



Review article

A systematic review of adult attachment and social anxiety



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ARTICLE INFO

Keywords:

Social anxiety
Attachment
Review
Social phobia
Adults

ABSTRACT

Background: Attachment has been implicated in the development of social anxiety. Our aim was to synthesise the extant literature exploring the role of adult attachment in these disorders.

Method: Search terms relating to social anxiety and attachment were entered into MEDLINE, PsycINFO and Web of Science. Risk of bias of included studies was assessed using and adapted version of the Agency for Healthcare Research and Quality assessment tool. Eligible studies employed validated social anxiety and attachment assessments in adult clinical and analogue samples. The review included cross sectional, interventional and longitudinal research.

Results: Of the 30 identified studies, 28 showed a positive association between attachment insecurity and social anxiety. This association was particularly strong when considering attachment anxiety. Cognitive variables and evolutionary behaviours were identified as potential mediators, concordant with psychological theory.

Limitations: Due to a lack of longitudinal research, the direction of effect between attachment and social anxiety variables could not be inferred. There was substantial heterogeneity in the way that attachment was conceptualised and assessed across studies.

Conclusions: The literature indicates that attachment style is associated with social anxiety. Clinicians may wish to consider attachment theory when working clinically with this population. In the future, it may be useful to target the processes that mediate the relationship between attachment and social anxiety.

1. Introduction

Social anxiety is the fear of or anxiety in response to social interactions or performance situations that is out of proportion to the actual threat of this experience (NICE, 2013). It is reported as the second most common anxious condition with a lifetime prevalence of 6.7–10.7% in western countries (Fehm et al., 2005; Kessler et al., 2012a, b). When considered on a continuum, less pervasive/distressing social anxiety, in the form of shyness or behavioural inhibition, may extend to more than half of the population during adolescence/early adulthood (Aderka et al., 2012; Henderson et al., 2014). At greater severities, social anxiety has high comorbidity with other psychosocial problems, such as depression (Beesdo et al., 2007) and other anxiety conditions (Kessler et al., 2012a, b). It is also associated with impairments to quality of life (Wittchen and Jacobi, 2005), romantic relationships (Sparrevohn and Rapee, 2009) and friendships (Davila

and Beck, 2002). Numerous therapeutic approaches to treating social anxiety have now been evidenced (Mayo-Wilson et al., 2014). Though there is evidence of efficacy for pharmacological (Standardised Mean Difference [SMD] = −.91, 95% CI = −1.23 to −.60) and psychological treatment (SMD = −1.19, 95% CI = −1.56 to −.81; Mayo-Wilson et al., 2014), understanding underlying psychological mechanisms associated with the development and maintenance of social anxiety might provide an opportunity for earlier intervention/prevention and developing more effective treatments. This review focuses on one potential mechanism, attachment.

Attachment theory posits that humans are motivated to form affective bonds with others when vying for safety, comfort and protection (Bowlby, 1988). We form ‘internal working models’ (IWMs) from interpersonal interaction, which generate implicit rules for understanding ourselves, others and how the two interact. Primary caring relationships are considered central to the development of

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IWMs (Bowlby, 1988), but peer and romantic relationships are also potentially important (Hazan and Shaver, 1987; Pierce and Lydon, 2001; Davila and Sargent, 2003; Fraley et al., 2013). Sensitive and attuned interactions with caregivers and important others, particularly in response to distress, can result in secure attachment, and IWMs of self as loveable and able, and others as caring and reliable. Neglectful or abusive interactions with others can result in insecure attachments and IWMs of self as worthless and inept, and/or others as abusive and untrustworthy (Bretherton and Munholland, 1999). Attachment style throughout life can be characterised by IWMs about self and others, guiding individual behaviour based on the extent to which a person seeks or avoids attachment experiences (Brennan et al., 1998).

Insecure attachment styles have traditionally been divided into anxious-ambivalent and avoidant attachment styles (Ainsworth et al., 1978; Hazan and Shaver, 1987). Notably, the terms preoccupied and dismissive have also been used to refer to anxious and avoidant patterns in adults, respectively. One of the first assessments of attachment in adulthood, the Adult Attachment Interview (AAI; Main et al., 2003) relies on an assessment of the quality and form of individual's interview narratives. Other approaches have focused on self-report appraisals of attachment experiences (e.g., Bartholomew, 1990; Brennan et al., 1998).

Theory links attachment styles to differences in IWMs of self and other (Bartholomew, 1990; Ravitz et al., 2010). Anxious attachment style is characterised by negative IWMs of self (i.e. seeing self as unlovable) whilst avoidant attachment style is characterised by negative IWMs of others (i.e., seeing others as untrustworthy; Ravitz et al., 2010). Dimensional models see anxiety and avoidance as the two main continua of attachment experience, which underlie the presence of specific styles (Bartholomew, 1990; Brennan et al., 1998). A more severe, 'fearful-avoidant' attachment style has also been suggested, characterised by high levels of both attachment avoidance and anxiety (Bartholomew, 1990).

Past research describes the desire for attachment as fundamental to human experience (Baumeister and Leary, 1995). IWMs that embody expectations of rejection from others may understandably result in anxiety in social situations, despite still feeling a drive for attachment. Inasmuch as this IWM informs how social situations are viewed and interpreted, insecure attachment may result in a hypervigilance to signs of rejection or threat, and biased threat-related appraisals in social situations. Thus, attachment may play a key role in the development of social anxiety.

Vertue (2003) posits a unifying theory linking evolutionary, self-presentation and learning theories of social anxiety through the lens of attachment to explain the origins, development and maintenance of social anxiety. Vertue's hypothesises that early life experiences can result in IWMs of self as inferior, undesirable, low in social-status (Ollendick and Benoit, 2012; Brumariu et al., 2013), and models of others as rejecting. These activate evolutionary behaviours of submission to and avoidance of others, which induce and reinforce anxiety in social domains (Weisman et al., 2011). This in turn could influence adult attachment security reinforcing avoidance and overestimation of social risks (Fraley et al., 2013). Conceptually, this theory compliments cognitive models of social anxiety (Clark and Wells, 1995), wherein underlying schemata of self and others result in appraisals of social situations as threatening, leading to self-monitoring and avoidant safety behaviours.

Child and adolescent samples have demonstrated the importance of attachment alongside parenting style, social competence and behavioural inhibition in the development of social anxiety (Cunha et al., 2008; Brumariu and Kerns, 2008; Brumariu and Kerns, 2010). Early adulthood has been associated with a spike in anxious symptomology, which may be related to significant social and environmental change during this period (Copeland et al., 2014). Understanding how attachment may influence the development and maintenance of social anxiety in adulthood could lead to more effective assessment and intervention,

alleviating suffering and minimising the potential development of comorbid problems (Stein et al., 2001; Beesdo et al., 2007). This literature review aims to evaluate the evidence in the extant literature of an association between adult attachment and social anxiety symptoms.

2. Method

The protocol is pre-registered and available on the PROSPERO data repository website: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016032991 registration number: CRD42016032991.

2.1. Study eligibility

Eligible studies included: i) an adult sample, with a mean age of 18 years or older; ii) a quantitative self-report or interview measure of attachment and social anxiety or a clinical diagnoses of social anxiety disorder; iii) analysis of the relationship between attachment and social anxiety; iv) a cross-sectional, intervention, or longitudinal study design; and v) publication in English. We included studies measuring attachment prior to adulthood providing that social anxiety was measured in adulthood. Qualitative studies, reviews, editorials and case studies/case series were excluded. Studies explicitly considering social anxiety as related to autistic spectrum conditions were also excluded from this review.

2.2. Search strategy

Electronic searches of MEDLINE, PsycINFO and ISI Web of Science databases (from earliest records until January 2016) were conducted using the following search terms, combined with Boolean operators: Attach* AND ("Soc* Anx*" OR "Soc* Phob*" OR "SAD").

Initially, two reviewers (RM, AC) independently screened titles and abstracts of all identified articles. They then further screened the selected full articles with disagreements arbitrated by a third reviewer (PT). In addition to articles identified through the systematic search, the authors checked the reference lists and citing articles of all included studies. The corresponding authors of included articles and two experts in the field were approached regarding any additional published or unpublished papers that might fit the inclusion criteria (Appendix A). RM also contacted the authors of all identified conference abstracts. The search flow diagram is outlined in Fig. 1.

2.3. Risk of bias

Included studies were assessed using a methodological quality assessment tool for observational research, adapted from one used by the Agency for Healthcare Research and Quality (AHRQ; Williams et al., 2010; Appendix B) and elsewhere (Taylor et al., 2014).

3. Results

Due to the wide variety of measures and definitions of attachment (13 different measures) and social anxiety (15 different measures), aggregation of effect sizes would be limited by high heterogeneity and low precision and so meta-analysis was not used here. Therefore, the results were synthesised narratively. Studies were grouped into four (not mutually-exclusive) categories. These included: Studies that compared social anxiety between attachment groups or attachment between social anxiety and control ($k=13$); studies that examined within group associations ($k=23$); studies that produced a moderation or mediational model of the relationship between attachment and social anxiety ($k=10$); and longitudinal studies ($k=3$).

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