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The moderation effect of mindfulness on the relationship between adult attachment and wellbeing

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ABSTRACT

Attachment theory was developed by Bowlby (1980) to explore the propensity of humans to make strong affectional bonds with significant others and to explain the different forms of emotional distress experienced when these relationships are disrupted. The concept of adult attachment is commonly employed in empirical studies of psychological interventions. One such intervention that significantly increases wellbeing is mindfulness. Mindfulness diminishes the extent to which circumstances are judged as positive or negative. Therefore, mindfulness might decrease the extent to which working models, primed by feelings of threat, are activated. To quantify what effect mindfulness has on wellbeing, the current study explored the relationship between adult attachment, wellbeing and mindfulness. Participants ($N = 165$) completed an online survey which included the Experiences in Close Relationships—Revised Questionnaire (ECR-R), the Friedberg Mindfulness Inventory (FMI-14) and the Depression Anxiety Stress Scale—short form (DASS-21). Results indicated that wellbeing, assessed by measures of depression, anxiety and stress, was strongly associated with an individual's attachment style. However, only attachment anxiety showed a predictive capacity on wellbeing. Furthermore, the results indicate that mindfulness is a significant moderator in the relationship, with mindfulness diminishing the effect of insecure attachment on wellbeing.

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Throughout history, human beings have sought solutions to the cause of physical, emotional and psychological distress and have relentlessly looked for ways to alleviate suffering (Siegel, Germer, & Olendzki, 2009). Distress, which is often used to define a number of emotions (Pidgeon, Lacota, & Champion, 2013), is described by Ohayashi and Yamada (2012) as a term used to define the general psychopathology of an individual and is expressed as a combination of depressive symptoms, anxiety and perceived stress. Psychological wellbeing, contrary to psychological distress (Bernhardsdottir & Vilhjalmsson, 2013), has been conceptualised by researchers in terms of specific components including affective, physical and cognitive processes with an emphasis on the psychological health of individuals (Ifeagwazi, Chukwuorji, & Zacchaeus, 2015). In the current research the term wellbeing is used to define the full range of core symptoms of depression, anxiety and stress.

Attachment theory provides an empirically grounded framework for understanding important aspects of interpersonal functioning and has primarily been used within the field of developmental psychology. An abundance of research has been generated in an attempt to explain several enduring issues concerning human development including the evolution of caregiving and attachment behaviour, stability and change, and the long-term consequences of early separation and loss on an individual's wellbeing (Fraley & Spieker, 2003). There has been longstanding interest in understanding early risk factors of psychopathology with a multitude of studies indicating that children with high levels of anxiety or behavioural inhibition are at greater risk for depression or anxiety disorders in adulthood (Jakobsen, Horwood, & Fergusson, 2012).

However, not all children with early onset anxiety/withdrawal develop depression or anxiety disorder (Levy, Ellison, Scott, & Bernecker, 2011). These observations suggest that the presence of intervening factors and processes may act to mitigate the risk. One such factor may be the parent–child attachment (Jakobsen et al., 2012). In recent times, the notion of individual differences in attachment and its effect on wellbeing has been expanded to include adult attachment patterns. As such, clinical psychologists often use the concept of adult attachment to inform treatments and interventions for depression and anxiety.

Attachment theory was developed by Bowlby (1980) to explore the propensity of humans to make strong affectional bonds with significant others and to explain the different forms of emotional distress experienced when these relationships are disrupted. Attachment theory posits human beings are hardwired to emotionally connect with one another and are also naturally endowed with an attachment behavioural system that motivates them to bond with significant people in their environment (Snyder, Shapiro, & Treleaven, 2012). Bowlby theorised that

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infants are born with an immature capacity for self-care and, as such, have developed a repertoire of behaviours (e.g. smiling & crying) that maintain proximity with others who are able to care, protect and help regulate distress (Fletcher, Nutton, & Brend, 2015). He suggests that this system of proximity-seeking behaviour emerged through evolution as a protective factor against infant mortality. Separation, either physically or emotionally, from significant others causes emotional distress, such as loneliness, sadness and anxiety (Ma, 2006; Mikulincer, Shaver, & Pereg, 2003).

Research indicates that these early relationships play an important role in shaping the expectations and beliefs a child constructs concerning the receptiveness and dependability of significant others (Fraley, 2002). These beliefs develop an internal working model for how the individual will interact with others and have determining effects on relationships and functioning throughout life (Lee & Hankin, 2009). This internal working model incorporates a range of cognitive and affective content such as emotion regulation (Crugnola et al., 2011), the capacity to initiate and maintain trusting and enduring relationships (Richards & Hackett, 2012), autonomy (Bekker & van Assen, 2006), expectations about how others behave in social relationships (Rholes et al., 2011) and is crucial for understanding how the individual will deal with stress and distress (Mikulincer, Dolev & Shaver, 2004).

Within a mental health framework, attachment theory provides insight into the development of psychopathology. It is recognised that early childhood attachment, family context, as well as social experiences, contribute to an individual's beliefs about one's worthiness of love and expectations about how others will respond to expressions of distress (Monti & Rudolph, 2014). Cognitive vulnerabilities such as self-criticism and dysfunctional attitudes, maladaptive perfectionism, coping styles (Cantazaro & Wei, 2010) and interpersonal vulnerabilities (e.g. poor romantic relationship quality and interpersonal dependence) are all identified as risk factors predisposing insecurely attached individuals to depression and anxiety (Lee & Hankin, 2009; Shaver, Schachner, & Mikulincer, 2005).

Bowlby (1989) proposed that children's anxiety levels are significantly affected by the relationship they have with their caregiver and research supports this claim (Bettmann, 2006; Levy et al., 2011). In a longitudinal study by Warren, Huston, Egeland, and Sroufe (1997), infants participated in Ainsworth's Strange Situation Procedure at 12 months of age and were classified as either secure, avoidant or ambivalent to determine whether infants who were anxiously attached in infancy would develop more anxiety disorders during childhood and adolescence, than infants who were securely attached. When the 172 participants reached the age of 17.5 years, the schedule for affective disorders and schizophrenia for school-age children was administered. Results indicated that insecurely attached children had more anxiety disorders than children who were securely attached. The anxious/ambivalent attachment pattern continued to significantly predict child and adolescent anxiety disorders, even when maternal anxiety and temperament were controlled for. Similar results were obtained in a large sample ($N = 350$) of 10 to 17 year olds. In this study, Lee and Hankin (2009) reported that attachment anxiety and avoidance contributed to later emotional distress through direct pathways even after controlling for initial symptom levels. Thus insecure attachment in childhood, in itself, is not considered a definitive indicator of psychopathology. However, research suggests that it heightens the risk of distress (e.g. depression and anxiety) in adulthood (Hoffman, Marvin, Cooper, & Powell, 2006; Koohsar & Bonab, 2011).

Adult attachment can be described as an individual difference factor with two orthogonal dimensions: the anxiety and avoidance dimensions. Low scores on these scales posit an individual holds internalised representations of comforting attachment figures, which creates a continuing sense of attachment security, positive self-regard, and reliance on constructive strategies of affect regulation (Mikulincer et al., 2004). High scores reflect internalised representations of frustrating or unavailable attachment figures. These individuals suffer from a continuing sense of attachment insecurity (Mikulincer et al., 2004) which is conceptualised as regions in a two-dimensional space. Attachment anxiety is associated with hyper-activating regulation which refers to hypersensitivity to perceived threat to self and relationships. An individual in this category will actively seek closeness, acceptance and protection (Koemans, Vroenhoven, Karreman, & Bekker, 2015), is hyper-sensitive to signs of rejection or abandonment (Monti & Rudolph, 2014) and worries that a partner will not be available in times of need (Mikulincer et al., 2004). Attachment avoidance relates to an under-activating style whereby the individual defensively inhibits emotions through denial or distortion. This dimension reflects the extent to which an individual distrusts relationship partners and strives to maintain autonomy and emotional distance from others. These individuals will tend to avoid closeness and suppress signs of vulnerability (Goodall, Trejnowska, & Darling, 2012; Walsh, Balint, Smolira, Fredricksen, & Madsen, 2009).

Insecure attachment in adults is shown to be related to higher rates of psychopathology such as anxiety (Chorpita & Barlow, 1998; Koohsar & Bonab, 2011), depression (Monti & Rudolph, 2014; Shaver et al., 2005) and personality disorders (de Zulueta, 2009). Secure attachment, in contrast, is related to lower rates of distress (de Zulueta, 2009), reactivity to perceived threats (Caldwell & Shaver, 2013), and higher rates of behavioural self-regulation (Shaver & Mikulincer, 2002). To determine whether there is a causal relationship between attachment style and psychopathology, Haaga et al. (2002) compared a sample of 50 participants; 25 participants had recovered from an episode of major depression while the other 25 had never been diagnosed with depression (control). Those who had recovered from depression scored significantly higher in behaviours related to insecure attachment while control participants scored significantly higher in secure attachment behaviours. These findings suggest that insecure attachment styles may be a stable vulnerability factor for depression (Ma, 2006). Stability of vulnerability is further explained by Daniel (2006) who reports the formation of the internal working model during childhood guides the individual in future attachment interactions. During adulthood new experience is assimilated to the existing working model, leading to a cycle of behaviour which will confirm and reinforce the working model.

As noted, the concept of adult attachment patterns has found increasing use in empirical studies of psychological treatments and interventions. An intervention that has been associated with positive outcomes related to physical (Kelly, 2015), psychological (Oberle, Schonert-Reichl, Lawlor, & Thomson, 2012), emotional (Goodall et al., 2012; Monti & Rudolph, 2014) and social wellbeing (Eames, Crane, Gold, & Pratt, 2015) is mindfulness (Caldwell & Shaver, 2014). Mindfulness originates in reflective traditions such as Buddhism and most definitions emphasise that a mindful state is characterised by an enhanced attention to, and awareness of, what is taking place in the present moment and that this awareness is employed equanimously, in that whatever arises is acknowledged and examined without judgement, elaboration, or reaction (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Oberle et al., 2012) with an emphasis on accepting the thoughts, emotions and behaviours, rather than actively trying to change them (Chambers, Lo, & Allen, 2008).

In the context of Buddhist practice, the mindful state is intended to illustrate the impermanent nature of cognitive, affective and physical phenomena, enabling a less reactive response, in turn maintaining affective balance in the face of potentially difficult circumstances. Consistent with early Buddhist perspectives, mindfulness in a Western perspective is hypothesised to develop a decentred relationship with one's internal and external experiences thereby decreasing emotional reactivity and facilitating a return to baseline after reaction (Kumar, Feldman, & Hayes, 2008). Jones, Oliver, Welton, and Thoburn (2011) explored trait mindfulness which they reported is a naturally occurring characteristic that reflects the frequency of mindful states experienced by an individual. They suggest that most individuals possess the capacity for trait mindfulness; however, there are differences in an

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