

## 애착과 정신병리\*

## ATTACHMENT AND PSYCHOPATHOLOGY

안 동 현\*\*† · 최 지 은\*\*\*

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서 론 : 1940

가

가가 가

대상 및 방법 :

- Medline

결 과 :

Main

AAI

가

가

가

Bowlby

가

결 론 :

가

가

가

중심 단어 :

2001 5 19 ,

*(Presented to the Annual Academic Meeting of the Korean Academy of Child & Adolescent Psychiatry, Seoul, Korea. May 19, 2001).*\*\*  
\*\*\*  
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## 서 론

(attachment) , “ (primary care - taker) , “ (primary (affec- tive bond) ” . Bowlby , , Mary Ainsworth Bowlby 가 ‘ (the St- range Situation Procedure) ’ 1970 가 80 가 Ainsworth 6) 가 - (B), / (A), / (C) - 가 . 가 , , , , , 가 가 , , , , , 가 가 (representation) , 13-15). Main Solomon<sup>16)</sup> / (D) 가 , 가 가 (nature) 17). 가 1)3-5). 2 1980 , Main ‘ (Adult Attachment Interview ; AAI) ’ 가 18), 6-8). , 2 , , , , , 9). , (autonomous : F), (dismissing : D), 가<sup>10)11)</sup> 가<sup>4)</sup> (preoccupied or enmeshed : E), (unresolved : 가 가 가 가 U) 가 Bowlby Main AAI 1)12), 19). 가 . Bowlby - , , , , 1 , 4 ,

가 . 가 Bowlby<sup>29)30)</sup>  
<sup>31)</sup> (maternal deprivation) , (loss)  
(distortion in care),  
20) .  
가<sup>21)</sup> , 1980 DSM - III<sup>32)</sup>  
Insel & Winslow<sup>22)</sup> “ (Reactive Attachment Di-  
가 sorder) ” “  
(reward) (failure to thrive) ”  
, (social co-<sup>33)34)</sup> DSM - III -  
gnition) VTA (ven- R<sup>35)</sup>  
tral tegmental area) NA(nucleus accumbens) 8 5 , 가  
(prefronal cortex) Meso- . DSM - IV<sup>36)</sup>,  
limbic . ICD - 10<sup>37)</sup>  
(gonadal hormones), (oxy- 5  
tocin) .  
, 가 (inhibited)  
, (disinhibited) , 가  
가<sup>23)</sup> . 가  
<sup>24)</sup>, <sup>25)</sup>가  
, DSM - IV<sup>36)</sup>  
26) ( 가 , )  
<sup>27)</sup>  
28) , ICD - 10<sup>37)</sup>  
가 . DSM -  
IV , ICD - 10  
가

## 애착과 아동기 정신병리

<sup>34)38)</sup> .

### 1. 애착장애

가 ,  
, 가<sup>39)</sup> ,  
, ,



Chisholm<sup>46)</sup> Attachment Q - Sort<sup>47)</sup>

Shaw Vondra<sup>57)</sup>  
2 가  
3 5

, 99%

. Lyons - Ruth<sup>56)</sup>

Goldfarb<sup>29)</sup>, Tizard & Hodges<sup>48)</sup>

Bowlby<sup>31)</sup>,

가

. Greenberg<sup>58)</sup>

가

가<sup>49)</sup>

(가  
)

, 가

( , , ) 가

## 2) 공격성과 행동문제

(Risk Factor Model)

가

42)

가

가

## 3) 아동기 불안장애

가

가

14)50 - 53)

가

DSM - IV<sup>36)</sup>

54)55)

Lyons - Ruth

가

가

20%

가

7

56)

가



Birkenfeld - Adams<sup>63)</sup>

가

가

가

가

가

/

가

65~80%

(feeding problems)

가

. Spitz<sup>30)</sup>

Chatoor<sup>64)</sup>

(feeding disorder)가

. Gaensbauer

Sands<sup>66)</sup>

가

가

가

가

. George Main<sup>67)</sup>

1~3

### 3. 아동학대(Child abuse) 및 부당취급(maltreatment)

<sup>64)</sup>

10

가가

가

<sup>68-70)</sup> . Muller Silver-

man<sup>71)</sup>

가

. Powell<sup>72)</sup>

가

가

가

가

. Main

AAI

가

가

16~91%가

(unresolved)

<sup>59)</sup>

Glaser<sup>73)</sup>

가 , 3 / 가 가 ?

가 74-76) 가

가 77) 가

가 38) 가 6

Lyons - Ruth 38) 가 (identification with the aggressor) 4 가 82)

가 83) 가

가 , 가 9) (German longitudinal study)<sup>84)</sup>

4. 아동기의 또래관계 및 사회성의 발달

5. 부모의 애착관계와 양육행동

가 13-15)<sup>51)</sup> 가 6

가 78) . Ainsworth<sup>6)</sup> 1

가 14) 가 79)

가 80) 15) . Fagot Pears<sup>81)</sup> 3 7





Table 2. 성인기 정신질환과 AAI 분류

	Three-way classification			Four-way classification			
	F	E	Ds	F	E	Ds	U
Axis I							
Affective disorders							
Unipolar							
Cole-Defke & Kobak (1996)	4	6	4				
Rosenstein & Horowitz (1996)	0	22	10	0	19	8	6
Tyrrell & Dozier (1997)	5	1	0	3	1	0	2
Patrick et al. (1994)	2	4	6				
Bipolar							
Tyrrell & Dozier (1997)	0	0	7	0	0	3	4
Mixed affective							
Fonagy et al. (1996)	18	41	13	9	6	5	52
Schizoaffective							
Tyrrell & Dozier (1997)	1	1	6	1	0	5	2
Anxiety disorders							
Fonagy et al. (1996)	7	29	8	2	1	3	38
Eating disorders							
Cole-Defke & Kobak (1996)	3	1	8				
Fonagy et al. (1996)	1	9	4	0	0	1	13
Substance abuse							
Fonagy et al. (1996)	6	23	8	4	3	2	28
Schizophrenia							
Tyrrell & Dozier (1997)	3	0	24	1	0	16	12
Comorbid groups							
Eating disorders & depression							
Cole-Defke & Kobak (1996)	4	10	5				
Conduct disorders and depression							
Rosenstein & Horowitz (1996)	0	3	9	0	1	6	5
Axis II							
Borderline personality disorder							
Fonagy et al. (1996)	3	27	6	2	1	1	32
Patrick et al. (1994)	0	12	0				
Antisocial personality disorder							
Rosenstein & Horowitz (1996)	0	1	6	0	1	6	0
Fonagy et al. (1996)	8	9	5	3	1	1	17

Note : F, autonomous ; E, preoccupied ; Ds, dismissing ; U, unresolved  
 ( : Dozier, Stovall, Albus, 1999 ; pp502)<sup>62)</sup>

. Bowlby<sup>43)</sup> , 86) .  
( ) 가  
가 가  
, Harris  
11  
가 96)

. Bowlby  
가

## 2) 불안장애

(heterogenous) , (fear)  
(avoidance)  
43) , 96)  
61) , 가  
97)88) 가  
가 , 가  
가

Main Goldwyn AAI  
'Probable experience' 가  
, , , 4가

42)  
Bowlby<sup>12)</sup> ,  
가

가 (availability)  
98) , 가  
100% 99) , (control)  
( ,  
) , 가  
, 가  
88)100)

(episodic)

Fonagy

55)  
59)101 - 103)



가 가  
 가 ,  
 가  
 112)  
 가  
 , Liotti<sup>114)</sup>  
 가 , trance - 가 118)119)  
 like 가 120), 가 99)  
 Carlson<sup>17)</sup> 가  
 12 18  
 35%, 43% 88)99)

(2)  
 가 가  
 9)115)  
 & Hesse<sup>116)</sup> Main Bowlby<sup>12)</sup> 121)  
 가 114) 가

6) 성격장애

(1)

가 , Main Hesse<sup>116)</sup> 117) 가 122-124) Zanarin 123)  
 가  
 가 125)  
 “Derogation of attachment” “

” 가 10

가

2. 요약

가

가

가

가

가

Allen <sup>125)</sup>

102)

가

가

가

102)

가

(state of mind)가

가

96)

가

78)

가

가

가

가

가

20)126)

가

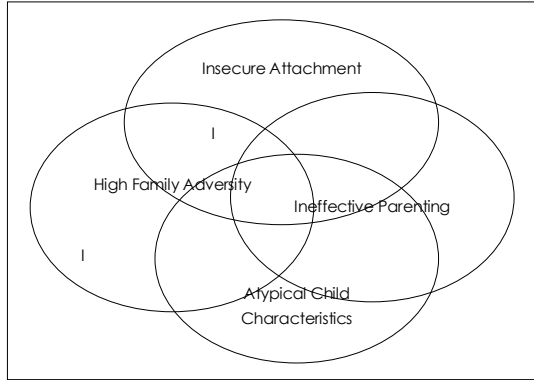


Fig. 1. 아동기 정신병리 원인에 관여하는 요인들 : 위험 인자 모델 (Risk Factor Model)<sup>42)</sup>.

## 결론

본 연구는 아동기 정신병리 원인에 관여하는 요인들 : 위험 인자 모델 (Risk Factor Model)을 제시하였다. 이 모델은 Insecure Attachment, High Family Adversity, Ineffective Parenting, Atypical Child Characteristics의 상호작용을 설명한다. Bowlby의 애착 이론은 이 모델의 기초가 되며, 애착 장애는 아동기 정신병리의 주요 원인으로 간주된다. 또한, DSM-III<sup>32)</sup>의 RAD (Reactive Attachment Disorder)와 DSM-IV<sup>34)</sup>의 RAD는 이 모델과 관련이 있다. Zero to Three<sup>41)</sup>는 이 분야의 중요한 기관이다.

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**ATTACHMENT AND PSYCHOPATHOLOGY****Dong Hyun Ahn, M.D., Ph.D., Jee Eun Choi, M.D.***Department of Psychiatry, College of Medicine, Hanyang University Hospital, Seoul*

**Introduction** : Research on attachment in view point of the developmental perspective which began in the 1940s progressed during several decades. Many investigators focused mother-child separation in early attachment studies, and moved to the relationship with childhood psychopathology. Recently attachment theory and research are moving forward along the intergenerational transmission of attachment patterns, and adolescents and adult mental disorders in the developmental perspectives.

**Methods** : We surveyed the research papers through Medline search, attachment-related monographs, and review or original papers published in Korean journal.

**Results** : Developmental attachment researches have demonstrated convincingly that insecure attachment in infancy is associated with attachment disorder; several childhood psychopathology, such as institutional care and adoption, aggression and behavioral problems, childhood anxiety disorders and depressive disorders, gender identity disorder and feeding disorder, and child abuse and maltreatment; peer relationship and social competency, and parental behaviors. Recently the methodological advances including the Adult Attachment Interview that systematically assesses the adults' recollections of the earlier parent-child relationship they experienced could move beyond attachment researcher's initial concern with infancy to consider attachment processes throughout the life span. We could find that the quality of attachment was associated with several mental disorders in adolescents and adults significantly.

**Conclusion** : Attachment theory would have focused on more specific parent-child relationship than general parental behavior. Recent attachment theory underscores its evolutionary origins to promote development of infant and contribute to human survival in psychobiological bases. Advances in attachment research could unite interests in evolutionary biology and developmental psychology in understanding early parent-child relationship, and apply to clinical issues concerning mental health throughout the life span.

**KEY WORDS** : Attachment · Childhood psychopathology · Adulthood mental disorder.