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## Attachment insecurity as a moderator of cardiovascular arousal effects following dyadic support



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Hadil Kordahji<sup>a</sup>, Eran Bar-Kalifa<sup>b</sup>, Eshkol Rafaeli<sup>a,b,\*</sup>

<sup>a</sup> Gonda Multidisciplinary Brain Research Center, Bar-Ilan University, Israel <sup>b</sup> Department of Psychology, Bar-Ilan University, Israel

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#### 1. Introduction

#### 1.1. Support

From cradle to grave, humans are social beings who rely on help and comfort from significant others at times of need and stress (cf., Bowlby, 1969). Indeed, the perceived availability of significant others' support is strongly associated with health and well-being (e.g., Cohen & Wills, 1985; Gruenewald & Seeman, 2010; Hobfoll, 2009; Taylor, 2007). Once we enter adulthood, the most salient bonds for many people are their romantic relationships; *perceiving* these as supportive is associated with both individual well-being and relationship satisfaction and functioning (e.g., Brock & Lawrence, 2009; Collins, Dunkel Schetter, Lobel, & Scrimshaw, 1993; Cutrona, Russell, & Gardner, 2005; Gable, Gosnell, Maisel, & Strachman, 2012; Rafaeli & Gleason, 2009; Sullivan, Pasch, Johnson, & Bradbury, 2010).

However, the last decade has uncovered a paradox with regards to social support. In contrast to *perceived support availability* which has consistent positive outcomes, *enacted* support has been unexpectedly associated with mixed outcomes. It sometimes has positive effects, but null or even negative effects are also common (c.f., Gable et al., 2012; McClure et al., 2014; Rafaeli & Gleason,

E-mail address: eshkol.rafaeli@gmail.com (E. Rafaeli).

#### ABSTRACT

We examine the cardiovascular arousal effects of emotional support receipt, and the moderation of these by the support recipient's and provider's attachment. Seventy couples engaged in a laboratory dyadic supportive interaction, while their ECG was monitored. With more emotional support, men with high attachment anxiety showed greater arousal reduction during the dyadic interaction, whereas men with low attachment anxiety showed less reduction; additionally, women coupled with partners with high attachment anxiety showed greater arousal reduction, whereas women coupled with partners with low attachment anxiety showed less reduction. Men and women with high attachment avoidance showed less arousal reduction, whereas those with low attachment avoidance showed greater reduction. These results highlight the differential ways in which support gets under the skin.

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2009; Rini & Dunkel Schetter, 2010). The effectiveness of enacted support seems to hinge on several factors, including the nature of the stressful situations (e.g., Cohen & McKay, 1984; Cutrona & Russell, 1990), the timing of support provided (e.g., Bolger & Amarel, 2007; Pearlin & McCall, 1990), the need of the recipient (Bar-Kalifa & Rafaeli, 2013; Cutrona, Shaffer, Wesner, & Gardner, 2007), the skill of the support provider (e.g., Howland & Simpson, 2010; Rafaeli & Gleason, 2009; Rini & Dunkel Schetter, 2010), the type of relationship between provider and recipient (Thoits, 2011), and the recipient's and provider's personality traits (e.g., Collins, Ford, Guichard, Kane, & Feeney, 2010; Verhofstadt, Buysse, Ickes, Davis, & Devoldre, 2008).

#### 1.2. Attachment

One personality trait that has been widely found to determine the effectiveness of support is *attachment style* (e.g., Campbell, Simpson, Kashy, & Rholes, 2001; Collins, Ford, & Feeney, 2011; Rini & Dunkel Schetter, 2010). According to attachment theory (Bowlby, 1973, 1980, 1982; Mikulincer & Shaver, 2008), humans are born with an innate psychobiological attachment behavioral system. This system motivates people to seek proximity to significant others (attachment figures) in times of need and stress, and to create emotional bonds with people they rely on for protection, comfort, and support (Bowlby, 1982; Mikulincer & Shaver, 2008; Waters & Cummings, 2003). Optimally, when an attachment figure serves as a *safe haven* (i.e., is available, sensitive, and responsive in

<sup>\*</sup> Corresponding author at: Bar-Ilan University, Department of Psychology, Ramat-Gan 5290002, Israel.

time of need) and as a *secure base* (i.e., provides a safe place to retreat should one's exploration become too threatening), one will build a stable sense of attachment security and confidence in seeking support. In contrast, when attachment needs are not met, one may develop a sense of attachment insecurity. These secure or insecure working models tend to persist and accompany people throughout their lifespan, thus influencing their future close relationships (Collins et al., 2010; Hazan & Shaver, 1987; Mikulincer & Shaver, 2008).

Individual differences in attachment are generally conceptualized along two relatively orthogonal continuous dimensions: anxiety and avoidance (Brennan, Clark, & Shaver, 1998; Simpson, Rholes, & Phillips, 1996). The former reflects the degree to which a person worries that attachment figures (e.g., spouse) will not be available in times of need. The latter reflects the extent to which a person mistrusts attachment figures and strives to maintain independence and emotional distance from them. Accordingly, *securely* attached individuals are low on these two dimensions (Collins et al., 2011; Hazan & Shaver, 1987; Kobak & Sceery, 1988; Mikulincer & Shaver, 2008).

Attachment styles can be understood in terms of rules that guide cognitive and behavioral responses (Bowlby, 1973, 1980, 1982), particularly to emotionally distressing situations. For relatively securely attached individuals, activation of the attachment system involves engaging in the *primary* attachment strategy: *proximity seeking* (Mikulincer & Shaver, 2003), which increases the use of effective emotional regulation strategies in times of need (Collins et al., 2010; Fraley & Shaver, 2000; Kobak & Sceery, 1988; Mikulincer & Shaver, 2007, 2008). These strategies aim to decrease stress and maintain comfortable and supportive intimate relationships. They include optimistic beliefs about others' trustworthiness and goodwill as well as a sense of self-efficacy, an ability to acknowledge and express distress, and an ease in relying on others' support and in being grateful for it (Collins et al., 2010; Mikulincer & Shaver, 2008).

In contrast, insecurely attached individuals engage in secondary attachment strategies. Specifically, due to their perceptions that attachment figures are unavailable. anxiously attached individuals tend to engage in hyperactivating strategies: making stronger attempts to seek proximity and gain attention in times of need (Collins, Ford, Guichard, & Feeney, 2006; Collins et al., 2010; Mikulincer & Shaver, 2008). These strategies include: urgent, energetic, and insistent attempts to attain proximity and love, as well as begging for support, insisting on it, or attempting to coerce another person into providing it (Cassidy & Berlin, 1994; Collins et al., 2011; Mikulincer & Shaver, 2007, 2008). These ineffective strategies cause the anxiously attached individual to remain perpetually vigilant regarding threat-related cues of unavailability; in turn, this hypervigilance intensifies distress (Collins et al., 2010; Mikulincer & Shaver, 2008) and produces anger and dissatisfaction in the partners (Downey, Freitas, Michaelis, & Khouri, 1998).

Due to their distrust about attachment figures' ability to alleviate their distress, *avoidantly attached* individuals tend to engage in *deactivating strategies*: trying to shut down the attachment system in order to deny their needs (Cassidy & Kobak, 1988; Mikulincer & Shaver, 2008). These strategies include: denying emotions in time of need, harboring negative thoughts or feelings, concealing anger and relying on ineffective problem solving, and maintaining strong feelings of defensiveness and hostility in reaction to their partners (Collins & Feeney, 2000; Collins et al., 2006; Collins et al., 2010; Mikulincer & Shaver, 2007; Mikulincer & Shaver, 2008).

#### 1.3. Attachment and support

Not surprisingly, individuals with different attachment styles differ in the manner in which they engage in support transactions within close romantic relationships (Campbell et al., 2001; Collins et al., 2010). If individuals experience their partners as a *"secure base"* and *"safe haven"*, they could turn to them in stressful time and seek help in an adaptive way; in turn, their partners would be able to recognize the distress and be available for support and assistance (e.g., Collins & Feeney, 2000; Collins, Guichard, Kane, & Feeney, 2004).

Evidence for this effective "dance" of dyadic support was obtained in a naturalistic experience-sampling study examining reciprocal dyadic support in which partners served as both recipients and providers (Davila & Kashy, 2009). In this study, daily attachment security was associated with the most adaptive support experiences – for providers and recipients. In contrast, insecurity was associated with maladaptive daily support processes. For example, attachment avoidance was associated with less support seeking, and attachment anxiety was associated with less support provision.

Partners' emotional or behavioral regulation plays a crucial role in protecting relationships in which one (or both) partner is insecurely attached (Lemay & Dudley, 2011; Simpson & Overall, 2014). For example, Simpson and Overall (2014) argued that partners' commitment and behavioral accommodation relieved anxiously attached individuals' fears and improved their threat-based reactions, producing secure feelings and more constructive emotions and behaviors. Additionally, they suggested that some partners of avoidantly attached individuals succeeded in regulating the defenses of the avoidant partners by "softening" their influence (i.e., by being sensitive to their partners' needs, validating their viewpoint, and acknowledging their efforts and good qualities). The avoidant individual, whose partner displayed more softening, exhibited less anger and withdrawal.

The effects of attachment styles on support processes are likely to be reflected not only in the subjective experience of the interacting partners or in their observable behavior (e.g., Campbell et al., 2001), but also under their skin – in hormonal or electrophysiological reactivity (e.g., Pietromonaco, DeBuse, & Powers, 2013; Robles & Kane, 2014; Stanton & Campbell, 2014; Zayas, Shoda, Mischel, Osterhout, & Takahashi, 2009). Attachment theory is a particularly appropriate framework for understanding actor and partner effects on physiological markers because one of the central functions of an attachment relationship is to regulate physiology (Bowlby, 1969; Diamond, 2001). As Robles and Kane (2014, p.516) recently noted, "attachment bonds function to maintain felt security by attenuating psychological and physiological stress reactivity (Diamond & Hicks, 2004), and by potentially serving as psychobiological regulators of felt security (Sbarra & Hazan, 2008)".

Hyperactivating and deactivating strategies can even be observed at the neural level (Stanton & Campbell, 2014). For example, in an ERP study, attachment insecurity was linked with N400 amplitude. More anxious women, who tend to use hyperactivating strategies, showed augmented N400 (i.e., more negative-going and longer-lasting) amplitude; whereas more avoidant women, who tend to use deactivating strategies, showed dampened (i.e., less negative-going and longer-lasting) amplitude (Zayas et al., 2009).

Indeed, a relatively new and important direction taken by adult attachment researchers has been the exploration of the biological underpinnings and correlates of attachment styles and patterns of stress reactivity, both in general and specifically within the context of dyadic interactions (Diamond, 2001; Diamond & Fagundes, 2008; Laurent & Powers, 2007; Powers, Pietromonaco, Gunlicks, & Sayer, 2006; Quirin, Pruessner, & Kuhl, 2008). Across studies, the main pattern emerging is that people with insecure attachment have heightened physiological reactivity to stress. This has been studied in greatest depth with Autonomic Nervous System (ANS) reactivity (e.g., Allen & Miga, 2010; Diamond & Fagundes, 2010; Diamond & Hicks, 2004, 2005; Diamond, Hicks, & Download English Version:

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