



How do attachment style and social support contribute to women's psychopathology following intimate partner violence? Examining clinician ratings versus self-report



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ABSTRACT

Concurrent associations between attachment style and social support in posttraumatic stress disorder, depression, and generalized anxiety disorder were explored using regression analyses in a sample of 108 victims of intimate partner violence. To examine whether assessment modality influenced findings, self-report and clinician ratings of psychopathology were compared. Both lower perceived social support and higher attachment anxiety were significantly associated with higher self-reported PTSD; however, only lower social support was significantly associated with clinician assessed PTSD. Lower social support, higher attachment anxiety, and lower attachment closeness were related with higher self-reported depression; however, only lower social support was related to clinician assessed depression. Lastly, only higher attachment anxiety was associated with self-reported GAD, whereas lower attachment dependency showed the only significant association in clinician assessed GAD. Possible explanations for discrepancies between assessment modalities are discussed, with emphasis on application to intimate partner violence and suggestions for future research.

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1. Introduction

Millions of women each year are exposed to some form of interpersonal trauma, including childhood abuse, intimate partner violence, and sexual assault. Studies have found that roughly 50% of women will experience physical, sexual, or psychological abuse at some point in their lifetime (Walker, 2000). Similarly, the 2010 National Intimate Partner and Sexual Violence Survey found that roughly 1 in 5 women in the United States have been raped and 1 in 4 have experienced physical abuse from a romantic partner (Black et al., 2011). With additional data suggesting that around 30% of women have experienced childhood sexual abuse, these studies highlight that interpersonal trauma is an all too common experience for women (Briere & Elliott, 2003; Finkelhor, Hotaling, Lewis, & Smith, 1990).

Not only is interpersonal trauma a common experience, but it is also associated with a series of complex conditions, including high levels of psychopathology in a variety of interpersonal trauma samples (Kilpatrick et al., 2003). For example, Molnar, Buka, and Kessler (2001) found prevalence rates of 39% for both major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) in a large sample of childhood sexual assault victims using data from the National Comorbidity Survey. In a sample of 92 physically abused women, Cascardi, O'Leary, and Schlee (1999) found an individual prevalence rate of 30% for both PTSD and MDD. Although less studied in intimate partner violence (IPV), Tolman and Rosen (2001) found that 9.2% of a sample of 272 IPV victims receiving welfare met criteria for generalized anxiety disorder (GAD). Altogether, these studies highlight the array of psychopathology often found in multiple interpersonal trauma samples including IPV victims.

1.1. Social support and psychopathology

A salient determinant of negative post-trauma functioning that has been consistently identified in the literature is social support. A large amount of research suggests that perceived social support plays a significant mediating role in the relationship between

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stress and the development of mental health disorders (Beck, 2010; Cohen, Gottlieb, & Underwood, 2000; Cohen & Wills, 1985). In two of the largest meta-analyses on risk and protective factors in PTSD, Brewin, Andrews, and Valentine, (2000) and Ozer, Best, Lipsey, and Weiss (2003) both noted that social support demonstrated one of the largest effect sizes compared to other factors such as prior trauma history, psychiatric history, and peritraumatic response. Among a sample of 472 women who had experienced IPV, Mburia-Mwalili, Clements-Nolle, Lee, Shadley, and Yang (2010) found that women reporting low and moderate social support were much more likely to report depression compared to women indicating high levels of social support, with an adjusted odds ratio of 4.95 for the low social support group and an adjusted odds ratio of 2.71 for the moderate social support group. Neria, Besser, Kiper, and Westphal (2010) examined the longitudinal trajectory of PTSD, MDD, and GAD during and after the Israel-Gaza war in a sample of Israeli college students near the Israel-Gaza border. They found that social support moderated the relationship between immediate emotional response (i.e. fear, horror) and PTSD, MDD, and GAD. More specifically, of participants reporting an immediate emotional response during the war, those who also reported higher perceived social support during the war reported significantly lower levels of PTSD, MDD, and GAD two and four months after the war. These studies suggest that supportive interpersonal relationships may be an important determinant of mental health conditions in the aftermath of trauma, including IPV (Kocot & Goodman, 2003; Norris & Kaniasty, 1996). However, as will be discussed further below, related literature has found that the ability to maintain and rely on healthy interpersonal relationships during times of distress is influenced by attachment style (Mikulincer & Shaver, 2009).

1.2. Attachment theory and psychopathology

Attachment theory posits that individuals are characterized by relatively stable patterns of interpersonal orientations that reflect the way the individual views and interacts with others around them. Although there are several different conceptualizations of attachment theory, categorizations of attachment style can be broadly referred to as secure or insecure, based upon dimensions of attachment anxiety and avoidance (Brennan, Clark, & Shaver, 1998). Attachment anxiety refers to fears of abandonment or rejection from others and concerns about a lack of interpersonal resources in times of need. Attachment avoidance is characterized as a pattern of self-independence marked by a distrust of others and hesitancy in forming close inter-dependent bonds. Secure attachment style is characterized as being low on both attachment anxiety and avoidance dimensions whereby individuals are comfortable with closeness in relationships, willing to rely on others, and not fearful of abandonment. Insecure attachment, on the other hand, is marked by high levels of attachment anxiety and/or avoidance dimensions.

Recent research has highlighted the importance of attachment styles in mental health functioning following IPV. Scott and Babcock (2009) found that attachment style moderated the relationship between IPV and PTSD, such that women who had experienced violence from their romantic partner who were higher in attachment anxiety demonstrated significantly higher levels of PTSD symptoms than women who had experienced violence but were low in attachment anxiety. Similarly, in a sample of 60 women who had experienced childhood abuse, Stovall-McClough and Cloitre (2006) noted that women with insecure attachment styles were approximately 7 times more likely to be diagnosed with PTSD compared to securely attached women. Although most investigations on the link between attachment styles in IPV have focused exclusively on PTSD, these results are consistent with the attachment literature as a whole which has demonstrated that attachment styles are associated

with an array of mental health disorders in a variety of samples (Mickelson, Kessler, & Shaver, 1997; Mikulincer & Shaver, 2012).

1.3. Attachment theory and social support

Although both attachment styles and social support have been independently demonstrated as important in mental health functioning following IPV, few studies have examined these factors together in the context of psychopathology. This omission is surprising as the literature has highlighted that attachment style influences perceptions and utilization of social support (see Mikulincer & Shaver, 2007 for a review). Individuals with secure attachment styles tend to report higher levels of perceived support compared to insecurely attached individuals (Florian, Mikulincer, & Bucholtz, 1995). In addition, various attachment styles reflect different patterns of utilization of interpersonal resources. During times of distress, individuals with attachment anxiety tend to engage in hyperactivation strategies (i.e. hypervigilance toward distress) characterized by emphasis on negative emotions and intrusive controlling attempts to obtain support from others, whereas individuals with attachment avoidance engage in deactivation strategies downplaying distress and distancing themselves from others (Florian et al., 1995; Mikulincer & Shaver, 2009; Mikulincer, Shaver, & Pereg, 2003; Ognibene & Collins, 1998). As research suggests that attachment and social support are interrelated and both of these constructs have been independently found to be significant in psychopathology, it is important to examine how these two factors relate together in association with mental health functioning. Exploration of this relationship has the potential to help advance understanding of the role of interpersonal processes in mental health functioning, which to date are still not well established.

Only recently has research attempted to explicate this relationship, with Besser and Neria (2012) finding that the association between attachment anxiety and PTSD was mediated by low amounts of social support. However, this study used a sample of college students near the Israel-Gaza border under threat of missile attack who had relatively low levels of PTSD symptomatology. Studies have yet to extend examination of the relationship between social support, attachment, and psychopathology to help-seeking trauma samples. Additionally, previous studies in this area have not broadened investigations of psychopathology beyond consideration of PTSD. As highlighted previously, IPV is associated with a range of mental health conditions in addition to PTSD.

In considering the available empirical reports, it also is notable that previous studies have relied exclusively on self-report measures of psychopathology, particularly within the attachment literature. Because attachment anxiety is associated with hyperactivation strategies, whereas attachment avoidance is associated with deactivation strategies, it is possible that self-report measures of psychopathology may be influenced by attachment styles. Although this hypothesis has been relatively unexamined, one study using a sample of patients with psychotic disorders compared patients' ratings of their psychotic symptoms with those of clinicians (Dozier & Lee, 1995). Results revealed that patients characterized by attachment anxiety reported more severe psychotic symptoms than patients with attachment avoidance; however, when clinicians rated patients' symptoms, they rated patients characterized by attachment avoidance as more symptomatic. As these results imply, inclusion of multiple assessment modalities is an important methodological component that can affect findings (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Replication of results using multiple assessment methods provides strong validation that an association between constructs is not a result of shared measurement modality. Given that the attachment literature to date has exclusively utilized self-report mental health

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