

How Childhood Attachment Predisposes the Development of Anxiety/Anxiety Disorders

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Abstract

The present literature review examined how childhood attachment styles can predispose individuals to develop anxiety/anxiety disorders. Underlying factors (e.g. parental rearing behaviours) that shape individuals' attachment style were also examined. This literature review revealed that people who have insecure attachment relationships with their caregiver have an increased risk of developing anxiety/anxiety disorders in the future compared to individuals with secure attachment relationships. Insecurely attached children are at a higher risk for developing anxiety because they are not able to form a stable relationship with their caregiver. Securely attached children appeared to have the most secure base with their attachment figure and have no problem exploring their environments. Therefore, children with a secure attachment are sheltered from developing anxiety/anxiety disorders in adolescence and adulthood. This review also examined what information is crucial to consider when therapists are developing treatment plans. Overall, specific childhood attachments can evoke anxiety, which can stay with them as they enter adolescence and adulthood.

How Childhood Attachment Predisposes the Development of Anxiety/Anxiety Disorders

Childhood is a very important time where children form an attachment style by entering a specific relationship with his or her caregiver. Certain attachment styles can predispose children to develop anxiety or anxiety disorders. The type of attachment relationship children form depends on their interactions with other people and their surrounding environment. The type of relationship created is based upon the characteristics of the child's environment and can differ considerably (Kerns & Brumariu, 2014). Children often develop connections with their mother, father, or guardian and the emotional relationship that the child has with these individuals shape what kind of attachment they will form (Levy, Ellison, Scott, & Bernecker, 2011; Malekpour, 2007). One attachment relationship that can be formed is a secure attachment. This can be viewed as the most desirable because a child feels most secure and comfortable with their attachment figure. It is extremely important for individuals to form positive relationships with their caregiver. This is because the child's caregiver is used as a stable base for investigating the world around them and aids children in forming connections with other people (Levy et al., 2011).

Attachment figures that have formed a strong and sturdy relationship with the child, and are alert to them, give assistance to the child so he/she can establish healthy views of oneself (Schimmenti & Bifulco, 2015). Attachment figures that are not alert and do not help children create a favourable view of themselves create immense problems for the child and he/she may feel ostracized (Schimmenti & Bifulco, 2015). Children who feel like their attachment figure has turned their back on them and who do not have a stable relationship, opens up an opportunity for children to develop anxiety or anxiety

disorders. If anxiety starts to arise in the child and he/she does not seek treatment, then the anxiety or anxiety disorder will persist into adolescence and even adulthood. This can cause extensive strain on the individual and may create health problems in the future. When children and their caregiver are unable to have a secure relationship, this causes problems in the child's life, like not being able to regulate their emotions (Esbjörn, Bender, Reinholdt-Dunne, Munck, & Ollendick, 2012). Since the child cannot maintain his/her emotions, this can result in anxiety/anxiety disorders and cause further problems (Esbjörn et al., 2012).

A problem for many individuals is that anxiety can sometimes be overlooked and not treated as a serious condition (Esbjörn et al., 2013). When a person has anxiety, tasks that used to seem normal and easy are now difficult to accomplish. For example, individuals trying to regulate their emotions or deal with pessimistic events they encounter, the environments can evoke feelings that can be hard to regulate when a person is battling anxiety (Kerns & Brumariu, 2014). Although anxiety seems to have many negative effects on individuals, it can be managed, modified, or even highly reduced through therapy. When children become stressed, their responsiveness to the environment can be altered (Nolte, Guiney, Fonagy, Mayes, & Luyten, 2011). This happens through the child's relationship with their caregiver and through experiences during childhood (Nolte et al., 2011).

There are multiple factors that can shape individuals' attachment relationships, which could lead to anxiety or anxiety disorders later in life. It is important that children develop a strong and secure base with their attachment figure so that they can begin to investigate their own surroundings and environments and feel safe doing so. Therefore,

this paper will analyze: 1) how children's attachment styles can predispose them to developing anxiety/anxiety disorders in the future; and 2) the specific attachment relationships that have a tendency to provoke the development of anxiety/anxiety disorders; and 3) how anxiety/anxiety disorders can be controlled or reduced through treatment programs, such as, counseling, cognitive-behavioural therapy, and can be modified to treat patients' specific attachments.

Anxiety Development

Individuals can develop anxiety through genetics, their attachment style, and from their environmental conditions, such as parental authority (Edwards, Rapee, & Kennedy, 2010; McLeod, Wood, & Weisz, 2007; Murray, Creswell, & Cooper, 2009). Children learn through modelling other individuals such as their parents (Murray et al., 2009). This becomes a concern when the children are modelling their parents who have anxiety (Murray et al., 2009). This exposes the child to anxiety driven behaviours (e.g. self-consciousness or increased worrying), which could increase the child's risk for developing anxiety/anxiety disorders (Cooper, Fearn, Willetts, Seabrook, & Parkinson, 2006; Murray et al., 2009).

The first few years of children's lives are the most critical in forming a secure attachment (Malekpour, 2007). This is because the child will remember this time as being positive or negative, which influences how they will interact with the world (Malekpour, 2007). Overbearing attachment figures can cause children to be susceptible to pessimistic feelings and develop anxiety (Cassidy et al., 2009; Edwards et al., 2010). Anxiety results from children having an insecure relationship with their caregiver, as well as from the caregiver's negative attitudes towards the child (Cassidy et al., 2009).

Individuals' emotions play a crucial role in their lives. Emotions influence whom individuals interact with and how they feel within their surroundings (Esbjørn et al., 2012). Therefore, people who are battling anxiety may not go to the same places as others who do not have anxiety. These individuals may stay clear of environments that make them feel anxious (e.g. social events), and so they never face their anxiety, which can increase their anxiety symptoms (Esbjørn et al., 2012). For example, if a person goes to a mall and he/she starts to feel anxious, instead of going to the mall they might try online shopping. Therefore, instead of a person trying to cope with their anxiety while at the mall, they remove themselves from this situation. By individuals not dealing with their anxiety right away this enhances feelings of anxiety (Esbjørn et al., 2012). Whereas, other individuals could enter environments that they know will bring on their anxiety (like going to the mall) and instead of running away from the situation they embrace it, by using coping mechanisms or trying to change their thinking in order to confront and control their anxiety (Esbjørn et al., 2012).

Being able to regulate emotions so that a person does not become overwhelmed by negative feelings or thoughts is one way to prevent or control anxiety (Kerns & Brumariu, 2014). One of the skills that parents/caregivers can teach their children is how to regulate their emotions (Kerns & Brumariu, 2014). This is an important skill to develop because it can prevent the overwhelming feelings that emotions can have on a person and can help people deal with various situations that evoke emotions more effectively. People who develop a secure attachment relationship tend to have a greater understanding of how to control their emotions compared to individuals with an insecure attachment (Kerns & Brumariu, 2014). Children learn to cope or respond to events

differently based on their attachment style; therefore, some children are more prone to developing anxiety than others (Mikulincer & Florian, 1995).

Attachment Styles and Anxiety

Secure Attachment

Children with a secure attachment to their primary caregiver tend to have a good relationship. These children think highly of their caregiver and know that they will be attentive when the child needs them (Breinhoist, Esbjørn, & Reinholdt-Dunne, 2015). Securely attached children know that their caregiver will protect, and guide them, and that they are trustworthy (Breinhoist et al., 2015). When people have caregivers like this, there is no need to feel scared or worried when stepping out to explore their environments and connections with other individuals (Levy et al., 2011). Since securely attached children do not feel frightened when investigating environments, they tend to search for nurturing relationships (Nolte et al., 2011). These children know that they have a concrete base (attachment figure) that they can interact with and come back to when needed.

Children with secure attachments are fortunate because they have formed a secure relationship with their attachment figure. Even if the child's caregiver failed to look after them in the beginning of infancy, the secure attachment developed in childhood shelters them from developing anxiety/anxiety disorders (Schimmenti & Bifulco, 2015). These children have caregivers that care for them unconditionally and assist them in every area of their lives, especially when they are in trouble (Warren, Huston, Egeland, & Sroufe, 1997). Therefore, this encourages the child to feel safe and not alone (Warren et al., 1997). Since there is a strong relationship between the attachment figure and the child, this creates a secure attachment (Warren et al., 1997).

Individuals who have secure attachments are less likely to develop anxiety/anxiety disorders because they tend to be stable in their relationships with their attachment figure and others. Therefore, there is less conflict arising in individuals' lives, thus suppressing the development/feeling of anxiety.

Insecure Attachment

Insecure attachment can be classified into three categories: avoidant, ambivalent, and disorganized attachments. These children tend to have trouble in environments where they have to interact with others, as well as, during emotional interactions (Kerns & Brumariu, 2014). Mothers of these children may ignore or dismiss the child, and can also be very controlling (Breinhoist et al., 2015). As a result, insecurely attached children have to explore their surrounding environments alone, which can lead to the development of anxiety/anxiety disorders.

Insecurely attached children are not able to form a stable relationship with their caregiver, making them vulnerable to forming anxiety/anxiety disorders (Kerns & Brumariu, 2014). When children are disregarded emotionally this can cause many problems because they are not receiving the nurturing and support they need to grow and be successful. Thus, when caregivers portray emotional disregard to their children they are not teaching or showing the child how to think optimistically towards themselves or life events (Schimmenti & Bifulco, 2015). This can create anxiety in individuals who experience emotional disregard because they do not know how to positively interact with the world, leaving anxiety to persist into the future (Schimmenti & Bifulco, 2015). Therefore, children who do not receive appropriate care from their attachment figures and

are mistreated can form an insecure attachment to their caregiver (Schimmenti & Bifulco, 2015).

An insecure attachment in infancy can be a signal for anxiety later in life (Esbjørn et al., 2013). Insecurely attached individuals have a tendency to be anxious in a variety of situations, even in situations where there is no cause for anxiety to occur (Warren et al., 1997). When a child encounters an upsetting situation and their attachment figure has failed in providing the child with a secure and stable environment this in turn, can cause the child to develop anxiety (Nolte et al., 2011).

Avoidant Attachment. Avoidant attachments can be seen as the opposite of secure attachment. These children do not have a stable relationship with their caregivers and do not look for consolation in them (Breinhoist et al., 2015). The caregivers tend to be seen as always occupied and do not come to the child when they need them (Breinhoist et al., 2015). Children with an avoidant attachment are inclined to separate themselves from their attachment figure, especially when the caregiver dismisses the child and ostracizes them (Kerns & Brumariu, 2014). The caregivers of these children are not available to teach the child how to deal with situations that evoke anxiety, such as how to deal with social situations (Esbjørn et al., 2012). This relationship between the attachment figure and the child becomes a huge problem because the child has no one to confide in and help them investigate their surroundings (Esbjørn et al., 2012). This is a problem because this conflict of avoidance, lack of guidance and secure base can create the development of anxiety/anxiety disorders in the child, which can stick with them even in adulthood (Esbjørn et al., 2012).

Individuals who have developed an avoidant attachment tend to stay clear of situations that will evoke a feeling of anxiety (Bandura, 1988). Since these individuals are abstaining from environments that bring on their anxiety, they will never deal with their anxiety and learn how to control it (Bandura, 1988). There are a variety of different reasons as to why people develop anxiety. The environment that a child is raised in has a crucial impact on whether or not a child will develop anxiety (Nolte et al., 2011). It is important that individuals realize that during therapy they will be taught techniques to reduce their anxiety. This can help them enter environments that previously would have increased their anxiety symptoms (Bandura, 1988).

Ambivalent Attachment. Ambivalently attached children do not have a secure relationship with their attachment figures; instead they are insecure about whether or not their caregiver will be accessible to them and when they will be accessible (Kerns & Brumariu, 2014). Therefore, because of this feeling of insecurity and unease about their caregiver they may be hesitant when it comes to trying to form a relationship with them (Kerns & Brumariu, 2014). These children always want encouragement and comfort from their attachment figure and from other individuals they have relationships with (Breinhoist et al., 2015). This is because ambivalently attached children never had a secure base to come to during times of emotional suffering, and they could never fully depend on their caregivers to support them. Thus, it is problematic when these children are trying to control their emotions (Esbjørn et al., 2012). So, this kind of relationship between the child and caregiver is not stable and is liable to produce anxiety or even anxiety disorders because of this feeling of instability, lack of emotional control and always seeking approval from others.

Children with an ambivalent attachment are unsure about how their caregiver will react in different situations (Bar-Haim, Dan, Eshel, & Sagi-Schwartz, 2007). Since the child knows that his/her caregiver's actions can be inconsistent this can create a feeling of anxiety (Bar-Haim et al., 2007). These children cannot rely on their attachment figures, thus, leaving them continually worried about being abandoned (Bar-Haim et al., 2007). This creates problems for children because they tend to have constant anxiety when they are alone investigating their surroundings, and even when they enter into environments that should not provoke their anxiety (Bar-Haim et al., 2007). Thus, children who develop an ambivalent attachment have trouble managing their anxiety because they did not have a comforting and supportive caregiver to create a secure relationship with. Instead, they are left worried when entering into situations and exploring new things.

It is important to note that the way children are raised by their caregivers has a major influence on how they will view and interact with the world (Breinhoist et al., 2015). If a child is raised in a loving and supportive environment, where the child has a comfortable and secure relationship with their caregiver then this child is less likely to develop anxiety. This is because securely attached children know they can depend on their caregiver. In environments where the child cannot depend on their caregiver and the caregiver is overbearing, then this creates issues where anxiety can form (Breinhoist et al., 2015). As well, these children who are having trouble with their caregivers might try to increase their self-control by keeping away from them, which can also raise their anxiety (Breinhoist et al., 2015).

Disorganized Attachment. Children who develop a disorganized attachment do not have a pleasurable relationship with their attachment figure. These individuals have

attachment figures they cannot depend on to be there for them in times of need (Kerns & Brumariu, 2014). Therefore, disorganized children may not know how to adapt to their environment and approach their relationship with the caregiver. The child's caregiver could project to them that they might not always be around to keep them safe when they are out exploring the world (Cassidy, Lichtenstein-Phelps, Sibrava, Thomas, & Borkovec, 2009).

Sometimes disorganized children try to take charge of the relationship and instead of the parent looking out for the child, the child instead is trying to oversee the parent (Kerns & Brumariu, 2014). This creates multiple issues because a child's job is not to take care of their parents or attachment figures, and by doing this it takes away from the individuals' childhood. If children are reversing the role of the child-parent relationship to try and maintain and manage their relationship it could cause excessive stress on the child. This, in turn, can create anxiety or anxiety disorders in the child. Anxiety/anxiety disorders are created in children because they typically spend their time trying to get their attachment figure to notice and pay attention to them (Cassidy et al., 2009). Therefore, the child could overemphasize their feelings to get their caregiver to notice them (Cassidy et al., 2009). If this behaviour continues into adolescence and adulthood, the child may not be able to understand and read the emotions of others or themselves correctly (Cassidy et al., 2009). Therefore, role-reversing behaviour along with the child exaggerating his/her emotions could also create the development of anxiety/anxiety disorders. Anxiety can develop since insecurely attached children do not have a secure relationship with their caregiver and they cannot depend on them. Thus, the child has to

go and explore their environments themselves, which could increase their stress level and create anxiety.

Information to Consider When Developing Treatments

The attachment styles children develop in infancy can determine how they will deal with and manage stress, and how they will interpret different environments.

Individuals who have formed attachment styles that are prone to developing anxiety can stay with them, even as they enter adulthood (Nolte et al., 2011).

Securely attached individuals do the best in therapy compared to individuals with other attachment styles (Levy et al., 2011). This is because securely attached individuals are confident in their therapists and are interactive during the therapy process (Levy et al., 2011). Whereas, insecurely attached individuals can have a difficult time interacting with the therapist and expressing how they feel (Levy et al., 2011). It is important that these individuals know they are not alone and with the right treatment they can improve their anxiety symptoms. Anxiety can be reduced through therapy sessions, where individuals (with a secure or insecure attachment) are taught different mechanisms to help them control their anxiety levels (Levy et al., 2011). Individuals can be taught coping strategies, such as, how to regulate breathing and rearrange thoughts to have a more positive outlook on stressful events (Gold, 2011).

Children, adolescents, and adults who have anxiety or an anxiety disorder will benefit from attending therapy. Therapy sessions can help individuals reduce or even eliminate anxiety symptoms. Individuals with different attachment styles will have contrasting interactions with the therapist when they attend therapy and will experience different rates of progression (Levy et al., 2011). It is essential that the therapist

determine the kind of attachment style their patient has, this way they can develop treatment plans that work best for the patient (Levy et al., 2011). But, it is also important that the therapist does not focus only on the attachment style of the patient, they need to design the therapy program to include ways of attaining goals as well (Levy et al., 2011). For example, goals could include reduction or elimination of anxiety symptoms, or even in some cases the patient's attachment is altered (Levy et al., 2011).

There are multiple strategies developed to help therapists create treatment plans that will be the most effective for patients. Therapists teach their patients how to handle and deal with their anxiety (Bandura, 1988). Through exposure, patients learn how to deal effectively when in vulnerable situations that evoke their anxiety (Bandura, 1988; Gold, 2011). For example, therapists will get their patient to either think of a situation that brings on their anxiety, such as, being in an environment alone (Bandura, 1988). After recurrent exposure patients should start to feel less anxious and realize that they can control their anxiety (Bandura, 1988; Gold, 2011). Through restructuring a person's mindset (Gold, 2011), this helps the person feel like they are in control of their anxiety instead of their anxiety controlling them. Thus, through desensitization techniques, the patient can learn relaxation methods, how to cope with internal dilemmas and how to interact and deal with external problems (Gold, 2011).

One way to make the therapy process more successful is for the patient to develop a secure relationship with the therapist (Levy et al., 2011). Patients can do this by not being afraid to interact with their therapist and ask questions. Individuals, who view their therapist as a friend, may help the patient feel safe. By doing this, the patient is able to

use the therapist as a crutch to aid the patient in performing new tasks (Levy et al., 2011). This leads to patients performing better in therapy and leaves them feeling more secure.

Individuals require specific programs to treat anxiety or prevent it from occurring (Breinhoist et al., 2015). Psychotherapy allows the therapist to determine the underlying factors in an individual's life that may lead to anxiety formation (Schimmenti & Bifulco, 2015). By identifying factors such as, a caregivers disregard for their child, this can help the therapist develop a successful program to help treat the patient's anxiety (Schimmenti & Bifulco, 2015). If individuals start treatment early on in life they can learn how to effectively cope with their anxiety and put a stop to further disturbance in the future (Schimmenti & Bifulco, 2015).

Future Research and Implications

Additional research would benefit from further examining the fundamental aspects in an individual's life, such as, parental behaviours that influence anxiety development in children (Breinhoist et al., 2015). It is important to gather research on anxiety-provoking behaviour in children, so caregivers can alter their behaviour. As well, by gathering more knowledge on these underlying influences it will aid in the successfulness of developing specific treatment programs to prevent or reduce anxiety/anxiety disorders (Breinhoist et al., 2015).

In addition, past research has mainly focused on mother-child relationships and have left fathers out of the picture to a degree, especially when examining factors that influence children's anxiety (Breinhoist et al., 2015). Identifying father-child relationships and how the father may impact anxiety levels would be beneficial to investigate. Researchers in the past may have left fathers out because they could not

obtain an adequate sample to investigate. It is also possible that some researchers might believe that mothers have a larger impact on children's development of anxiety and so they never focused on examining father-child interactions. It would be important to examine father-child relationships because some children are living in a single parent household, where their father is the only influential figure. A child could also be living with their mother and father, but its possible that the father is more attentive to the child than the mother. Therefore, it is important to know the impact that fathers are having on children's development because they could be just as influential as mother-child relationships.

Furthermore, future research is very important because it will help individuals gather more knowledge and a better understanding as to why people may act the way they do. As well as, why individuals develop certain attachments. This information will aid in relationships and interactions with others. If people have more knowledge on attachments and anxiety this could lead to better mental health and higher quality relationships for individuals.

Conclusion

When examining how childhood attachment predisposes the development of anxiety/anxiety disorders, parental rearing behaviours are essential to consider. This paper analyzed: 1) how children's attachment styles can evoke anxiety/anxiety disorders; 2) the specific attachment relationships, which have a tendency to provoke the development of anxiety/anxiety disorders; and 3) how individuals' anxiety/anxiety disorders can be controlled or prevented through treatment programs, such as, psychotherapy, and cognitive restructuring and can be modified to deal with the

individuals' specific attachment styles. The environment a child is raised in impacts how they will view and experience the world (Levy et al., 2011). Individuals' attachment develops through a variety of interrelations with their attachment figure and is shaped through underlying factors.

Children's attachment relationship with their caregiver is crucial in determining what attachment style the child will form (Levy et al., 2011). The attachment a child forms is important because it essentially creates how they will interact with the world and it also determines who they will become as a person (Sroufe, 2005). A secure attachment relationship is the most desired by individuals because it has the lowest probability of the individual developing anxiety (Schimmenti & Bifulco, 2015). This is because securely attached children have a positive relationship with their caregivers and tend to be comfortable even in anxiety provoking situations (Jakobsen, Horwood, & Fergusson, 2012). These individuals have formed a secure relationship with their caregivers and know that their caregivers will always be there when needed (Breinhoist et al., 2015). Children with other attachment styles such as insecure-avoidant, insecure-ambivalent, and insecure-disorganized, have failed to establish a stable relationship with their caregiver (Breinhoist et al., 2015). Thus, creating conflict in the individual's life, which evokes anxiety (Breinhoist et al., 2015).

Individuals who attend therapy early on may be able to prevent the development of anxiety or learn mechanisms to control anxiety symptoms (Levy et al., 2011). It is crucial that the therapist is able to identify the patient's attachment style and modify the therapy sessions to meet the demands from the patient (Levy et al., 2011). Setting attainable goals (e.g. anxiety reduction) at the beginning of therapy could also have an

impact on how the patient reacts during therapy (Levy et al., 2011). Therapy helps individuals feel like they can explore the world without many threats.

Therefore, childhood is a very important time in children's lives because this is when attachments will form, which stick with them throughout adolescence and adulthood. Thus, it is especially critical for individuals to develop a secure base as a child with their caregiver because the attachment a child develops determines how they will feel and interact with the world.

References

- Bandura, A. (1988). Self-efficacy conception of anxiety. *Anxiety Research, 1*(2), 77-98.
doi:10.1080/10615808808248222
- Bar-Haim, Y., Dan, O., Eshel, Y., & Sagi-Schwartz, A. (2007). Predicting children's anxiety from early attachment relationships. *Journal of Anxiety Disorders, 21*(8), 1061-1068. doi:10.1016/j.janxdis.2006.10.013
- Breinholst, S., Esbjørn, B. H., & Reinholdt-Dunne, M. L. (2015). Effects of attachment and rearing behavior on anxiety in normal developing youth: A mediational study. *Personality and Individual Differences, 81*155-161.
doi:10.1016/j.paid.2014.08.022
- Cassidy, J., Lichtenstein-Phelps, J., Sibrava, N. J., Thomas, C. J., & Borkovec, T. D. (2009). Generalized anxiety disorder: Connections with self-reported attachment. *Behavior Therapy, 40*(1), 23-38. doi:10.1016/j.beth.2007.12.004
- Cooper, P. J., Fearn, V., Willetts, L., Seabrook, H., & Parkinson, M. (2006). Affective disorder in the parents of a clinic sample of children with anxiety disorders. *Journal of Affective Disorders, 93*(1-3), 205-212. doi:10.1016/j.jad.2006.03.017
- Edwards, Susan L., Rapee, Ronald M., & Kennedy, Susan. (2010). Prediction of anxiety symptoms in preschool-aged children: Examination of maternal and paternal perspectives. *Journal of Child Psychology and Psychiatry, 51*(3), 313-321.
- Esbjørn, B. H., Bender, P. K., Reinholdt-Dunne, M. L., Munck, L. A., & Ollendick, T. H. (2012). The development of anxiety disorders: Considering the contributions of attachment and emotion regulation. *Clinical Child and Family Psychology Review, 15*(2), 129-143. doi:10.1007/s10567-011-0105-4

- Esbjörn, B. H., Pedersen, S. H., Daniel, S. F., Hald, H. H., Holm, J. M., & Steele, H. (2013). Anxiety levels in clinically referred children and their parents: Examining the unique influence of self-reported attachment styles and interview-based reflective functioning in mothers and fathers. *British Journal of Clinical Psychology, 52*(4), 394-407. doi:10.1111/bjc.12024
- Gold, J. (2011). An attachment based integrative psychotherapy for anxiety disorders. *Journal of Psychotherapy Integration, 21*(4), 382-399. doi:10.1037/a0025459
- Jakobsen, I. S., Horwood, L. J., & Fergusson, D. M. (2012). Childhood anxiety/withdrawal, adolescent parent-child attachment and later risk of depression and anxiety disorder. *Journal of Child and Family Studies, 21*(2), 303-310. doi:10.1007/s10826-011-9476-x
- Kerns, K. A., & Brumariu, L. E. (2014). Is insecure parent-child attachment a risk factor for the development of anxiety in childhood or adolescence? *Child Development Perspectives, 8*(1), 12-17. doi:10.1111/cdep.12054
- Levy, K. N., Ellison, W. D., Scott, L. N., & Bernecker, S. L. (2011). Attachment style. *Journal of Clinical Psychology, 67*(2), 193-201. doi:10.1002/jclp.20756
- Malekpour, M. (2007). Effects of attachment on early and later development. *Effects of Attachment on Early and Later Development, 53*, 81-95.
- McLeod, B. D., Wood, J. J., & Weisz, J. R. (2007). Examining the association between parenting and childhood anxiety: A meta-analysis. *Clinical Psychology Review, 27*(2), 155-172.

- Mikulincer, M., & Florian, V. (1995). Appraisal of and coping with a real-life stressful situation: The contribution of attachment styles. *Personality and Social Psychology Bulletin*, *21*(4), 406-14.
- Murray, L., Creswell, C., & Cooper, P. (2009). The development of anxiety disorders in childhood: An integrative review. *Psychological Medicine*, *39*(9), 1413-1423.
- Nolte, T., Guiney, J., Fonagy, P., Mayes, L. C., & Luyten, P. (2011). Interpersonal stress regulation and the development of anxiety disorders: An attachment-based developmental framework. *Frontiers in Behavioral Neuroscience*,
5doi:10.3389/fnbeh.2011.00055
- Schimmenti, A., & Bifulco, A. (2015). Linking lack of care in childhood to anxiety disorders in emerging adulthood: The role of attachment styles. *Child and Adolescent Mental Health*, *20*(1), 41-48. doi:10.1111/camh.12051
- Sroufe, L. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment and Human Development*, *7*(4), 349-67.
- Warren, S. L., Huston, L., Egeland, B., & Sroufe, L. A. (1997). Child and adolescent anxiety disorders and early attachment. *Journal of the American Academy of Child and Adolescent Psychiatry*, *36*(5), 637-644. doi:10.1097/00004583-199705000-00014