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## Research article

# Examining the role of attachment in the relationship between childhood adversity, psychological distress and subjective well-being



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## ABSTRACT

Childhood adversity is associated with a wide range of detrimental psychological consequences. This study examined the mediating role of relationship-specific attachment (avoidance and anxiety) in the associations between childhood adversity and both psychological distress and subjective well-being. University students ( $N = 190$ ) across the Republic of Ireland completed self-report measures including the Adverse Childhood Experiences scale, Experiences in Close Relationships – Relationship Structures scale, Depression Anxiety and Stress scales and measures of subjective well-being. One hundred and twenty-eight participants (67.4%) reported experiencing at least one adverse childhood experience. Childhood adversity was associated with symptoms of psychological distress and subjective well-being. All such associations were mediated by certain relationship-specific attachment dimensions. Of these, attachment anxiety in general relationships was the most prominent mediator for both psychological distress and subjective well-being. Attachment to one's father and to one's romantic partner did not mediate any association. These findings indicate that attachment, in particular relationships, is an important factor in the associations between childhood adversity and both psychological distress and subjective well-being as an adult. One's attachment anxiety in general relationships is particularly important in these associations. Therapeutic interventions addressing these attachment domains may offset the detrimental effects of childhood adversity. Future research is required using a longitudinal design.

## 1. Introduction

Adverse experiences in childhood are traumatic events (e.g., sexual abuse, physical abuse, emotional abuse) or chronic stressors (e.g., neglect, parental separation) that are uncontrollable to the child (Tiet et al., 1998). Felitti and colleagues demonstrated strong graded relationships between exposure in childhood to maltreatment or household dysfunction as measured by the Adverse Childhood Experiences Scale (ACE) and multiple risk factors for the leading causes of death in adulthood including age of starting smoking, chronic obstructive pulmonary disease, use of illicit drugs and depression (Felitti et al., 1998). Those with four or more ACEs had increased odds of having severe obesity, diabetes, heart disease, cancer, stroke, chronic lung disease and depression (Felitti et al., 1998). Further research confirmed an association between ACE and poorer physical health in adulthood (Hughes et al., 2017). ACE have also been shown to be related to poorer mental health in adults, including mood disorders, anxiety, substance abuse, post-traumatic stress, personality and eating disorders, as well as suicidality (Abela & Skitch, 2007; Afifi, Boman, Fleisher, & Sareen, 2009;

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Clark, Caldwell, Power, & Stansfeld, 2010; Comijs et al., 2013; D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Gilbert et al., 2009; Infurna et al., 2016; Martins, de Carvalho Tofoli, Von Werne Baes, & Juruena, 2011; Norman et al., 2012; Widom, DuMont, & Czaja, 2007) and greater parenting distress (Murphy et al., 2014). While the evidence for an association between childhood maltreatment and later psychopathology is substantial, the precise mechanism underlying this relationship is not well understood. The aim of this study is to examine the role of attachment in the link between childhood adversity and adverse outcomes in adulthood.

### 1.1. *The role of attachment*

Although a number of mechanisms have been proposed to explain the link between childhood adversity and poor adult physical and mental health, one mechanism is that of attachment. Attachment theory proposes that infants are predisposed to develop affectionate bonds with their primary caregiver with the ultimate aim of improving their chances of survival (Bowlby, 1982). Children with caregivers who are attentive and consistent are likely to develop mental representations – termed internal working models – of caregivers as accessible and supportive when needed (Bowlby, 1973). In contrast, those children with caregivers who are unavailable and inconsistent are likely to develop models of caregivers as unpredictable and untrustworthy. These relationship-specific internal working models guide children in future attachment interactions and also generalize to new relationships over time (Bowlby, 1988). As such, these attachment patterns persist into adulthood (Bowlby, 1973).

Adult attachment is commonly conceptualized as attachment style, which is the relatively coherent and systematic pattern of relational expectations, emotions and behavior that develops from one's attachment history (Mikulincer & Shaver, 2012). These attachment styles are considered to be self-perpetuating. For example, an adult who has experienced frequent rejection in relationships as a child will be more sensitive to cues of rejection in future relationships. This hypersensitivity will likely result in behavior that elicits rejection, which would in turn confirm his/her negative internal working model. In order to understand attachment style, Bartholomew and Horowitz (1991) developed a model based on two independent dimensions of attachment: avoidance and anxiety. Avoidant attachment manifests itself as avoidance of intimacy in relationships and in prevention strategies such as distancing oneself from a close individual (Mikulincer, Shaver, & Pereg, 2003). Thus, this down-regulation results in individuals high on attachment avoidance withdrawing from relationships where they fear rejection or where abuse appears likely. In contrast, attachment anxiety in adults is characterized by a need for indicators of reciprocation and by a hypersensitivity to threats to the relationship (Mikulincer et al., 2003). In comparison to the distancing strategies of attachment avoidance, those high in attachment anxiety seek proximity to the attachment figure to achieve closeness.

#### 1.1.1. *The relationship between attachment and childhood adversity*

Attachment anxiety and avoidance have been associated with childhood adversity. Research has demonstrated that adults with a history of childhood maltreatment are more likely to endorse an insecure attachment style (i.e., high anxious and/or avoidant attachment; e.g., Baer & Martinez, 2006; Bakermans-Kranenburg and van IJzendoorn, 2009; Iwaniec, Larkin, & McSherry, 2007; Muller, Sicoli, & Lemieux, 2000). In addition to an association with childhood adversity, insecure attachment has also been associated with psychopathology, such as depression, anxiety, obsessive compulsive disorder, post-traumatic disorder, suicidality, eating disorders and personality disorders (Bosmans, Braet, & Van Vlierberghe, 2010; Cantazaro & Wei, 2010; Crawford et al., 2007; Doron, Moulding, Kyrios, Nedeljkovic, & Mikulincer, 2009; Ein-Dor, Doron, Solomon, Mikulincer, & Shaver, 2010; Gormley & McNiel, 2010; Illing, Tasca, Balfour, & Bissada, 2010). In addition, Moreira, Martins, Gouveia, and Canavaro (2015) noted that attachment anxiety with respect to a best friend and romantic partner is significantly associated with both depression and anxiety. In contrast, only attachment avoidance in relation to one's romantic partner is significantly associated with anxiety and depression. Given the enduring impact that childhood adversity can have on an individual, attachment may represent an important concept in the link between childhood adversity and psychopathology. Indeed, research has found that insecure attachment can partially mediate the association between childhood maltreatment and eating disorder symptoms in adulthood (Tasca et al., 2013). Thus, it is reasonable to assume that the association between childhood adversity and psychological distress may be mediated by attachment. For example, experiencing adversity as a child may result in the development of negative internal working models and thus insecure attachment (avoidance or anxiety). These negative models may persist into adulthood, negatively affecting adult relationships and leading to an increase in psychological distress.

### 1.2. *Subjective well-being*

In addition to psychological distress, childhood adversity can also have a detrimental effect on one's subjective well-being (SWB). SWB refers to one's cognitive and affective evaluation of his/her life and consists of four components: positive affect, negative affect, life satisfaction and flourishing. Oshio, Umeda, and Kawakami (2013) found that the experience of childhood adversity was associated with reduced SWB in adults. In addition to experiencing adversity, researchers have also noted that possessing insecure attachment in adulthood (i.e., avoidance or anxiety) is also associated with lower SWB (Lavy & Littman-Ovadia, 2011). Given both of these links, it is reasonable to assume that experience of adversity as a child may result in reduced SWB caused by insecure attachment. For example, experience of emotional abuse and neglect as a child may result in an individual fearing abandonment and seeking proximity when signs of rejection are perceived. This hypervigilance may lead to unhealthy or failed relationships, low social support and a lower evaluation of one's life.

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