

# RELATIONSHIP BETWEEN ATTACHMENT STYLES AND CLUSTER B PERSONALITY DISORDERS AMONG ADULT MALES AND FEMALES DIAGNOSED WITH THE DISORDER IN QESHM ISLAND, IRAN

Mitra Zerang Sagha <sup>1</sup>

Parvathy Varma <sup>2</sup>

Mohammadrasool Yadegarfar <sup>3</sup>

**Abstract:** The current study attempted to examine the relationship between the three attachment styles (secure, anxious/ambivalent, and avoidant) and the four Cluster B personality disorders (borderline, antisocial, narcissistic, and histrionic) among males and females diagnosed with the disorder in the island of Qeshm, Iran. A total of 80 adult male and female patients diagnosed with Cluster B personality disorder, aged between 18 and 65 years, were referred by 28otmail28ed28 centers, psychiatric clinics, and hospitals in Qeshm Island, Iran for participation in this research study. The participants were asked to complete the Adult Attachment Inventory (AAI) and the Millon Clinical Multiaxial Inventory (MCMI). Data analysis involved both descriptive and inferential statistics including reliability analysis, means, and standard deviations for the computed factors, GLM multivariate analysis of variance (MANOVA) to test for gender differences, and multiple regression analysis. The results revealed that none of the three attachment styles significantly predicted any of the four Cluster B personality disorders. Additionally, no overall gender difference was found in the seven variables combined. Implications, limitations, and avenues for future research are presented.

**Keywords:** attachment styles, cluster B personality disorders

## Introduction

Attachment is considered an important etiological factor in the development of personality disorders (Timmerman & Emmelkamp, 2006). Bowlby (1969, 1982) suggested that psychopathology appears due to parental rejection and neglect in childhood. Psychoanalysts have accepted Bowlby's perspective that attachment problems in early childhood can cause personality disorders (Khanjani, Hoseninasab, & Kazemi, 2014). The results of several studies suggest a relationship between attachment styles and personality disorders. For example, Brennan and Shaver (1998) posited that attachment style is a root cause of personality disorders. Furthermore, they reported a large overlap between attachment style and personality disorders that was later confirmed by other researchers (e.g., Meyer, et al., 2001; Levy (2005).

On a related note, some empirical findings confirmed the relationship between borderline personality disorder and insecure attachment style (Sable, 1997; Nickell, Waudby, & Trull, 2002; investigated the relationship between attachment styles and personality disorders in individuals who were sexually molested in childhood. The results revealed that individuals with insecure attachment style referred to their parents as 'non-caregivers' and presented some symptoms of antisocial personality disorder. Timmerman and Emmelkamp (2006) investigated the relationship between attachment styles and Cluster B personality disorders in inmates and forensic patients and observed that most of the people in these groups reported having experienced ambivalent attachment style and less secure attachment style. More specifically, the study demonstrated a relationship between ambivalent attachment style and histrionic and antisocial personality disorders

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<sup>1</sup> M.S. Candidate in Counseling Psychology, Graduate School of Psychology, Assumption University, Thailand.  
m.zaarang@gmail.com

<sup>2</sup> Ph.D., Lecturer, Graduate School of Psychology, Assumption University, Thailand.  
parvaathyvarma@hotmail.com

<sup>3</sup> Ph.D Candidate in Health Psychology, Bedfordshire University, United Kingdom.  
arya\_new2@hotmail.com

There have also been studies that established a relationship between ambivalent attachment style and borderline personality disorder (e.g., Patrick, Hobson, Castle, Howard, & Maughan, 1994) and, similarly, between borderline personality disorder and both ambivalent and avoidant attachment styles (Choi-Kain, Fitzmaurice, Zanarini, Laverdière, & Gunderson, 2009). In contrast, an Iran-based study by Besharat (2006) reported a nonsignificant relationship between attachment style and borderline personality disorder.

Interestingly, another Iranian study demonstrated that no relationship exists between attachment styles and disorders of cluster B personality disorders (Khanjani et al., 2014). Notwithstanding many Western-based studies that demonstrated outcomes to the contrary, in a meta-analysis of 30 studies on the relationship between attachment and psychopathology, van Ijzendoorn and Bakermans-Kranenburg (1996) concluded that there are no systematic relations between clinical diagnosis and type of insecure attachment.

Similarly, no clear pattern of relationships between specific attachment styles and specific personality disorders was reported in a number of studies (van Ijzendoorn et al., 1997; Allen et al., 1996, as cited in Timmerman & Emmelkamp, 2006). In light of these inconsistencies in empirical findings relative to the relationship between attachment styles and personality disorders, further research is warranted in order to derive more definitive conclusions on the issue, with a view to bridging the knowledge gap.

#### *Gender role and personality disorder.*

Conceivably, gender construction has a profound effect on the evaluation and standards of normal and abnormal behaviors. Concern for the presence of gender bias of personality disorders has been raised within the DSM, in part, by the frequent diagnoses made according to gender stereotypes. The DSM-IV-TR characterizes personality disorders as marked distress and impairment caused by persistent and inflexible thoughts and behaviors that deviate from cultural norms. DSM categorized disorders into three clusters (A) odd or eccentric, (B) dramatic, emotional, or erratic, and (C) fearful or anxious. Within this context, this study attempted to focus on cluster B personality disorders (antisocial, borderline, narcissistic, and histrionic) to investigate prevalence and frequency of this disorder between Iranian males and females to find out if gender has any effect in expanding cluster B personality disorders.

#### *Purpose.*

The current study examined the relationships between the three attachment styles (secure, anxious-ambivalent, and avoidant) and the Cluster B personality disorders (borderline, antisocial, narcissistic, and histrionic). In addition, owing to lack of information on gender difference in attachment styles and cluster B personality disorders, this study also ventured to investigate differences across adult males and females diagnosed with the disorder.

This research also aimed to raise public and professional awareness of the implications of attachment style in childhood and its potential effects on the adult personality, with a view to serving as a catalyst for policy makers in the domains of mental health and good parenting to develop and implement interventions that would effectively address the issues raised.

#### *Attachment*

Attachment is an affectional bond between child and primary caregiver. Attachment to the primary caregiver expands during the first 18 months or so of life. This bond affects later social, psychological, and biological valence through the individual's internal working model (IWM). The IWM of self determines whether the self is worthy of receiving help from anyone, in particular, the caregiver.

#### *Attachment styles.*

Infants' attachment styles were empirically categorized on the basis of a structured series of separations and reunions between the caregiver and infant, called the Strange Situation (Ainsworth et al., 1978, as cited in Westen, Nakash, Bradley, & Thomas, 2006). Upon reuniting with the caregiver, secure infants seek comforting contact with the caregiver. These infants learn to rely on the availability and sensitivity of the caregiver if the need arises. Ainsworth and colleagues (1978) identified two kinds of insecure attachment: avoidant and anxious-ambivalent. Avoidant infants ignore the return of their caregiver after

separation and are indifferent towards them, while anxious-ambivalent infants seek contact with the caregiver but fail to be soothed by him or her.

### *Cluster B Personality Disorders*

Cluster B personality disorders comprise antisocial, borderline, histrionic, and narcissistic personality disorders.

#### *Antisocial personality disorder.*

Antisocial personality disorder refers to a kind of chronic mental condition that affects the way of thinking and perceiving situations and relationships with others. For this diagnosis to be given, the individual must be at least 18 years old and must have had a history of some symptoms of conduct disorder before age 15. The specific behaviors characteristic of conduct disorder fall into one of four categories: aggression to people and animals, destruction of property, deceitfulness or theft, or serious violation of rules. Persons with this disorder disregard the wishes, rights, or feelings of others.

They are frequently deceitful and manipulative in order to gain personal profit or pleasure (American Psychiatric Association, 2013, pp. 661–662). In this study, antisocial personality disorder was measured by means of psychiatric diagnosis and the Millon Clinical Multiaxial Inventory (MCMI III) which is probably the most widely used self-report instrument for the assessment of the DSM-IV personality disorders.

#### *Borderline personality disorder.*

Borderline personality disorder refers to the pervasive patterns of instability in interpersonal relationships, self-image, affects, and marked impulsivity. Individuals with borderline personality disorder make maddening efforts to avoid real or imagined abandonment. These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans (American Psychiatric Association, 2013, pp. 663–666).

#### *Histrionic personality disorder.*

Histrionic personality disorder is a pervasive pattern of excessive emotion and attention-seeking behaviors which begin around early adulthood and present in a variety of contexts. Individuals with histrionic personality disorder are uncomfortable or feel unappreciated when they are not the center of attention. Often lively and dramatic, they tend to draw attention to themselves.

If they are not the center of attention, they may do something dramatic (e.g., make up stories, create a scene) to draw the focus of attention to themselves. The appearance and behavior of individuals with this disorder are often inappropriately sexually provocative or seductive (American Psychiatric Association, 2013, pp. 667–668).

#### *Narcissistic personality disorder.*

Narcissistic personality disorder is a pervasive pattern of grandiosity (in fantasy or 30otmail30e), need for admiration, and lack of empathy which generally begin around early adulthood and presents in a variety of contexts. Individuals with this disorder have a grandiose sense of self-importance. They are often preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. They believe that they are superior, special, or unique and expect others to recognize them as such. Individuals with this disorder generally require excessive admiration. Their self-esteem is almost invariably very fragile (American Psychiatric Association, 2013,).

## **Methodology**

This quantitative research employed multiple regression analysis to test the research hypotheses. Quantitative data were derived from the responses of participants to the selected research measures adapted for use with Iranian participants. The predictor variables of this study consisted of the three attachment styles (secure, anxious-ambivalent, and avoidant) and the criterion variables consisted of the four Cluster B personality disorders (borderline, antisocial, narcissistic, and histrionic).

### *Sample*

To meet its objectives, this investigation required a sample of Iranian males and females diagnosed with cluster B personality disorder, aged between 18 and 65 years. Convenience sampling was used to obtain participants for the study. The reason for choosing this method is that there was no accurate number of individuals with personality disorder in Qeshm Island.

They are hidden and regarded as an unorganized population. Hence, the researcher could only recruit available cluster B personality disorder patients who were willing to participate, with the assistance of local mental health institutions. A total of 80 patients diagnosed with cluster B personality disorder were referred by counseling centers, psychiatric clinics, and hospitals in the island. After screening for participants' inclusion criteria and obtaining their informed consent, the target participants were asked to complete the selected research measures to gather data for use in the study.

### *Instruments*

For the purposes of this study, a three-part questionnaire in Farsi language was employed to gather data. Instrumentation consisted of a personal information section, the Adult Attachment Inventory (AAI), and the Millon Clinical Multiaxial Inventory (MCMI-III). A cover letter was provided to explain the nature and purpose of the questionnaire. The following section presents detailed descriptions of the different parts of the questionnaire.

#### *Part 1: Personal information.*

In this section, a researcher-constructed set of questions was used to obtain the required personal information about the respondents. This part consisted of items directed at the selected demographic characteristics of age, gender, marital status, and level of education.

#### *Part 2: Adult Attachment Inventory.*

The Adult Attachment Inventory (AAI) is a 15-item inventory adapted from the attachment style questionnaire of Hazan and Shaver (1987) that was earlier normed and translated by Dr. Besharat into Farsi. It was validated in 2011 for the purpose of measuring attachment styles for use with Iranian populations (Besharat, 2011). The items consisted of statements that had previously proved useful in assessing the three styles of attachment: secure attachment (5 items), anxious-ambivalent attachment (5 items), and avoidant attachment (5 items), using a five-point Likert scale ranging from 'very much' to 'very little'.

#### *Part 3: Millon Clinical Multiaxial Inventory.*

The Millon Clinical Multiaxial Inventory (MCMI) is one of the most widely used psychological assessment instruments. The MCMI had been normed twice in Iran: first, by Khajeh Mogahi (1993) in Tehran, and then by Sharifi (2002) in Esfahan (both as cited in Sharifi, Molavi, & Namdari, 2007). The Millon Clinical Multiaxial Inventory-Second Version (MCMI-II) was introduced in 1987 and has undergone two revisions during the past two decades. Recently, the third version of (MCMI-III) was published to match the diagnostic guidelines advanced in DSM-IV.

## **Results**

### *Demographic Profile of Respondents*

The sample consisted of 80 participants of whom 45 (56.3%) were males and 35 (43.8%) were females. Their ages ranged from 21 to 43 years, with a mean age of 29.34 years. In terms of their marital status, 40 (50%) participants reported that they were married and 40 (50%) reported that they were single. In terms of their education status, the majority of the participants reported that they have a Diploma, Upper Diploma, or a Bachelor's degree ( $N=74$ ; 92.5%).

### *Means and Standard Deviations for the Seven Computed Factors.*

The following Table 1 presents the means and standard deviations for the seven computed factors. The Table also presents the means and standard deviations as a function of the participants' gender.

**Table 1: Means and Standard Deviations for the Computed Factors of Secure Attachment, Ambivalent Attachment, Avoidant Attachment, Borderline, Antisocial, Narcissistic, and Histrionic as a Function of Gender**

	Male		Female		Entire sample	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Histrionic	1.35	.24	1.30	.20	1.33	.23
Narcissistic	1.32	.20	1.28	.18	1.30	.19
Antisocial	1.36	.21	1.34	.20	1.35	.20
Borderline	1.32	.21	1.30	.17	1.31	.19
Secure attachment	3.16	.71	3.35	.88	3.24	.79
Avoidant attachment	3.62	.84	3.81	.87	3.70	.85
Ambivalent attachment	3.43	.92	3.49	1.09	3.45	.99

As can be seen from Table 4, the cluster B disorder factors of borderline, antisocial, narcissistic, and histrionic were rated below their respective mid-points (1.5). Thus, both male and female participants reported low levels for all four personality disorder factors. In terms of their attachment styles, the participants rated all three attachment styles of secure attachment, ambivalent attachment, and avoidant attachment above their respective mid-points (3.00). Thus, overall, both male and female participants reported high levels for all three types of attachment styles.

#### *GLM Multivariate Analysis of Variance (MANOVA) to Test for Gender Difference*

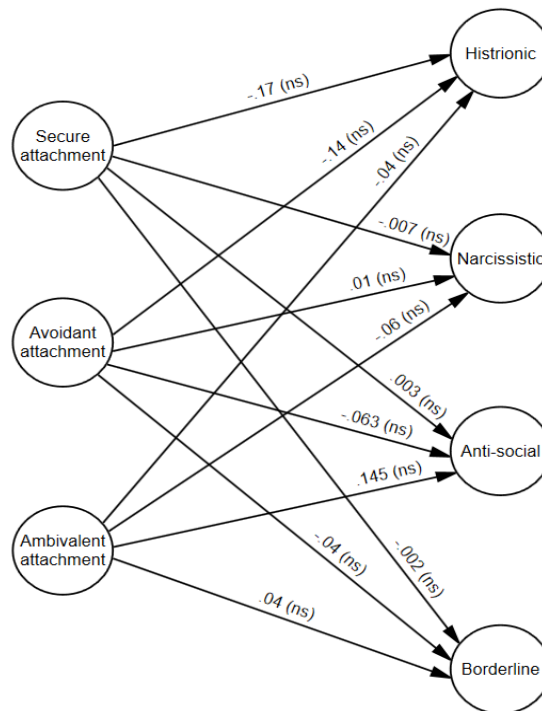
Research question: *Are there gender differences in attachment styles and cluster B personality disorders among adult males and females diagnosed with the disorder in Qeshm Island, Iran?*

In order to investigate whether there are gender differences in the seven computed variables (secure attachment style, anxious-ambivalent attachment style, avoidant attachment style, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, and histrionic personality disorder), GLM multivariate analysis of variance (MANOVA) was conducted.

The results showed that there is no overall gender effect for the seven variables combined,  $F(7,72)=.64, p>.05$ . Follow-up tests of between-subjects effects showed that gender has no significant effect for any of the seven variables ( $p>.05$ ). Thus, male and female participants reported very similar levels of the cluster B disorder factors of borderline, antisocial, narcissistic, and histrionic, and the attachment styles of secure, anxious-ambivalent, and avoidant.

#### *Multiple Regression Analysis*

In order to test the impact of the attachment styles of secure attachment style, anxious-ambivalent attachment style, and avoidant attachment style on the participants' cluster B personality disorder factors of borderline, antisocial, narcissistic, and histrionic, multiple regression analysis was conducted. The analysis involved regressing the personality disorder factors of borderline, antisocial, narcissistic, and histrionic on the predictor attachment style variables of secure attachment, anxious-ambivalent attachment, and avoidant attachment. The results of the analysis are presented in Figure 1



**Figure 1. Regression model showing the impact of the participants' attachment styles of secure attachment, anxious-ambivalent attachment, and avoidant attachment on the cluster B disorder factors of borderline, antisocial, narcissistic, and histrionic.**

The results showed that none of the three predictor variables of secure attachment style, anxious-ambivalent attachment style, and avoidant attachment style significantly predicted any of the four cluster B personality disorders of borderline, antisocial, narcissistic, and histrionic ( $p > .05$ ). Some of the correlations (e.g., avoidant attachment style and narcissistic personality disorder, secure attachment style and antisocial personality disorder, anxious-ambivalent attachment style and antisocial personality disorder, anxious-ambivalent attachment style and borderline personality disorder) were in the positive direction but failed to reach levels of statistical significance. Regardless of the participants' levels of attachment styles (secure attachment, anxious-ambivalent attachment, avoidant attachment), they reported low levels of the cluster B disorder factors of borderline, antisocial, narcissistic, and histrionic.

## Discussion

The result that there is no overall gender effect for the seven variables combined is not unusual. The reason for this outcome can be traced to the origin of attachment theory in the study of early parent-child relationships. Parent-infant attachment patterns show an almost complete absence of sex differences; that is, hundreds of studies have found the same distribution of attachment patterns in males and females (van Ijzendoorn, 2000, as cited in Del Giudice, 2011). Early studies of adult attachment also failed to reveal clear differences between males and females (e.g., Hazan & Shaver, 1987). Additionally, studies consistently failed to detect any gender difference in attachment-related states of mind (van Ijzendoorn & Bakermans-Kranenburg, 1996). Del Giudice (2011) even suggested that in its current form, the theory of attachment might have a blind spot on the issue of gender differences; that gender differences do not exist or, at least, can be safely ignored.

The current study was based, to a large extent, on John Bowlby's attachment theory which argued that individuals' attachment style is determined largely by the quality of the caregiver's emotional bond with the infant and family condition rather than gender (Bowlby, 1988). Not surprisingly, less attention was given to gender as a determining factor in individuals' attachment style. There were a few attempts to investigate gender as a predictor of attachment style; however, most of them showed that there is no significant relationship between gender and attachment style. In other words, both males and females were affected by the implications of attachment style in the same way (Shaibi, 2011). The current

finding that gender has no significant effect for any of the seven variables might seem to be an artifact of the sample, since the adult males and females diagnosed with cluster B personality disorder in Qeshm Island, Iran approximately equally reported very similar levels of the three attachment styles and the four personality disorders under investigation.

Notwithstanding all the arguments about an almost complete absence of gender differences in attachment patterns, Scott, Levy, and Pincus (2009) reported gender differences in a study on adult attachment, personality traits, and borderline personality disorder features in young adults. Comparisons of men and women's scores on each observed variable in the combined sample revealed that women scored significantly higher than men in anxiety, angry hostility, depression, impulsivity, and anxious attachment, while men scored higher than women on avoidant attachment.

Interestingly, the issue of gender difference in the diagnosis of personality disorders has received much attention in the psychological and psychiatric literature. According to the American Psychiatric Association (2000), borderline personality disorders and histrionic personality disorders occur more often in women than in men, while the antisocial and narcissistic types are more often diagnosed in men. The latter findings were consistent with the results of an exploration of gender role and personality disorder which reported that men were diagnosed more often with antisocial personality disorders whereas women were diagnosed more often with borderline and histrionic personality disorders (Klonsky, Serrita, Turkheimer, & Oltmanns, 2002). On a related note, in a seminal article, Kaplan (1983) argued that DSM histrionic personality disorder is a gender-biased construct, based in part on the observation that women are more often diagnosed with the disorder. In disagreement, Nestadt et al. (1990) presented empirical evidence that histrionic personality disorder is equally prevalent in men and women.

In sum, considering all the foregoing findings including the current results, it can be said that there is a healthy debate about the issue of gender differences in attachment styles and personality disorders which warrants further exploration in an attempt to help close the knowledge gap.

The results from multiple regression analysis indicated that none of the three predictor variables of secure attachment style, anxious-ambivalent attachment style, and avoidant attachment style significantly predicted any of the four cluster B personality disorders of borderline, antisocial, narcissistic, and histrionic. Thus, regardless of the participants' levels of attachment styles, they self-reported low levels of the cluster B personality disorders.

### **Limitations**

The present study was conducted on 80 adult male and female patients diagnosed with cluster B personality disorder, referred by cooperating 34 outpatient centers, psychiatric clinics, and hospitals in Qeshm Island, Iran with possibly differing diagnostic standards. This researcher's reliance on the convenience sampling method in obtaining a certain number of respondents may have restrained the generalizability of the findings. By the same token, this study was conducted in a specific time period. Hence, its findings may not be generalized to other time spans, although it was not the purpose of this study to look at the link between attachment styles and personality disorders over time.

Finally, the current study was quantitative in methodology, and a self-report tool was employed for data collection. Had the participants been interviewed in-depth as in a qualitative study, the results could possibly have been more accurate since detailed data was gathered through open-ended questions that provided direct quotations. A holistic description of events, procedures, and philosophies occurring in natural settings is often needed to derive accurate impressions and recollections. This differs from quantitative research such as that used in the current study in which selected, pre-defined variables were assessed.

### **Conclusion**

It can be concluded from the results of this study's data analyses that there is no overall gender effect for the seven variables combined. In more specific terms, the adult males and females diagnosed with the disorder in Qeshm Island, Iran reported very similar levels of the cluster B personality disorder factors of borderline, antisocial, narcissistic, and histrionic, as well as the attachment styles of secure, anxious-ambivalent, and avoidant. While this outcome is supported by a number of empirical findings reported in the literature, there are also those that gave evidence to the contrary. An implication of this disparity is the need for further investigations of the same nature but with more exact research methods



and tools in order to come to more definitive results. Raising the bar for more accurate explorations of gender differences as a salient feature of psychological science will help enlighten researchers who believe that gender differences do not exist, or at least can be safely ignored. In most published studies, the effects of sex/gender either go entirely untested or are examined only to be statistically controlled for. Perhaps the importance placed on gender differences by the current study would serve as a catalyst for future studies to give gender difference the respect and relevance it deserves.

A second conclusion that can be drawn from this study is that none of the three predictor variables of secure attachment style, anxious-ambivalent attachment style, and avoidant attachment style significantly predicted any of the four cluster B personality disorders of borderline, antisocial, narcissistic, and histrionic. Thus, regardless of the participants' levels of attachment styles, they self-reported low levels of the cluster B personality disorders. This result is not atypical; it is, in fact, consistent with a number of studies that echoed the same or similar findings. However, this is not a definitive outcome as there appears to be even more findings in the literature that contradicted this outcome. Again, the implication is that, in light of inconsistencies in research findings relative to the relationship between attachment styles and personality disorders, further research is warranted in order to derive more definitive conclusions on the issue, with a view to closing the knowledge gap. Hopefully, the present study would be instrumental in helping to advance the debate and stimulate new research on the fascinating yet debatable issues surrounding the link between childhood attachment and adult personality disorders.

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