

Is attachment style a source of resilience against health inequalities at work?

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Abstract

The argument that ‘indirect selection’ is a contributory factor to health inequality has included ideas about personal characteristics that may originate in childhood and increase the likelihood of both poor health and disadvantaged social position in adulthood. The concept of protective resilience makes a similar but converse argument: that positive characteristics acquired at one phase of life may enable individuals to withstand later adversity. The increasing richness of data from longitudinal studies now allows us to examine these processes more closely over a longer period of life. In this paper we show that attachment style, a psychological characteristic thought to be associated with the style of parenting encountered during early childhood, may act as a source of resilience in the face of educational disadvantage. Men in mid-life who were not burdened with anxious or avoidant attachment styles seem to have been more likely to overcome the disadvantage of a lower level of educational attainment and progress up the ladder of Civil Service grades in the English Whitehall II study. As it is not strongly related to parents’ social class, it can be argued that attachment style has acted as a source of upward social mobility which is also likely to reinforce better health in later life.

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Introduction

Recent changes in social policy towards young children, such as the setting up in Great Britain of the ‘Sure Start’ schemes to support parents of young children in deprived areas, have reflected a growing acceptance of the importance of life-course processes. Evidence has accumulated that experiences in early life may, in the words of the Black Report, “cast long shadows forward” onto the health and

well-being of adults. Theories regarding the influence of childhood conditions and experiences for later health have included ideas about the possible joint effects of parental care on later personality and adult social position (Glendinning, Shucksmith, & Hendry, 1997; Haavet, Saugstad, & Straand, 2005; Stewart-Brown, Fletcher, & Wadsworth, 2005). This idea has been termed ‘indirect health selection’, that is, a process through which early life conditions may constitute a ‘confounder’ of the relationship between adult social position and health. In this model, early experiences, through their effect on personal characteristics such as coping styles or locus of control might strongly influence both educational and career success, and thereby social

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position, as well as health behaviours in adulthood, and thereby health (Berglund et al., 1996; Mackenbach, 2005; van de Mheen, 1998). The apparent link between social position and health, the ‘health gradient’ in adults, would, in this perspective, be something that had its origins far earlier.

Sweeting and West proposed a mechanism of this kind by raising the question of “a role for family culture in the health inequalities debate” (Sweeting & West, 1995). This paper was based on data from the West of Scotland 20-07 study’s youngest cohort, aged 15 in 1997 (West, Macintyre, Annandale, & Hunt, 1990). It argued that “the role of the family in relation to health inequalities has been largely ignored” (Sweeting & West, 1995, p. 171). Their measures of family-centredness and family conflict when cohort members were aged 15 were found to be significantly related to measures of physical and psychological health, self esteem, and to the likelihood that, by the age of 18, a young person would be in further or higher education rather than unemployed or in a government training scheme or unskilled employment. Equally important was their finding that material deprivation in the household was of lesser importance than these aspects of family relationships for either self esteem or health as measured at age 15 and 18. In this way, the study points towards a lifecourse process in which relationships in childhood may, independently of material factors, influence both the development of personal characteristics such as self esteem, and the attainment of social position in adulthood. Although a great deal more work in social epidemiology since that time has been concerned with the life course, family function and its consequences for personal characteristics in adulthood might still be regarded as somewhat under-investigated. Another Scottish study produced interesting findings in this respect during the 1990s (Glendinning, Hendry, & Shucksmith, 1995; Glendinning, Love, Hendry, & Shucksmith, 1992; Glendinning et al., 1997). More recently, a Norwegian study found a strong effect of aspects of family culture on health in adolescents (Haavet et al., 2005), and several studies have now addressed the possibility that psychological characteristics emerging during childhood may play a role in adult health, and thereby in health inequality (Balkrishnan, 1998; Stewart-Brown et al., 2005; Whalley & Deary, 2001). However most of these studies regard ‘adverse’ personal characteristics such as hostility or neuroticism as part of an aetiological pathway in

which socio-economic disadvantage in the family of origin is associated with both social and health disadvantage during adult life. Few studies ask whether there might be characteristics arising from family relationships, independently of material circumstances, that may act as sources of resilience in that they increase the likelihood of both a more advantaged socioeconomic position and better health in adulthood.

One psychological theory relevant to the processes at work behind observed associations between family relationships in childhood and later life health and well-being that has received more attention in the years since Sweeting and West’s study is known as attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Fonagy, 2001; Gil & Rupperecht, 2003). These ideas have their foundation in the work of Bowlby, a psychoanalyst who studied the consequences of children having been separated from their parents, for example during spells in hospital and during the World War II evacuations (Bowlby, 1982; Main, 1996). One consequence of his work, as is well known, was a complete change of policy regarding parental visiting rights in the children’s wards of hospitals. Before Bowlby’s work, it had been thought that parental visits caused distress to children, and that it was better for young patients to become resigned to their separation from their families. Bowlby’s research showed, however, that the passive resignation often seen in children during spells in hospital (which, in that period of epidemiological history, the 1940s and 1950s, were often prolonged), was more likely to be a sign of serious psychological damage than of children’s philosophical acceptance of the situation.

More generally, Bowlby regarded family functioning as having great importance for the eventual adult, as did other psychoanalysts. He was the founder of the idea that a developing person needs a ‘secure base’ from which to venture forth into the wider world (Waters, Crowell, Elliott, Corcoran, & Treboux, 2002). The concept of attachment was later explored by Ainsworth and her colleagues in the form of the ‘strange situation’ test. In these experiments, very young children were briefly separated from their caretakers (usually their mothers), and their behaviour on being re-united was carefully observed. Behaviour seemed to fall into three major types. Children who were securely attached ran back happily into the caretaker’s arms. Other children showed patterns of behaviour in

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