



Research paper

Social anxiety as a potential mediator of the association between attachment and depression



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ABSTRACT

Objective: The study represents a conceptual replication of the study by Eng et al. (2001) in a sample of adult patients diagnosed with social anxiety disorder as primary diagnosis.

Methods: Two different attachment questionnaires (Bielefeld Questionnaire of Client Expectations (BQCE) and Experiences in Close Relationships (ECR-RD)) were applied to examine whether the effect of attachment on depression (measured by the BDI) is mediated by social anxiety (measured by the LSAS) in a cross-sectional study.

Results: The data confirms such a mediation. The effect of attachment measured with the BQCE on depression was completely mediated, whereas the effect of both scales of the ECR-RD (attachment related avoidance and anxiety) on depression was only partially mediated by social anxiety disorder.

Conclusion: The study supports the association of attachment, social anxiety, and depressive symptoms and the need to consider different perspectives on attachment.

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1. Introduction

Attachment has been intensively used as a framework to explain the development of various psychopathologies (Bowlby, 1977; Dozier et al., 1999; Mickelson et al., 1997). Among others, depression has been related to negative caregiving experiences and insecure attachment patterns with negative expectations on the reliability of others and the loveableness of oneself. Various studies provide evidence for the relationship between depression and insecure attachment (Aderka et al., 2009; Bakermans-Kranenburg and van Ijzendoorn, 2009; Bifulco et al., 2002; Dozier et al., 1999; Fonagy et al., 1996; Mickelson et al., 1997; Morley and Moran, 2011) and some even showed that attachment was able to predict future depression (Bifulco et al., 2006; Hammen et al., 1995).

In a seminal study, Eng et al. (2001) suggested that the connection between attachment and depression is mediated by social anxiety (SA). First, they argue that insecure attachment and SA are strongly intertwined, i.e., insecure attachment with its negative expectations about oneself and/or others and the futile strategies to fulfill attachment related needs impairs social functioning and nurtures social avoidance and anxiety in social interactions. Indeed, there are various studies showing that socially anxious patients predominantly exhibit an insecure attachment style (Eng et al., 2001; Mickelson et al., 1997; Manes et al., 2016) and are more often insecurely attached than normal controls (Cunha et al., 2008; Eng et al., 2001; Mickelson et al., 1997). Moreover, insecure attachment is associated with stronger symptom severity of SA (Bar-Haim et al., 2007; Eng et al., 2001; Manes et al., 2016; Van Buren and Cooley, 2002).

SA in turn is strongly linked to depressive symptoms. There is a high comorbidity between SA and depression with more than one third of the socially anxious patients also suffering from depression (Kessler et al., 1999; Stein and Kean, 2000). Moreover, the

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onset of SA precedes the onset of depression in most of the cases (Kessler et al., 1999; Chartier et al., 2003). SA contributes to depression by increasing the sensitivity for social rejection and criticism, thus, making socially anxious individuals more prone to negative social experiences and subsequent social withdrawal (Blatt and Zuroff, 1992; Lewinsohn, 1974). Additionally, SA goes along with strong self-criticism and negative cognitions about oneself which also might enhance the vulnerability to depression.

In sum, it is assumed that insecure attachment predisposes for SA which in turn leads to depressive symptoms. In line with this assumption, Eng et al. (2001) found that the effect of attachment measured with the Revised Adult Attachment Scale (Collins, 1996) on depression was partially mediated by SA. However, this influential and often cited study has not yet been replicated in a patient sample which we believed to be necessary given the importance of the finding.

Accordingly, we aimed to conceptually replicate the mediation finding of Eng et al. (2001) in an adult patient sample which was recruited within a large multicenter RCT in Germany, the Social Phobia Psychotherapy Network (SOPHO-NET, see Leichsenring et al., 2008, 2013, 2014). To assess attachment, we chose two different measures: the Bielefeld Questionnaire of Client Expectations (BQCE, Höger, 1999; Pollak et al., 2008) and the German version of the revised Experiences in Close Relationships questionnaire (Ehrental et al., 2009). Both questionnaires refer to adult attachment but focus on different relationships. The BQCE concentrates on expectations and cognitions towards a psychotherapist and the ECR-RD refers to romantic partnerships. Both relationships are highly relevant and potentially problematic for patients suffering from SA. To measure depression, we selected the BDI (Beck Depression Inventory, Beck et al., 1961) and to assess SA the Liebowitz Social Anxiety Scale (LSAS, Liebowitz, 1987) was applied.

2. Method

2.1. Study background and participants

The study is based on a subsample of 194 patients diagnosed with SAD (52.6% male, mean age 34.6 years) recruited in a large multicenter RCT (SOPHO-NET, see Leichsenring et al., 2008, 2013, 2014 for design and results). Sample characteristics are depicted in Table 1. Inclusion criteria for the study were SA as current primary

diagnosis (DSM-IV-R; American Psychiatric Association, 2000) and a global rating on the LSAS above 30 at the screening (Liebowitz, 1987; Mennin et al., 2002). Further inclusion and exclusion criteria are described in detail elsewhere (Leichsenring et al., 2013). Of 251 eligible patients in three participating study centers, 194 agreed to participate in a second study and filled out the BQCE, ECR-RD, BDI, and LSAS. Mostly due to reasons of time not all participants ended up filling out every measure (BQCE: $n=173$, ECR-RD: $n=172$, BDI: $n=189$, LSAS: $n=187$).

2.2. Measures

2.2.1. Bielefeld Questionnaire of Client Expectations (BQCE)

The BQCE (Höger, 1999; Pollak et al., 2008) was used to assess attachment-related cognitions and expectations towards psychotherapists on 33 five point Likert scaled items along 3 subscales (openness in close relationships, need for closeness, problems with self-acceptance) with sufficiently high Cronbach's alpha from .81 to .87. Based on cluster and discriminant analysis, patients were categorized as secure (combining the clusters secure and avoidant-cooperative) or insecure (combining the remaining avoidant and ambivalent clusters).

2.2.2. Experiences in Close Relationships (ECR-Revised, German Version)

The German ECR-RD (Ehrental et al., 2009) measures self-reported adult romantic attachment with 36 items on a 7 point Likert scale. The dimensional questionnaire results in a score for attachment-related anxiety and avoidance (Brennan et al., 1998; Fraley et al., 2000). Both scales showed sufficiently high internal consistency with Cronbach's alpha of .92 and .93, respectively.

2.2.3. Liebowitz Social Anxiety Scale (LSAS)

SA was assessed by a trained clinician with the LSAS (Liebowitz, 1987) measuring the amount of anxiety in social and performance situations with 24 items on 4 point scales. The LSAS total score showed high internal consistency ($\alpha=.93$).

2.2.4. Beck Depression Inventory (BDI)

The severity of depression was assessed with the BDI on 21 items on a 4-point Likert scale (Beck et al., 1961). In the current study, high internal consistency ($\alpha=.89$) was found.

3. Results

We performed a regression-based mediation analysis according to Preacher and Hayes (2008) for all three measures of attachment (i.e., BQCE attachment security, ECR-RD anxiety and avoidance) Attachment served as predictor, the BDI score served as criterion, and the LSAS score as mediator in this analysis (see Fig. 1). Testing the effect of the predictor on the mediator (a-path) revealed that attachment security was associated with less SAD for both the BQCE, $b=-17.63$, $t(169)=-3.95$, $p<.001$, the ECR-RD avoidance scale, $b=-4.95$, $t(169)=-3.00$, $p=.003$, as well as anxiety scale, $b=-5.96$, $t(169)=-4.26$, $p<.001$. Stronger SAD was related to stronger depression (b-path), $b=.18$, $t(185)=6.96$, $p<.001$. Regarding the direct effect of the predictor on the criterion (c-path), attachment was linked to depression, BQCE: $b=-4.99$, $t(171)=-2.84$, $p=.005$; ECR-RD avoidance: $b=-2.42$, $t(170)=-3.93$, $p<.001$; ECR-RD anxiety: $b=-2.79$, $t(170)=-5.39$, $p<.001$. Critical for the test on mediation is a significant indirect path which was tested via bootstrapped confidence intervals (Preacher and Hayes, 2008), indicating a substantial reduction of the c-path when the mediator is included. For the ECR-RD, the effect of attachment on depression was partially mediated by SAD (bias corrected and accelerated 95%

Table 1
Sociodemographic characteristics of the sample.

	Number (total N=194)	Valid percent
Marital status		
Single	132	71.1
Married	35	20.2
Separated/divorced	14	8.1
Widowed	1	.6
Having children	54	32.7
Living situation		
Living alone	57	32.9
Living with partner	72	41.6
Living with parents/ relatives	29	16.8
Other	15	8.7
Education (school)		
No degree	1	.6
8th/10th grade	56	32.6
High school	115	66.9
Education (professional)		
No professional training	44	25.9
Professional school/ training	78	45.9
Any college/ PhD	48	28.2

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