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Adult attachment, alexithymia, and symptom reporting An extension to the four category model of attachment

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Abstract

Objective: A previous study using a three-category attachment model found that avoidant attachment was associated with increased symptom reporting, and that this relationship was largely mediated by negative affectivity and alexithymia. The present study aimed to advance on these findings by using a four-category model of attachment to determine which aspect of avoidant attachment (fearful or dismissing) is related to symptom reporting, and via which mediating variables. **Method:** One hundred and forty-two male and female undergraduates, aged 17–44, completed questionnaire measures of attachment style, alexithymia, self-esteem, positive and negative affectivity, and symptom reporting. **Results:** Fearful and preoccupied attachment styles, negative affectivity, and alexithymia were all significantly associated with increased symptom reporting, while the dismissing attachment style was not. Regression analyses showed that the relationship between fearful attachment and symptom reporting was partly, but not fully, mediated by alexithymia and negative affectivity, while that between preoccupied attachment and symptom reporting was mediated mainly by negative affectivity. Low self-esteem was associated with symptom reporting only via its association with negative affectivity. **Conclusions:** Fearful and preoccupied attachment styles are both associated with symptom reporting via a negative model of the self and increased negative affectivity, but alexithymia is an additional predictor of symptom reporting in individuals with fearful attachment. This difference is thought to be linked to the model of others developed in early interactions with caregivers.
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Introduction

Since Hazan and Shaver demonstrated that infant attachment styles, as described in Ainsworth's classic studies, persisted into adulthood, the study of adult attachment and its correlates has been a rapidly growing area of research [1–3]. These attachment styles, formed in large part as a result of our childhood experiences with caregivers, are conceptualised as internal representations or working models of patterns of relating with others. They are therefore thought to influence our social interactions throughout life. Indeed, a 20-year longitudinal study found that 72% of young adults had the same attachment classification as they had when they were infants, and that, where attachment classification had changed, severe, threatening life events were often implicated [4]. Recently, researchers have started to examine the link between attachment style and various health-related variables, such as health care use and, of relevance to this study, symptom reporting [5–9]. Work in this area may help health professionals to understand and treat their patients better.

The theoretical basis of attachment, and the best way to conceptualise it, has been widely discussed [3]. Whereas originally, three categories of attachment (secure, anxious, and avoidant) were proposed [1,2], an alternative model with four categories has recently been developed [10]. The latter model has three insecure attachment styles: preoccupied, equivalent to the original anxious style, and fearful and dismissing, which represent subdivisions of the original

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avoidant attachment style. The four-category model is based on the idea that, as a result of early experiences, people develop lasting internal representations of self in relationships (model of self) and representations of others in relationships (model of other), as illustrated in Fig. 1. These representations influence whether people perceive themselves as worthy of care and whether others can be trusted to provide care [10].

An adult with a typical secure attachment style is thought to have received consistent, responsive care-giving during childhood. This person has a positive model of self and others and is comfortable turning to others for help and being comforted by others. The preoccupied attachment style is likely to arise from inconsistently responsive early care-giving, thus, this style is characterized by poor self-esteem (negative model of self) and focus on negative affect. The individual with a preoccupied attachment style is likely to have an idealised model of others, to be very needy of others, and to frequently seek reassurance. A predominantly fearfully attached individual shares the negative view of self with the preoccupied person, feels a need for social relationships, but holds a negative view of others. This style of relating is thought to be due to harsh or rejecting care-giving, leading to a fear of intimacy fuelled by fear of rejection. Finally, the dismissing attachment style is believed to be related to consistently unresponsive early care-giving, which led the individual to become compulsively self-reliant due to their negative view of others and positive view of self. While adults can be categorised into the four attachment styles (either by self-categorisation or using questionnaire scores), scale measures of the extent to which people resemble the different attachment styles are also used, as in the present study.

Three studies using undergraduate students as participants have found a link between insecure attachment style and symptom reporting. Our previous study, based on the three-category model of attachment, and using the Adult Attachment Scale [11], found that avoidant attachment was weakly predictive of symptom reporting and emotional preoccupation as a way of coping with health problems [9]. A similar study using the same three-category model also linked avoidant attachment style to increased symptom reporting and high levels of emotional control or suppression [7]. However another study reported that it was the *anxious* attachment style that was linked to higher levels of symptom reporting, but that the relationship was largely mediated by negative affectivity [6].

		Model of self	
		Positive	Negative
Model of other	Positive	**Secure** Trusts others and feels worthy of others' attention	**Preoccupied** Idealises others, emotionally needy, seeks reassurance
	Negative	**Dismissing** High-self-worth, compulsively self-reliant	**Fearful** Approach-avoidance, fears intimacy

Fig. 1. The four-category model of attachment. (Adapted from Bartholomew and Horowitz [10]).

It is possible that the inconsistent results described above arise from the use of different measures of adult attachment. More importantly, it may be that the association between symptom reporting and both anxious and avoidant attachment in different studies is due to some overlap between these categories. As noted above, the four-category model of attachment divides the avoidant style into fearful and dismissing attachment, while anxious attachment style is most like the preoccupied style. A recent study used both categorical and scale measures to assess the attachment styles of female medical patients in accordance with the four-category model and found that participants categorised as having preoccupied or fearful attachment (i.e., those with a negative view of themselves) reported a significantly greater number of physical symptoms than securely attached patients [5]. These authors' findings using continuous measures of attachment were consistent with those from the categorical analysis, with a strong positive correlation between fearful attachment and somatic symptom reporting. It is therefore possible that, in previous work using a three-category model, it was the fearful aspect of avoidant attachment, which shares features in common with preoccupied attachment, that was associated with higher symptom reporting.

Why should there be a link between symptom reporting and attachment style? Negative affectivity, or the general tendency to experience and communicate negative emotions, has repeatedly been shown to predict the extent to which people report physical symptoms, possibly via the mechanism of enhanced attention to and perception of bodily sensations [12]. It has been shown that negative affectivity can act as an important mediator between attachment style and symptom reporting [6,9]. It has been proposed that the link between preoccupied and fearful attachment and symptom reporting might be based on the low self-esteem and tendency to focus on negative affect, which arises from having a negative model of self [5]. To date, however, no study examining the association between the four-category model of attachment and symptom reporting has tested this proposition by including specific measures of self-esteem and negative affectivity.

A second variable that has repeatedly been shown to correlate with symptom reporting and that has been implicated as a mediator between attachment style and symptom reporting is alexithymia [13]. Alexithymia is conceptualised as a deficit in the ability to identify and describe emotions, but not to experience them, coupled with a tendency to externally oriented and concrete thinking [14].

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