



Emotional intelligence mediates the relationship between insecure attachment and subjective health outcomes



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ABSTRACT

This study investigated the mediating role of emotional intelligence in the relationship between adult insecure attachment and subjective ill health. A sample of 343 Australian adults, aged between 18 and 77 years, completed measures of attachment, emotional intelligence and four facets of subjective health: somatic, anxiety/insomnia, social dysfunction and severe depression. Structural equation modelling showed that both anxious insecure attachment and avoidant insecure attachment were associated with lower emotional intelligence, which in turn was related to poorer subjective health outcomes. Emotional intelligence partially mediated the relationship between anxious insecurity and health outcomes. However, emotional intelligence fully mediated the relationship between avoidant insecurity and health outcomes. Results support a model in which insecure attachment is associated with deficits in emotional intelligence, which in turn is related to poorer health outcomes. We explore different mechanisms through which the two types of insecure attachment may impact on health.

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1. Introduction

Bowlby (1969) was among the first to investigate the topic of attachment in infancy and defined it as the dynamic bond that determines the quality and nature of responding by the caregiver to the needs of the infant. Bowlby believed that the steady development of trust, or lack thereof, in the caregiver's availability throughout infancy, childhood and adolescence, created a benchmark for what was to be expected for life and became permanently integrated into the individual's lifelong model of self and others. Hazan and Shaver's (1987) research on adult romantic love provided support for Bowlby's claims that attachment was a lifelong process. Consistent with attachment theory, results showed that adult beliefs regarding self and others were related to attachment patterns.

Waters, Merrick, Treboux, Crowell, and Albersheim (2000) tracked the attachment style of 50 white, middle-class children from 12 months of age (measured by the Ainsworth Strange Situation, Ainsworth, Blehar, Waters, & Wall, 1978) to age 21 (measured by the Berkeley Adult Attachment Interview). They found that 72% of the children maintained the same attachment style 20 years later. A subsequent recent meta-analysis demonstrated a moderate degree of continuity between attachment security in childhood through to adulthood and provided support for the contention that early attachment models exert influence on later interactions within relationships (Fraley, 2002).

Attachment has been conceptualised as discrete categories (as in the Ainsworth task) or as continuous dimensions. Categorical measures of

attachment have been associated with psychometric problems and are considered by some researchers to be inaccurate reflections of the natural structure of attachment security (Fraley & Spieker, 2003). In contrast, dimensional measures have been shown to be a more reliable and precise measure of attachment (Brennan, Clark, & Shaver, 1998; Fraley & Spieker, 2003). Two dimensions of insecure attachment style are of interest in the current study: anxiety and avoidance (Mikulincer, Shaver, & Pereg, 2003; Sibley, Fischer, & Liu, 2005). *Attachment anxiety* entails an ongoing fear of rejection or abandonment in relationships, a disproportionate need for approval, and distress when alone or with an unresponsive partner. *Attachment avoidance* involves an excessive need for autonomy, a fear of becoming dependant and a reluctance towards intimacy and self-disclosure (Wei, Russell, Mallinckrodt, & Vogel, 2007).

1.1. Attachment and health

Adult secure attachment has been linked to positive cognitive and emotional development (Fraley, Davis, & Shaver, 1998; Kobak, 1999;), physical health (Maunder & Hunter, 2008) and psychological health (Lopez & Brennan, 2000). The link between insecure attachment and poor health outcomes is reasonably well established (Maunder & Hunter, 2008). However, the relative contribution of avoidant and anxious attachment is not as clear. Some studies suggest that individuals with anxious insecure attachment have poorer health outcomes than those with avoidant attachment. For instance, McWilliams and Bailey (2010) found individuals with anxious insecure attachment experienced more adverse health conditions than individuals with avoidant insecure attachment. Other research suggests that health outcomes for individuals with avoidant insecure attachment are less favourable. In

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particular, research on reactions to missile attacks revealed higher levels of anxiety and depression in individuals with anxious insecure attachment as opposed to higher levels of somatisation in avoidant insecure attached individuals (Mikulincer, Florian, & Weller, 1993). Mikulincer et al., (1993) suggested that these findings were indicative of differences in the way in which individuals with different attachment patterns expressed emotional distress. Thus, the mechanisms through which attachment insecurity may lead to poorer health outcomes remain unclear.

1.2. Attachment and emotional development

Securely attached individuals are more likely to engage in direct communication and provide coherent and organised communication (Shaver, Collins, & Clark, 1996). Anxious insecure attachment is characterised by an exaggeration of emotion that is readily expressed but appears difficult to manage. Anxious insecure adults tend to be obsessed with romantic partners (Collins, 1996), have broken relationships (Shaver & Brennan, 1992) and constantly worry about rejection (Mikulincer & Nachshon, 1991). Avoidant insecure attached individuals are typically disinterested in romantic relationships and prefer to be alone (Shaver & Brennan, 1992). They tend to use strategies that essentially allow them to avoid expressing and even feeling emotion and produce delayed explanations about attachment related information that also lack credibility (Shaver et al., 1996). The development of these emotional competencies into adulthood appears to mirror the development of emotional intelligence (EI), a concept not yet identified in Bowlby's time.

1.3. Emotional intelligence

Emotional intelligence has been defined as “a constellation of emotional self-perceptions” and “a collection of personality traits concerning people's perceptions of their emotional abilities” (Petrides, 2010, p. 1). It is a compound personality construct which has been located at the lower end of the two major personality taxonomies: The Big Five and The Giant Three (Petrides, Pita, & Kokkinaki, 2007). Individuals who score high in EI are said to be more open, have more positive social interactions, have better verbal and social skills and be less likely to engage in negative behaviours such as violence and substance abuse (Mayer, Salovey, & Caruso, 2004). EI can be conceptualised as an ability or a trait (Petrides & Furnham, 2003). Ability EI is measured by objective measures of maximum performance, whereas trait EI is measured by self-report (Petrides, 2011). A trait approach to assessing emotional intelligence gathers information regarding the typical use of EI characteristics in daily life, including interactions within relationship. For this reason, we treated EI as a trait in this current study and assess it accordingly.

Investigations into the association between attachment and EI are few and relatively recent. Kafetsios (2004) showed significant positive correlations between secure attachment and a total score of EI, but did not categorise insecure attachment into anxious and avoidant components. Kim (2005) also found a significant positive association between secure attachment and EI, but subsumed avoidant attachment within secure attachment in her analyses. To our knowledge, an investigation into the relationship between EI and the insecure attachment styles of anxiety and avoidance has not been conducted. However, these findings are consistent with the view that individual models of self and others, formed by early attachment, influence the development of emotional intelligence into adulthood, and provide the rationale for further exploration of the association(s) between adult attachment and EI.

1.4. Emotional intelligence and health

An extensive literature on the relationship between trait EI and health outcomes has been summarised in meta-analytic reviews by

Schutte, Malouff, Thorsteinsson, Bhullar, and Rooke (2007) and Martins, Ramalho, and Morin (2010). The latter review encompassed 105 separate effect sizes from a total of 19,815 participants and found that higher EI was significantly positively related to better mental ($r = .36$), physical ($r = .27$) and psychosomatic health ($r = .33$). The authors also noted that EI was more strongly associated with health outcomes when measured as a trait rather than an ability. In more recent findings relevant to the current research, trait EI has been associated with mental distress (Kong, Zhao, & You, 2012) and has been found to mediate the relationship between the Big Five personality traits and general health outcomes (Greven, Chamorro-Premuzic, Arteche, & Furnham, 2008; Johnson, Batey, & Holdsworth, 2009).

1.5. Objectives of the present study

Based on the evidence presented, we proposed a model in which the well-established relationship between attachment security and health outcomes was mediated by EI. In other words, we predicted that deficits in attachment security (of either the anxious or avoidant type) would be associated with poorer development of EI, which in turn would be associated with poorer subjective health outcomes. To measure subjective health outcomes across a broad spectrum, we used the General Health Questionnaire (GHQ-28, Goldberg & Hillier, 1979) which measures somatic, anxiety and depressive symptoms, together with social dysfunction.

We predicted that insecure attachment would have a direct negative relationship with EI, which, in turn, would be significantly negatively associated with poorer subjective health outcomes. We further predicted that avoidant insecure attachment and anxious insecure attachment would have a significant positive relationship with poorer health outcomes. Finally, we hypothesised that this association would be mediated by EI.

2. Method

2.1. Participants

Participants comprised 343 (268 females and 75 males) aged between 18 and 77 years ($M = 33.93$, $SD = 12.29$). Approximately 48% of participants were undergraduate psychology students who received course credit. A further 8% were undergraduate students from other disciplines who participated as part of a University achievement award program. The remaining participants were members of the general population, who received no incentive. All participants' responses were anonymous.

2.2. Materials

All measures were amalgamated in a Qualtrics™ (Qualtrics, Provo, UT) online survey. Following questions on age and gender, the following measures were presented in the following order for each participant. Reliability coefficients for all measures are included in the Results section.

2.2.1. Assessing emotions scale (AES)

Developed by Schutte et al., (1998), the AES is a 33-item measure of trait emotional intelligence and is considered a unidimensional instrument (N.S. Schutte, personal communication, February 2, 2016). The AES has been used extensively in EI research, with over 1700 citations noted on Google Scholar. Scores on the AES have been found to correlate with other measures of trait EI (Schutte et al., 1998) and with other constructs that would be expected to be related, such as closeness and warmth in relationships, marital satisfaction (Schutte, Malouff, & Bhullar, 2009), and better mood repair after a negative mood induction (Schutte, Malouff, Simunek, Hollander, & McKenley, 2002). Participants were asked to rate the degree to which they agreed with statements on

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