoidance 'work' smoothly as a style of relating to others? Avoidant individuals are truly insecure, even if they do not say so on common measures of psychological distress. Their insecurity is often detected by indirect measures, such

as assessments of peer reports and physiological indices of distress, and is reflected in their relationships with others. Although avoidant individuals may be relatively successful at regulating attachment-related distress much of the time, their ability to relate to others is severely hindered by their repertoire of defensive strategies. Their close relationships are less intimate, interdependent, satisfying, and long-lasting than those of secure individuals.

(5) Can avoidance be transformed into security? Because avoidant research participants respond to security primes in the same ways, and to the same extent, as secure participants (Mikulincer & Shaver, 2001), we are optimistic that their attachment systems are capable of being transformed in the direction of security. Therapeutic interventions that serve a security-enhancing function have the potential to help avoidant individuals overcome their fear of intimacy.

Barring clinical intervention, however, avoidant individuals are likely to find themselves in an inevitable paradox: On the one hand, they, like anyone else, desire closeness and intimacy with others. Yet, on the other hand, the experience of closeness is likely to activate defensive processes that make those very experiences unlikely.

Thus, insofar as avoidant individuals simultaneously desire and avoid closeness and intimacy with others,

Returning to the more general question... how can an individual be said to be avoidantly attached??

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