



The relationship between adult attachment style and post-traumatic stress symptoms: A meta-analysis



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ABSTRACT

There is increasing evidence that adult attachment plays a role in the development and perseverance of symptoms of posttraumatic stress disorder (PTSD). This meta-analysis aims to synthesise this evidence and investigate the relationship between adult attachment styles and PTSD symptoms. A random-effects model was used to analyse 46 studies ($N=9268$) across a wide range of traumas. Results revealed a medium association between secure attachment and lower PTSD symptoms ($\hat{\rho} = -.27$), and a medium association, in the opposite direction, between insecure attachment and higher PTSD symptoms ($\hat{\rho} = .26$). Attachment categories comprised of high levels of anxiety most strongly related to PTSD symptoms, with fearful attachment displaying the largest association ($\hat{\rho} = .44$). Dismissing attachment was not significantly associated with PTSD symptoms. The relationship between insecure attachment and PTSD was moderated by type of PTSD measure (interview or questionnaire) and specific attachment category (e.g. secure, fearful). Results have theoretical and clinical significance.

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1. Introduction

Experiencing a traumatic event is necessary but not sufficient to explain the development of symptoms of posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2013). Multiple factors have been associated with increased risk of PTSD such as a psychiatric history, familial psychiatric history, child abuse, trauma severity, lack of social support, additional life stress and dissociation during the event (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003). This paper considers the possible role of adult attachment in the development of PTSD symptoms.

The importance of social bonds and social cognition in response to traumatic events is increasingly recognised. Social bonds may potentially influence the development and maintenance of PTSD by affecting how an individual processes a traumatic event (Charuvastra & Cloitre, 2008). Various social-cognition models of PTSD have been proposed. Nietlisbach and Maercker (2009) suggest a reciprocal, interactive, concept of social cognition should be integrated into models of trauma processing. Sharp, Fonagy, and Allen's (2012) model of PTSD outlines how social bonds and social cognition may contribute to the development of PTSD after a traumatic

event. Within their model, social cognition (comprised of various social factors including social support, trust and social acknowledgement) is proposed to mediate the relationship between trauma and PTSD symptoms. Social cognition is found on early caregiving experiences and attachment schemas; and it is proposed that people with insecure attachment patterns will have compromised mentalising of trauma and therefore be more likely to develop PTSD symptoms (Sharp et al., 2012).

Attachment style is formed in childhood through infant interactions with their primary caregiver. These interactions determine a child's immediate emotional responses to stress and emotion-regulation in later life (Bowlby, 1982). An infant's biologically-based attachment system monitors the proximity of attachment figures, and triggers a set of behaviours in the infant (e.g. crying) designed to increase proximity to the parent/caregiver (Bowlby, 1982). Following activation of this system – perhaps due to stress, fear or a need for sustenance – reliable, consistent, reassuring responses from the caregiver will lead to a 'secure' pattern of attachment behaviour in the infant. Unreliable, inconsistent or neglectful responses from the attachment figure will lead to 'insecurely' attached infants, exhibiting anxious and/or avoidant behavioural styles (Ainsworth, Blehar, Waters, & Wall, 1978; Cassidy, 1999). Through these interactions, an infant develops an 'internal working model' of relationships (akin to a schema), which enables him/her to regulate, interpret and predict relationship behaviour throughout life (Mikulincer & Shaver, 2007). An

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adult's attachment style is therefore thought to be founded on the beliefs, expectations and feelings that they learnt as an infant with their caregiver.

Within the field of adult attachment, core concepts of the infant-caregiver relationship have been applied to adult-adult relationships. Most often romantic relationships are considered, although sometimes plutonic peer-peer adult relationships (e.g. Furman, 2001; Roisman, 2006). Research is guided by the underlying assumption that the relationship patterns and motivations within emotionally intimate adult relationships are the same as those observed in infancy. Fraley (2002) suggests that attachment theory offers a coherent and comprehensive explanation of why some adults appear secure and resilient within relationships, and others appear considerably more sensitive to relationship concerns. Hazan and Shaver (1987) found that the distribution of attachment style categories observed in adulthood is reflective of those observed in infancy: with 56% secure, 24% avoidant, 20% anxious/ambivalent attachments. Adult attachment anxiety refers to a fear of abandonment by partners, an excessive need for approval, and distress at perceived rejection by partners. Attachment avoidance refers to a fear of dependence and intimacy, and an excessive need for self-reliance and avoidance of self-disclosure. Secure adult attachment refers to the *absence* of attachment anxiety and avoidance, in that individuals' do not worry about being alone or being abandoned, and are comfortable with both being dependent on others and having others depend on them (Bartholomew & Horowitz, 1991). Although factor analysis of self-report measures has identified 12 different adult attachment styles, they map onto two higher-order dimensions of attachment anxiety and avoidance (Brennan, Clark, & Shaver, 1998).

Various mechanisms of how attachment style relates to PTSD symptoms have been proposed. Dysfunctional hyper-activation or deactivation of emotion regulation strategies are believed to develop in an insecure infant-caregiver attachment relationship. The inability to regulate emotions during and immediately after a traumatic event is therefore a potential mechanism through which attachment style may influence the development of PTSD symptoms (Kobak & Sceery, 1988). Similarly, a secure attachment style should result in greater ability to regulate emotions during a traumatic event and be associated with lower levels of PTSD symptoms. There is some evidence to support this hypothesis, showing that emotion regulation strategies mediate the association between secure attachment and lower levels of PTSD symptoms (Benoit, Bouthillier, Moss, Rousseau, & Brunet, 2010).

The relationship between adult attachment styles and PTSD symptoms has been examined in many populations, including prisoners of war (Ein-Dor, Doron, Solomon, Mikulincer, & Shaver, 2010; Mikulincer, Ein-Dor, Solomon, & Shaver, 2011), veterans (Hარი et al., 2009; Nye et al., 2008), security workers (Bogaerts, Kunst, & Winkel, 2009), those experiencing child abuse (Elklit, 2009; Sandberg, 2010), incest (Alexander et al., 1998), terrorist attacks (Fraley, Fazzari, Bonanno, & Dekel, 2006), childbirth (Iles, Slade, & Spiby, 2011), and domestic violence (Scott & Babcock, 2010). Results suggest that secure attachment is associated with low PTSD symptoms (Alexander, 1993; Ghafoori, Hierholzer, Howsepian, & Boardman, 2008; Ortigo, Westen, DeFife, & Bradley, 2013), and insecure attachment is associated with higher PTSD symptoms (Clark & Owens, 2012; Scheidt et al., 2012; Solomon, Dekel, & Mikulincer, 2008). However, a few studies do not find this (Elklit, 2009; Guðmundsdóttir, Guðmundsdóttir, & Elklit, 2006) and publication bias may mean other null results have not been published. There is also debate over whether anxious or avoidant attachment styles most relate to PTSD symptoms, with some suggesting that avoidant attachment might protect against elevated levels of PTSD through use of defensive strategies and thought processes (Fraley et al., 2006). However, results are mixed, with some studies finding

avoidant attachment more strongly associated with PTSD symptoms than anxious attachment (Frey, Blackburn, Werner-Wilson, Parker, & Wood, 2011).

Determining causality in the relationship between adult attachment and PTSD is difficult. Although it may be tempting to conclude that attachment style affects PTSD, research suggests that life events (traumatic or otherwise), or individual differences can change attachment patterns. For example, changing circumstances (Weinfield, Sroufe, & Egeland, 2000) and individual characteristics such as defensive coping and perceived well-being (Zhang & Labouvie-Vief, 2004) are associated with changes in attachment style. There is some suggestion that insecurely attached people may be particularly vulnerable to change: whereas secure individuals are likely to remain secure even in the face of difficult life events (Davila, Burge, & Hammen, 1997). Given that traumatic events may be implicated in attachment style change, caution must be taken when attempting to determine a causal relationship between attachment and PTSD.

Despite an increasing number of studies considering the relationship between attachment and PTSD symptoms, results are mixed and often difficult to compare. Some factors have been found to mediate or moderate the relationship between adult attachment and PTSD, such as self-worth (Lim, Adams, & Lilly, 2012), social support (Muller & Lemieux, 2000), coping strategies and emotion regulation (Benoit et al., 2010). Ortigo et al. (2013) highlight the relative lack of empirical examination of the mechanisms linking attachment and PTSD. They propose that object relations (view of self and other) and social cognition should be examined due to their theoretical overlap with attachment, and their correlational study finds a mediating role for both. The current meta-analysis allows us to explore potential moderators of the relationship between attachment and PTSD symptoms.

Despite this growing literature and the potential relationship between attachment and PTSD there has been no previous meta-analytic review of the relationship. This meta-analysis of the relationship between attachment and PTSD symptoms is useful in determining an estimate of the strength of the population effect size, providing a much needed synthesis of the literature, and enabling us to examine the role of potential moderators. It also examines which attachment type (insecure/secure; avoidant/anxious; fearful/preoccupied/dismissing) is most strongly associated with PTSD symptoms.

2. Method

2.1. Selection of studies for the meta-analysis

Database searches. Combined search terms of *Attachment AND (PTSD OR 'posttraumatic stress' OR 'traumatic stress')* were searched for in five databases (Pubmed, Psych Info, Medline, Scopus and Web of Knowledge) in August 2013. Where possible, the narrowing criteria of human studies and English Language were applied. Two thousand and eighteen records were returned and transferred to Endnote, which identified 336 duplicates, leaving 1652 papers. Titles and abstracts of all papers were then reviewed, and obviously irrelevant papers (for example, those using a child population, animal studies, literature reviews and individual case reports) were excluded, leaving 101 papers eligible for full-paper review. The search process is shown in Fig. 1.

Cited measures. By searching through the 101 relevant papers returned in the above database searches, and through further consideration of two reviews of adult attachment measures (Crowell & Treboux, 1995; Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010), we located 30 adult attachment measures. Firstly, the original measure development papers for the 30 measures were located

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