

A LINK BETWEEN OBSESSIVE COMPULSIVE DISORDER AND ATTACHMENT STYLES: A NARRATIVE LITERATURE REVIEW

Obsesinio kompulsinio sutrikimo sąsaja su prieraišumo stiliais: literatūros apžvalga

Dovile KULAITYTE^{1,2}, Gabriele GUTPARAKYTE^{1,2}, Vesta STEIBLIENE^{2,3}

¹Medical Academy at Lithuanian University of Health Sciences, Kaunas, Lithuania

²Psychiatry Clinic at Medical Academy, Lithuanian University of Health Sciences, Kaunas, Lithuania

³Laboratory of Behavioural Medicine at Neuroscience Institute, Lithuanian University of Health Sciences, Palanga, Lithuania

SUMMARY

Introduction. Obsessive-Compulsive Disorder (OCD) is ranked as the fourth most prevalent mental disorder, with the higher incidence among women and younger individuals. To gain a deeper understanding of the underlying factors contributing to OCD, discover additional treatment options, and facilitate early interventions, it is important to investigate various aspects, including both secure and insecure attachment styles.

Aim. The aim of this study is to provide an overview of existing literature data regarding the link between OCD and attachment styles.

Methods. A literature search was conducted using computerised databases, employing the following keywords: “OCD”, “OCD and attachment”, “anxious attachment and OCD”, “avoidant attachment and OCD”, “secure attachment and OCD”. Out of 96 identified articles, 24 were reviewed. Exclusion criteria: non-English publications, articles lacking full open access, meta-analysis, and publications that did not analysed relationship between OCD and precisely defined attachment styles. Priority was given to papers published between 2013 and 2023.

Results. The heightened association between anxious attachment and OCD is frequently found and can be attributed to various factors: a need for approval, an ambivalent self-concept, locus of control, and repetitive thinking. Anxious attachment correlates with obsessional, ordering, and hoarding, while avoidant attachment is associated with hoarding symptoms. A significant relationship between avoidant attachment and OCD is seldom identified. Individuals with a disorganised attachment style tend to drop out of treatment prematurely. Secure attachment protects against the exacerbation of dysfunctional beliefs and feared self-perceptions. It prevents future depressive and sexual arousal impairment symptoms among individuals with OCD.

Conclusions. Research on OCD and attachment patterns lacks consensus. Nevertheless, anxious attachment is frequently associated with the development of OCD symptoms and their greater severity. Disorganised attachment is a prognostic factor for worse treatment outcomes. Secure attachment acts as a buffer for OCD.

Keywords: obsessive compulsive disorder (OCD), attachment, attachment styles.

SANTRAUKA

Įvadas. Obsesinis kompulsinis sutrikimas (OKS) yra 4 dažniausias psichinis sutrikimas, labiau pasireiškiantis moterims ir jaunesnio amžiaus asmenims. Norint geriau suprasti OKS sukeliančius veiksnius, atrasti daugiau gydymo galimybių, skatinti ankstyvąją intervenciją, svarbu apžvelgti įvairius aspektus, tokius kaip saugus ir nesaugus prieraišumo stiliai.

Tikslas. Atlikti literatūros apžvalgą, vertinančią sąsajas tarp OKS ir skirtingų prieraišumo stilių.

Tyrimo medžiaga ir metodai. Literatūros paieška atlikta kompiuterinėse mokslinių darbų bazėse, naudojant raktinius žodžius: „OKS“, „OKS ir prieraišumas“, „nerimastingas prieraišumas ir OKS“, „vengiantis prieraišumas ir OKS“, „saugus prieraišumas ir OKS“. Iš paieškoje rastų 96, apžvalgoje analizuojami 24 straipsnių duomenys. Atmetimo kriterijai: meta-analizės, be pilnos atviros prieigos, ne angliškos, nenagrinėjančios sąsajų tarp OKS ir įvardintų prieraišumo stilių publikacijos. Prioritetas buvo teiktas 2013–2023 metų publikacijoms.

Rezultatai. Dažnai nustatomas ryšys tarp nerimastingo prieraišumo stiliaus ir OKS. Tokių ryšių nulemia įvairūs faktoriai: pritarimo siekimas, ambivalentiška savęs samprata, įsitikinimai apie tai, kas kontroliuoja gyvenimo patirtis, pasikartojantis mąstymas. Nerimastingas prieraišumo tipas susijęs su obsesiniais, tvarkos ir kaupimo, o vengiantis prieraišumo tipas su kaupimo simptomais. Reikšmingas ryšys tarp vengiančio prieraišumo tipo ir OKS nustatomas retai. Turintieji dezorganizuotą prieraišumo tipą linkę nutraukti gydymą jam dar nepasibaigus. Saugus prieraišumas apsaugo nuo klaidingų įsitikinimų stiprinimo ir baimės dėl esamų ar ateityje pasireiškiančių savo nepageidaujamų asmeninių savybių. Taip pat sergančiuosius OKS apsaugo nuo depresijai būdingų simptomų ir seksualinės funkcijos sutrikimo.

Išvados. Nėra visiškai vieningos nuomonės dėl prieraišumo stilių įtakos OKS pasireiškimui. Visgi, labiausiai su OKS išsivystymu ir stipresniu pasireiškimu yra susijęs nerimastingas prieraišumo stilius. Dezorganizuotas prieraišumo stilius lemia blogesnes gydymo išesis. Saugus prieraišumas yra apsauginis OKS veiksnys.

Raktiniai žodžiai: obsesinis kompulsinis sutrikimas (OKS), prieraišumas, prieraišumo stiliai.

Autorius susirašinėjimui: Dovilė Kulaitytė, Lithuanian University of Health Sciences, Medical Academy, A. Mickeviciaus g. 9, LT-44307 Kaunas, E-mail: kulaityte@gmail.com

INTRODUCTION

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) characterises Obsessive-Compulsive Disorder (OCD) by the presence of obsessions, compulsions, or both. Obsessions are defined by intrusive, unwanted, recurrent, and persistent thoughts, urges, or impulses that cause anxiety or distress. In an attempt to ignore, suppress, or neutralise such thoughts, urges, or images, an individual performs a compulsion – some other thought or action [1].

OCD ranks as the fourth most prevalent mental disorder [2]. Its estimated 12-month prevalence in Europe ranges from 0.1 to 2.3% [3]. Women are 1,6 times more likely to develop OCD than men, and OCD tends to occur at a younger age, with the peak age being 14,5 years [4, 5]. Given the impact of OCD on the quality of life, including symptoms such as fatigue, difficulty concentrating, and irritability, it should be a priority in mental health prevention programs [6, 7].

Family and twin studies provide evidence that both genetic and environmental factors contribute to OCD pathophysiology. Genes in the serotonergic, dopaminergic, and glutamatergic systems pose a risk of OCD development, and a cortico-striato-thalamo-cortical circuit is the prevailing neural OCD pathway. Since OCD is a multidimensional disorder, the most effective treatment involves a combination of cognitive behavioural therapy and pharmacological agents [8]. Interestingly, OCD has a relatively small placebo effect, meaning effective treatment and new approaches are crucial in managing this disease [9].

To gain a deeper understanding of the underlying factors contributing to OCD, discover additional treatment options, and facilitate early interventions, it is important to investigate various aspects influencing this disorder, including both secure and insecure attachment styles. This approach enables a more personalised and comprehensive strategy, addressing both attachment-related factors and symptoms of OCD, thereby enhancing outcomes for individuals with OCD exhibiting different attachment styles.

Attachment style is determined by the caregiver's availability. When the caregiver is responsive and attentive to the child's needs, secure attachment is gained [10]. However, a lack of caregiver's availability creates an insecure attachment style, which can be categorised into anxious, avoidant, and disorganised [11]. Individuals with a secure attachment feel confident in their relationships, while those with an anxious attachment style fear abandonment, and those with an avoidant attachment fear intimacy [12]. Disorganised attachment is linked to a sense of chaos, reflecting a strong childhood need for connection and a simultaneous need to stay safe from a frightening parent, encompassing both anxious and avoidant tendencies [13]. Insecure attachment is related to mental health problems such as depression, anxiety, more severe post-traumatic stress symptoms, loneliness, and leaves the individual with lower self esteem and poorer life satisfaction [14, 15].

To acquire a broad perspective and provide a comprehensive understanding of the link between attachment styles and OCD, the narrative review format was chosen. The primary objective of this study is to offer an overview of the

existing literature data regarding the link between OCD and attachment styles.

METHODS

Search Strategy

A narrative review was conducted to examine the relationship between attachment styles and OCD. The literature review was based on a keyword search of the PubMed, ScienceDirect, Taylor & Francis, and Google Scholar electronic databases. A combination and variations of the following terms were used as keywords: "obsessive compulsive disorder", "OCD and attachment", "anxious attachment and OCD", "avoidant attachment and OCD", "secure attachment and OCD". A database search was conducted from 30 September 2023 to 6 October 2023.

Selection Criteria

The included studies investigated the relationship between OCD and precisely defined attachment styles. Articles were included using the following criteria: (1) be available in full-text in English, (2) involve individuals diagnosed with OCD or with obsessive-compulsive traits, (3) include people's assessment of or attribution to defined attachment styles, (4) published no earlier than 2011 (focus was on articles published 2013–2023). Studies were excluded if they were meta-analyses, comments, and letters. Using this search approach, 96 articles were found. Following the screening, 72 studies were excluded, and 24 studies were included in this review. The studies, which differed in terms of their characteristics and tools, are described in Table 1.

RESULTS

Relationship between OCD and insecure attachment

Literature data analysis has revealed no unequivocal opinion regarding the connection between different attachment patterns and the development of OCD and its symptomatology. However, many studies have demonstrated the presence of this relationship [16–24]. Some researchers have investigated that both anxious and avoidant attachment tendencies play a statistically significant role in OCD symptomatology [16, 17, 19, 25]. These insecure attachment orientations could even be used as one of the factors to predict the severity of OCD symptoms and obsessional beliefs [16, 17]. Studies conducted with children have shown that general attachment insecurity could predict the development of paediatric obsessive-compulsive symptoms [25].

Anxious or avoidant – which attachment style is more closely related to OCD?

Given the belief that both anxious and avoidant insecure attachment styles might be linked to OCD symptomatology, there is a need to determine which insecure attachment style is more involved in the development of OCD.

It has been observed that individuals with OCD have lower confidence levels with a higher rate of anxious attachment patterns compared to the control group. The need for approval (as a dimension of anxious attachment) is the most important prognostic factor in the diagnosis of OCD, among factors such as obsessive beliefs or other attachment facets (preoccupation

Table 1. An overview of analysed publications

Authors (year)	Study aim	Sample characteristics	Outcome Measurement Method	Main findings
Boysan M. et al. (2018)	To examine the relationship between attachment insecurities, obsessional beliefs, and OCD symptoms.	334 Ankara University students, 17–37 years.	PI-R and OBQ-44 (to measure obsessive-compulsive symptoms); ECR-R (to measure adult attachment style).	Anxious and avoidant attachments significantly contribute to the severity of obsessive-compulsive symptoms.
Seah R. et al. (2018)	To investigate the connection between insecure attachment and self-perceptions as vulnerabilities to OCD severity.	439 Australian residents, mean age 23.2 years.	OCI-R (to measure OC symptoms severity); OBQ-20 (to evaluate OCD symptoms); ECR-S (to measure anxious attachment); SAM (to evaluate self-ambivalence); DASS-21 (to measure symptoms of depression, anxiety, and stress).	Anxious attachment is significantly associated with OC severity and self-ambivalence is partial mediator of this connection.
Shiva R. et al. (2012)	To examine the potential of attachment insecurity in predicting the development of obsessive-compulsive symptoms in children.	221 secondary school female students, 10-12 years.	CY-BOCS (to assess the severity of OCD symptomatology); DSRs (to assess children's depressiveness); IPPA-R (to measure different dimensions of children's relationship with their parents); CSI-4 (to evaluate children's behavioural symptoms).	The level of attachment insecurity is strongly associated with OCD symptoms in children. Communication, alienation, and trust (dimensions of children's parental attachment) predict children's OC symptoms and their distribution.
Pozza A. et al. (2021)	To investigate how different aspects of insecure attachment could be related to different obsessive-compulsive symptoms separately.	270 participants (135 in OCD group and 135 in control group). In OCD group, participants had to meet criteria for diagnosis of OCD and to be 18-65 years old. Control group was recruited from general population (matched age and gender with OCD patients).	OCI-R (to measure the severity of obsessive-compulsive symptoms); OBQ-46 (to measure 5 obsessive beliefs); ASQ (to assess adults' attachment styles).	(1) People with OCD have respectively lower and higher confidence and attachment anxiety levels; (2) Higher need for approval (one of attachment facets) is the most relevant predictor of OCD diagnosis; (3) Two features of anxious attachment – need for approval and preoccupation with relationships can clarify variance over and above OCD-related beliefs and demographic variables.
Dag I. et al. (2013)	To examine the mediator role of cognitive flexibility in the relation between attachment patterns and depression, OCD, social anxiety.	992 participants (661 women, 331 men) from 9 different provinces.	CFI (to evaluate the ability to produce different types of thoughts under difficult situations); ECR-R (to evaluate insecure attachment patterns); BDI (to quantify depressive symptoms); MOCSL (to investigate obsessive-compulsive symptoms); LSAS (to measure the role of social phobia).	Cognitive flexibility-control mediates the relationship between anxious attachment and OCD, depression, and social anxiety in both genders. Cognitive flexibility-control acts as mediator in the relationship between attachment avoidance and depression and social anxiety for women, but not for men.
Hodny F. et al. (2021)	To review present understanding of connection between attachment styles and OCD.	A literature review performed using the PubMed, Web of Science, Google Scholar, and ScienceDirect databases with the following search terms: OCD, attachment, therapy, treatment, and long-term outcome.	-	Anxious attachment is related to OCD patients and has an impact on OCD symptoms. Dealing with an insecure attachment related problems could improve OCD treatment outcomes.
Doron G. et al. (2012)	To investigate, whether attachment insecurities are connected to one of the most disabling anxiety disorders – OCD.	82 participants divided into 3 groups: an OCD sample (N= 30), a sample of other anxiety disorders (N= 20), and a community sample (N= 32).	ADIS-IV (to assess manifestation of anxiety disorders).	Attachment anxiety is notably higher in patients with OCD.
Hodny F. et al. (2022)	To explore the relationship between unfavorable childhood experiences, adult attachment patterns, and parental styles, and to investigate their connection with OCD, its severity, and onset in adults.	87 pharmacoresistant inpatients with OCD, 18-60 years old. Patients were admitted for 6-week therapy program.	MINI (screening for mental disorders, including OCD); HAMA (to estimate the severity of anxiety disorders); CGI (to evaluate general severity of psychopathology); BAI (to assess anxiety symptoms); BDI-II (to evaluate the severity of depressive symptoms); PBI (to evaluate patient's parents behaviour in childhood); ECR-R (to evaluate insecure attachment patterns); DES (to measure dissociative symptoms); CTQ-SF (to evaluate childhood adverse experiences); Y-BOCS-SR (to assess the severity of OCD); The demographic questionnaire.	Anxious attachment, physical abuse and neglect have a significantly positive connection with the severity of non-specific OCD symptoms (anxiety, depression, dissociation). The connection with specific OCD symptoms (obsessions, and compulsions) was less apparent. The onset of OCD is earlier in patients with more severe adverse childhood experiences or anxious attachment.

Table 1 continuation. An overview of analysed publications

Authors (year)	Study aim	Sample characteristics	Outcome Measurement Method	Main findings
Volkan Gülüm İ. et al. (2014)	To investigate the mediating role of locus control and repetitive thinking in relationship between attachment styles and such psychopathologies as OCD, social anxiety, and depression.	992 participants (661 women, 331 men) for the locus of control model, and 875 participants (581 women, 294 men) for the repetitive thinking model from 9 different provinces.	RTQ (to assess the repetitive thinking cycle); LCS (to measure an individual's level of internal versus external control); ECR-R (to measure adult attachment style); BDI (to investigate the risk and severity of depression); MOCSL (to investigate obsessive-compulsive symptoms); LSAS (to evaluate the role of social phobia in social and performance demanding situations).	The locus of control is a partial mediator in the connection between anxious attachment and depression for both genders and connection between anxious attachment and OCD together with social anxiety for women. Repetitive thinking has a partial mediator role in the relationship between anxious attachment and OCD, depression, and social anxiety for both genders. However, neither locus of control nor repetitive thinking are possible mediators between avoidant attachment and OCD, depression, or social anxiety for either women or men.
Carpenter L. et al. (2011)	To investigate relationship between alexithymia, childhood trauma, attachment patterns and the severity of OCD.	174 participants: 82 participants in OCD group and 92 participants in comparison group.	CTQ-R (to evaluate adverse childhood experiences); Y-BOCS-SR (to assess the severity of OCD); ECR (to measure adult attachment style); TAS-20 (to measure difficulty in identifying and describing emotions).	The chain of interrelationships was found: childhood trauma positively correlates with attachment avoidance, which, in turn, has a positive connection with alexithymia. A significant positive association links alexithymia with OCD severity and the amount of OCD symptoms.
Fergus TA. et al. (2014)	To examine a relationship between attachment to God and scrupulosity (a subtype of OCD).	450 adult participants, 18-75 years old. 59,1% self-identified as female.	PIOS (to investigate the severity of scrupulosity), AGS (to assess aspects of insecure attachment in relation to God); ECR-R (to evaluate insecure attachment patterns); DOCS (to evaluate the severity of obsessive-compulsive symptoms); OBQ-20 (to evaluate OCD symptoms); PANAS (to measure mood or emotion); General Religiousness Scale (to assess religiosity).	Scrupulosity positively correlates with anxious attachment in relation to God and negatively correlates with attachment avoidance in relation to God. Scrupulosity has a significantly positive association with an insecure attachment in interpersonal relationships.
Yarbro J. et al. (2013)	To investigate possible contribution of parental behaviour to attachment styles and the severity of obsessive-compulsive beliefs in adulthood.	397 undergraduate students at the University of North Carolina, 18-55 years old (97% under the age of 25). Final sample included 338 participants (59 were with missing data)	OBQ (to assess obsessive-compulsive beliefs); ECR-S (to measure insecure attachment styles); PBI (to evaluate patients' parents behaviour in childhood).	Anxious attachment (avoidant attachment) has a partial mediator role in the connection between parent-child relationships and obsessive beliefs.
Tibi L. et al. (2017)	To explore the directionality and moderators of relationship between OCD and depression.	382 patients with OCD diagnosis, 18 years old and over.	Y-BOCS (to measure severity of OCD symptoms); BDI (to assess depression severity); III (to assess immediate appraisals or interpretations of intrusions); LEE (to measure perceived expressed emotion).	Depressive comorbidity in OCD patients possibly determines incapacitating OCD symptoms. Secure attachment style might act as a buffer against depressive symptoms in OCD patients.
Doron G. (2020)	To examine a moderator role of attachment security in relationship between fear of self and OCD symptoms.	239 Israeli community participants (116 women and 123 men), 19-65 years old.	FSQ (to assess feared-self perceptions); OCI-R (to evaluate OCD symptoms); ECR (to measure adult attachment style); The short version of the DASS (to assess symptoms of depression); PSWQ (to evaluate pathological worry), SISE (to measure a global self-esteem).	Attachment styles are moderators of the relationship of fear of self and OCD symptoms. Participants with high fear of self-perceptions coinciding with attachment insecurities (anxious and avoidant attachment) showed less OCD symptoms than secure attached participants with increased feared self-perceptions.

Table 1 continuation. An overview of analysed publications

Authors (year)	Study aim	Sample characteristics	Outcome Measurement Method	Main findings
Boger S. et al. (2020)	To examine a potential mediator role of insecure attachment style, emotion regulation difficulties, dissociation, rumination, and post-traumatic stress symptoms in the relation between childhood maltreatment (CM) and severity of OCD symptoms among OCD patients.	68 inpatients (38 women and 30 men) with OCD.	OCI-R (to measure OCD symptom severity); CTQ-SF (to assess abuse and neglect during childhood); DERS (to assess problems in emotion regulation); PTQ (to measure repetitive negative thinking); ECR-R (to evaluate insecure attachment patterns); FDS-20 (to assess dissociative symptoms); PCL-5 (to measure symptoms of posttraumatic stress disorder).	An insecure attachment style, emotion regulation difficulties, dissociation, rumination, and post-traumatic stress symptoms are potential mediators of relationship between CM and OCD symptom severity. More severe CM leads to higher difficulties in all mentioned factors which possibly contribute to more severe OCD symptoms.
Tibi L. et al. (2020)	To investigate the role of environmental (childhood trauma, negative life events, previous and current treatment for OCD), clinical (depressive symptoms severity, age of onset, chronicity), and interpersonal (expressed emotion, social support, adult attachment style) predictors of long-term outcome of OCD.	382 participants diagnosed with OCD, 18 years old and over (participating in the naturalistic cohort study of the Netherlands Obsessive Compulsive Disorder Association (NOCDA)).	Y-BOCS-SR (to assess the severity of OCD); BDI (to assess depression severity); SCID interview (to determine age of onset of OCD); LCI (to investigate the course of OCD in the past 5 years); LEE (to measure perceived expressed emotion); SSI (to measure perceived social support); RQ (to assess adult attachment style); STI (to evaluate childhood trauma); The list of 12 negative life events (to count negative life events in the past year).	Remission at 2- and 4-year follow-up was found 11-26%. Secure attachment style constitutes a buffer for improved outcome. A worsen 4-year course was predicted by childhood trauma in the past and early age of onset.
Tibi L. et al. (2021)	To investigate correlates (such as clinical aspects – symptoms, age of onset, chronicity, and comorbidity; environmental aspects - childhood trauma, negative life events; interpersonal aspects – attachment style, social support, expressed emotion) of social phobia among OCD patients.	382 participants diagnosed with OCD, 18 years old and over (participating in the naturalistic cohort study of NOCDA) and 312 non-OCD patients with social phobia (from the Netherlands Study of Depression and Anxiety (NESDA)).	-	20% of patients with OCD have a social phobia as co-occurring anxiety disorder. The combination of OCD and social phobia is linked with increased depression severity and lower rates of secure attachment style. Comparing patients with OCD and without this disorder, SP begins significantly earlier in OCD patients.
Hodny F. et al. (2022)	To examine the contribution of parental behaviour, childhood experiences, attachment patterns and comorbidity with a personality disorder to treatment outcomes for pharmacoresistant OCD patients.	87 pharmacoresistant inpatients with OCD, 18-60 years old. Patients were admitted for 6-week therapy program. 66 patients completed the treatment (cognitive-behavioural therapy with medication).	MINI (to evaluate major psychiatric disorders); CGI (to evaluate the severity of psychopathology); HAMA (to estimate severity of anxiety disorders); BAI (to assess anxiety symptoms); BDI-II (to evaluate severity of depressive symptoms); Y-BOCS-SR (to assess the severity of OCD); PBI (to evaluate patients' parents' behaviour in childhood); ECR-R (to evaluate insecure attachment patterns); DES (to measure dissociative symptoms); CTQ-SF (to evaluate childhood adverse experiences); The demographic questionnaire.	With reference to specific OCD symptomatology, the early onset of the disorder was the only significant predictor of OCD treatment. Childhood adverse experiences, maternal care and adult anxious attachment are associated with change in anxiety symptoms.
Tibi L. et al. (2019)	To examine attachment style and expressed emotion as predictors of the completion and outcome of OCD treatment therapy with exposure and response prevention (ERP).	118 adult OCD patients (71 women and 47 men) who entered ERP.	Y-BOCS-SR (to assess the severity of OCD); BDI (to evaluate severity of depressive symptoms); RQ (to assess adult attachment style); PDQ-4+ (to evaluate general personality pathology); LEE (to measure perceived expressed emotion).	Disorganised attachment and OCD initial severity are the most important contributors to treatment outcome. Patients with severe symptoms of OCD and disorganised patients have a higher probability to dropout prematurely.

Table 1 continuation. An overview of analysed publications

Authors (year)	Study aim	Sample characteristics	Outcome Measurement Method	Main findings
Ivarsson T. et al. (2016)	To explore how attachment experiences (AEs), including traumatic and adverse AE (TAE) associate with OCD and depression, and whether depression combined with OCD differs from depression without OCD.	100 participants: 50 participants from OCD clinic in Sweden: 25 individuals with OCD and 25 individuals with OCD and depression; 25 participants with depressive disorder; 25 participants as general population control group.	DICA and KSADS (for diagnostic assessment); AAI (to measure individual attachment patterns in adults).	OCD, OCD with depression and depression group were assessed to have lower parental loving and higher rejection scores comparing with control group (depression group more than OCD group). Increased levels of involving/role reversal caregiving occurred only in depression group. The combination of high levels of rejection and involving/role reversal caregiving is related to depression, but not with OCD. Harmful experiences (including related to attachment) are more often among people with depression, less common among individuals with OCD and depression and rare among OCD people.
Verin RE. et al. (2022)	To investigate whether attachment style moderates the relationship between death anxiety and OCD symptoms.	48 participants (33 women and 15 men), with OCD diagnosis, 18 years old and older.	ADIS-5L (to assess current and past anxiety, mood, obsessive-compulsive, and related disorders); MFODS (to assess death anxiety); VOICI (to evaluate obsessive-compulsive symptoms); BFAS (to measure personality traits); ECR-R (to measure adult attachment style).	Death anxiety significantly predicts OCD severity. Anxious and avoidant attachments do not moderate the link between fear of death and OCD severity.
Rezvan S. et al. (2013)	To determine the efficiency of attachment-based treatment for children with OCD.	4 female children, with 10-12 years old.	CY-BOCS (to investigate the severity of OCD symptoms); DSRS (to assess children's depressiveness); IPPA-R (to measure different dimensions of children' relationship with their parents); BDI (to assess depression severity).	Attachment-based intervention is an effective treatment component for children with OCD, reducing obsessions and compulsions.
Asad S. et al. (2015)	To investigate the relationship between attachment insecurities, obsessive beliefs, and different OCD symptoms.	90 participants with OCD (47 women and 43 men), 18-50 years old.	Demographic Questionnaire; RAAS (to assess insecure attachment styles); OBQ-44 (to measure obsessive-compulsive symptoms); Obsessive Compulsive Disorder Symptom Checklist (to assess severity of obsessive-compulsive symptoms); Screening Questionnaire for Psychiatric Disorders (to confirm OCD diagnosis).	Anxious and avoidant attachments are not significantly correlated with any of the OCD symptom dimensions. Obsessive beliefs of over importance/ need to control thoughts, and over responsibility/overestimation of threat positively correlate with control compulsions, sexual and blasphemous obsessions. Attachment avoidance is one of important predictors of sexual obsessions.

Note: PI-R – Padua Inventory-Revised, OBQ-44 – Obsessive Beliefs Questionnaire-44, ECR-R – Experiences in Close Relationships-Revised, OCI-R – Obsessive-Compulsive Inventory Revised, OBQ-20 – Obsessive Beliefs Questionnaire-20, ECR-S – the short form of the Experiences in Close Relationships, SAM – Self-Ambivalence Measure, DASS-21 – Depression Anxiety Stress Scale Short Form, CY-BOCS – Children's Yale-Brown Obsessive-Compulsive Scale; DSRS – Birleson Depression Self-rating Scale, IPPA-R – inventory of parent and peer attachment – revised version for children, CSI-4 – Children Symptom Inventory, OBQ-46 – Obsessive Beliefs Questionnaire-46, ASQ – Attachment Style Questionnaire, CFI – Cognitive Flexibility Inventory, BDI – Beck Depression Inventory, MOCSL – Maudsley Obsessive-Compulsive Symptom Checklist, LSAS – Liebowitz Social Anxiety Scale, ADIS-IV – Anxiety Disorders Interview Schedule for DSM-IV, MINI – Mini International Neuropsychiatric Interview, HAMA – Hamilton Anxiety Rating Scale, CGI – Clinical Global Impression, BAI – Beck Anxiety Inventory, BDI-II – Beck Depression Inventory, second edition, PBI – Parental Bonding Instrument, DES – Dissociative Experiences Scale, CTQ-SF – Childhood Trauma Questionnaire-Short Form, Y-BOCS-SR – Yale-Brown Obsessive Compulsive Scale Self-Report, RTQ – Repetitive Thinking Questionnaire, LCS – Locus of Control Scale, CTQ-R – Childhood Trauma Questionnaire – revised, ECR – Experiences in Close Relationships Scale, TAS-20 – Toronto Alexithymia Scale, PIOS – Penn Inventory of Scrupulosity, AGS – Attachment to God Scale, DOCS – Dimensional Obsessive-Compulsive Scale, PANAS – Positive and Negative Affect Schedule, Y-BOCS – Yale Brown Obsessive-Compulsive severity Scale, III-Interpretation of Intrusions Inventory, LEE – Level of Expressed Emotion Inventory, FSQ – Fear of Self-Questionnaire, DASS – Depression Anxiety Stress Scales, PSW – Penn State Worry Questionnaire, SISE – Single-Item Self-Esteem Scale, SIS/SES – Sexual Inhibition/Sexual Excitation Scales, DERS – Difficulties in Emotion Regulation Scale, PTQ – Perseverative Thinking Questionnaire, FDS-20 – Questionnaire on Dissociative Symptoms, PCL-5 – posttraumatic stress disorder Checklist for DSM-5, SCID – Structured Clinical Interview for DSM Disorders, LCI – Life-Chart Interview, SSI – Social Support Inventory, RQ – Relationship Questionnaire, STI – Structured Trauma Interview, PDQ-4+ – Personality Diagnostic Questionnaire, DICA – Diagnostic Interview of Children and Adolescents, KSADS – Kiddie Schedule for Affective Disorders and Schizophrenia, AAI – Adult attachment interview, ADIS-5L – Anxiety and Related Disorders Interview Schedule for DSM-5: Lifetime Edition, MFODS – Multidimensional Fear of Death Scale, VOICI – Vancouver Obsessive Compulsive Inventory, BFAS – Big Five Aspects Scale, RAAS – Revised Adult Attachment Scale.

with relationships, discomfort of closeness or relationships as secondary).

Additionally, the conclusion was drawn that different facets of insecure attachment styles are related to different dimensions of OCD symptoms. The need for approval (an aspect of anxious attachment) predicted an elevated level of ordering and obsessing symptoms; the concern for relationships (related to anxious attachment) prognosticated a higher level of hoarding symptoms; the discomfort of intimacy (characteristic of avoidant attachment) was more associated with ordering symptoms [18].

A study carried out in 2016 discovered that individuals with anxious and disorganised attachment styles (as mentioned before, having both anxious and avoidant tendencies) are more likely to develop obsessional symptoms than people with secure or avoidant attachment patterns [16]. Focusing on another study, even though the main purpose was to investigate the moderating role of cognitive flexibility in the connection between attachment styles and psychopathology symptoms, the results also included a statement that there is a relation between anxious attachment patterns and psychopathological symptoms (such as depression, OCD, and social anxiety). Nevertheless, no significant relationship between avoidant attachment and the same psychopathological symptoms was discovered [26].

While acknowledging that all insecure attachment patterns may be factors predisposing individuals to the progression of OCD symptoms, anxious attachment is more closely connected to OCD than avoidant orientation [19]. It was discovered that there are notably higher levels of anxious attachment patterns in patients with OCD compared to the healthy control group [20]. In addition, it appeared that there is a negative correlation between adult anxious attachment and the age of onset of OCD [21].

Factors influencing the relationship between OCD and attachment

After discovering that the anxious attachment style is more closely associated with OCD and its severity, attempts were made to understand which factors determine this connection. It appears that an ambivalent self-concept is one of the mediators in the relationship between the severity of OCD symptoms and anxious attachment patterns [17].

Additionally, there was a study investigating the mediator role of different cognitive features in the connection between attachment styles and symptoms of psychopathology (such as social anxiety, depression, OCD). The results indicate that locus of control (an individual's perception of what controls outcomes in their life) partially moderates the relationship between anxious attachment patterns and obsessive-compulsive symptoms, but only for women. Another cognitive feature, described as repetitive thinking, moderately mediates the same mentioned relationship in both genders. On the other hand, locus of control and repetitive thinking were not identified as mediators regarding avoidant attachment and OCD symptoms [27].

The connection between attachment insecurities and OCD symptoms can be analysed from various perspectives. One

such perspective reveals that childhood trauma is significantly associated with avoidant attachment patterns, which, in turn, have a strong connection with alexithymia (difficulties in expressing and describing one's emotions). This sequence of associations concludes with findings suggesting that alexithymia has an important correlation with the severity and number of OCD symptoms. The same study asserts that alexithymia is the connection that conveys an influence from avoidant attachment experiences to the severity and number of obsessive-compulsive symptoms [28].

It was also observed that OCD patients with social phobia as comorbidity are described as individuals with decreased level of secure attachment style [29]. Another possible moderation is related to OCD and religion – scrupulosity, as one subtype of OCD, has a significantly positive connection with both anxious and avoidant styles of attachment [22].

Attachment experience as a moderator itself

In some cases, attachment styles are assumed to be a moderating factor between OCD and other subjects under study by themselves. It was discovered that anxious attachment moderately mediated the relationship between the negative parent-child interactions model (uncaring and cold parenting) and obsessive beliefs related to perfectionism, responsibility, and threat estimation. However, such a connection with avoidant attachment was not found [23].

Another aspect that might be helpful to understand the relationship between attachment styles and OCD was explored in a four-year follow up study. This study aimed to determine the relationship between OCD and depressive symptoms by assessing possible moderators of this connection. One of the most important conclusions was that secure attachment has a positive moderator effect on OCD patients against future detrimental depressive symptoms. In addition, it was declared that people with expressed OCD symptoms and a formed insecure attachment style have a larger tendency to experience symptoms related to depression in the future [30].

A study conducted with 239 participants revealed that attachment security is a significant moderator in the connection between OCD symptoms and fear of self. To be more specific, individuals with high attachment insecurity (anxious or avoidant style) and a high score in feared self-perceptions demonstrated more pronounced OCD symptoms than participants with the same high fear of self-tendencies but having secure attachment patterns [24].

The relationship between attachment styles and OCD is being explored by examining various aspects of this disorder. In 2020, there was an attempt to analyse the moderating effect of attachment styles on the connection between gender and sexual behaviour in patients with OCD [31]. The theoretical model that distinguished five different styles of attachment: “need for approval”, “preoccupation with relationships”, “confidence (in self and others)”, “discomfort with closeness”, and “relationships as secondary” was used [32]. According to the attachment styles that we are reviewing, these concepts can be categorized into two sections: the need for approval, preoccupation with relationships, and low confidence describe anxious attachment, while discomfort with closeness and

relationships as secondary depict avoidant attachment patterns [31].

It was found that avoidant attachment (especially discomfort related to intimacy) is connected with higher sexual excitation. Regardless, the same investigation showed that female patients with an anxious attachment style (having concerns about relationships) faced higher sexual inhibition because of the possible threat of performance consequences, and women having avoidant attachment problems had a lower sexual excitation level. A conclusion was made that the gender-related impact of attachment styles has to be involved in the evaluation of sexual functioning of OCD patients [31].

Insecure attachment is considered to be a potential mediator in the relationship between childhood maltreatment and OCD. Results revealed that the anxious attachment style is one factor that has a significant effect on childhood maltreatment and OCD symptoms severity. Nevertheless, the hypothesis that an avoidant attachment style is also related to the mentioned relationship was not confirmed [33].

Secure attachment as a buffer against OCD

While the impact of insecure attachment on OCD development and symptoms is not totally explicit, secure attachment is unequivocally considered to be a protective factor, aiding in achieving better long-term outcomes for patients with OCD [24, 30, 34]. When comparing individuals with high feared self-perceptions and secure attachment patterns to insecurely attached people expressing high fear of self, first group is less susceptible to OCD symptoms [24].

Going into more detail about this effect, it has also been suggested that a secure attachment style might serve as a buffer against sexual arousal impairment among OCD patients. Individuals with secure attachment patterns are believed to have healthier sexual relationships, which can help satisfy their needs and reduce negative emotions related to obsessive-compulsive beliefs [31]. Secure attachment can act as a flexible adjusting mechanism that protects from the aggravation of dysfunctional beliefs and feared self-perceptions, which could potentially lead to an OCD diagnosis [24].

Importance of attachment in OCD treatment

The impact of adult attachment is also analysed as one of possible predictors of the OCD treatment results. However, high rates of anxious attachment predicted a lower decrease in anxiety levels but did not have influence on change of OCS symptomatology or general severity of the disorder (only the early onset of OCD was related to treatment results of specific OCD symptomatology) [35].

On the other hand, in one study, the disorganised attachment style together with OCD baseline severity were proven to be the most important moderators of treatment results. This is because individuals with higher baseline OCD severity and disorganised attachment patterns had a higher tendency to drop out before treatment was finished. The results revealed that only 14.4% of patients with disorganised attachment style completed 5 out of 11 treatment sessions, thus not being able to achieve the desirable treatment effect [36].

As mentioned before, attachment insecurity might have a predictive effect on the development of paediatric obsessive-

compulsive symptoms [25]. This connection might suggest the idea of secure and caring parent-child relationship as way to reduce or protect youngsters from obsessive-compulsive symptoms. That gives one more supporting evidence on attachment-based treatment options of OCD [25].

Do attachment patterns and OCD have nothing in common?

Some of the studies did not find a significant correlation between attachment patterns and OCD symptoms [21, 37–39]. Results in a study in which fifty adolescents participated revealed that insecure attachment styles do not have a direct effect on the development of OCD but there was an association between traumatic experiences and/or attachment and adolescents with depressive disorder [37].

Another study, conducted with eighty-seven pharmacoresistant patients with OCD, showed that anxious attachment is not notably associated with disorder-specific symptoms (such as obsessions and compulsions). Even though a significant link was found between anxious attachment and non-OCD symptoms, such as anxiety, dissociation, or depression [21].

Death anxiety is considered to be strongly associated with OCD. However, it was failed to find secure attachment as a buffer against the fear of death. Also, no significant correlation was found between anxious or avoidant attachment styles and predicted OCD severity. Hypothesis that attachment style plays a moderating role in relationship between death anxiety and OCD symptoms was not confirmed in the same study [38].

DISCUSSION

Summarizing all the analysed literature, there is no unambiguous agreement on the relationship between attachment experiences and OCD. Many studies reveal a significant connection between OCD and insecure attachment styles [16–21, 25, 26]. It is believed that insecure attachment can promote the development of dysfunctional beliefs about oneself and the surrounding environment. Perfectionism, an exaggerated feeling of responsibility, thought control, and other dysfunctional cognitive processes, along with unstable emotional regulation and low self-esteem, might contribute to the development of maladaptive behaviour, manifesting as obsessive and compulsive symptoms in an attempt to regain more positive self-concept and sense of safety [19].

While agreeing with the opinion that insecure attachment models could be related with the development of OCD and its symptomatology, another question should be answered – do avoidant and anxious attachment styles have different impacts on obsessive-compulsive symptoms? Analysed articles allowed us to draw conclusions that anxious attachment has a more significant relation to OCD than avoidant attachment [16, 18–21, 26]. This could be explained by a theory that disorganised (having both anxious and avoidant tendencies) and anxious attachments are associated with negative attitude towards oneself (feeling as unlovable) while avoidant attachment refers to a negative view of others but a positive approach to oneself. In conclusion, an especially negative point of view about oneself could contribute to the development of

obsessive-compulsive symptoms, whereas a more favourable approach to oneself could function as a preventive factor from obsessional psychopathology [16].

It is believed that factors, such as ambivalent self-concept, locus of control, repetitive thinking, childhood trauma leading to alexithymia, scrupulosity have an influence on the relationship between attachment patterns and OCD [17, 22, 27, 28]. Based on these findings, it is possible to claim that neglectful parental behaviour has a relation to anxious attachment and distorted perception of self and others which could serve as provocative factor of OCD [23]. Furthermore, the interpretation of reviewed findings could be that more severe childhood maltreatment leads to more anxious close relationships and challenges in emotional regulation. In turn, these vulnerabilities have a connection with more severe OCD symptoms [33].

On the other hand, it is considered that secure attachment style has a positive protective impact on OCD and its symptoms [24, 30, 34]. It suggests that even a combination of fear of oneself (meaning fear of who one might be or become) and secure attachment representations possibly could make individual more resistant to specific OCD symptoms [24]. It could be because of coping mechanisms patients with secure attachment use to deal with OCD symptoms. It is believed that people who feel secure can deal with difficulties caused by OCD with more flexibility and have better adaptive responses [34].

The interface between OCD and attachment theory might be shown through the positive effect of attachment-based interventions on decreasing obsessive-compulsive symptoms in children. The enhancing of supporting and caring parent-child relationship and an appropriate reaction to child's attachment needs help to reduce a child's negative environment conception and self-destructive sense of personal vulnerability. It is suggested that applying attachment-based treatment techniques during the early years of childhood could act as a preventive tool against the development of later OCD symptoms [40]. Using attachment-based treatment models helps to encourage feelings of being loved, accepted, and appreciated, thus leading to a sense of security [19].

As mentioned before, results showed that we could not categorically claim a correlation is significant between attachment and OCD. There were articles that could not prove that there is any kind of connection between these two subjects [21, 37, 38]. Some findings suggest that the connection between OCD and insecure attachment is often

described because depression is a frequent comorbidity in OCD [37]. One of the reasons why some researchers did not detect a significant correlation between anxious or avoidant attachment and OCD could be the different duration of included OCD patients' treatment. Despite the fact, that patients could have experienced a cold and unsupportive parenting style that would have led to insecure attachment styles, the long period of development of the disorder, its treatment with different methods might have made parents to change their approach and create a secure attachment model. Such kind of situation could be the reason why the relation between insecure attachment and obsessive-compulsive symptoms is nonsignificant [39].

Limitations. This review is not without its limitations. There is an insufficiency of systematic analysis of accessible data; some relevant studies may have been missed due to a lack of full access in English. In certain studies, OCD diagnosis was not confirmed, and only obsessive-compulsive symptoms were investigated. It should be noted that comorbidity of OCD with other mental disorders could potentially distort the obtained results.

CONCLUSIONS

Literature data analysis has revealed no unequivocal opinion regarding the connection between different attachment patterns and the development of OCD and its symptomatology. Some argue that attachment styles do not directly affect the development of OCD, but there is a link between OCD and traumatic experiences. However, others argue that individuals with anxious or disorganised attachment are more prone to develop OCD due to a negative attitude towards oneself. Additionally, a negative connection between adult anxious attachment and the onset age of OCD was found. Anxious attachment could be related to obsessing, ordering, and both anxious and avoidant to hoarding symptoms. Most studies could not find a significant link between avoidant attachment and OCD, as these individuals tend to have high self-esteem that acts as a protective mechanism. However, it is noted that alexithymia is related to severity and number of OCD symptoms and is often found in individuals with an avoidant attachment style. Secure attachment acts as a protective buffer against OCD. Attachment style is also a predictor of the OCD treatment results, as individuals with a disorganised attachment tend to drop out of treatment. It is suggested that applying attachment-based treatment techniques during childhood reduces the chances of developing later OCD symptoms.

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