

Stay Away, It Hurts: Attachment Ambivalence & Stress-Related Physical Symptoms in College Students & Adults

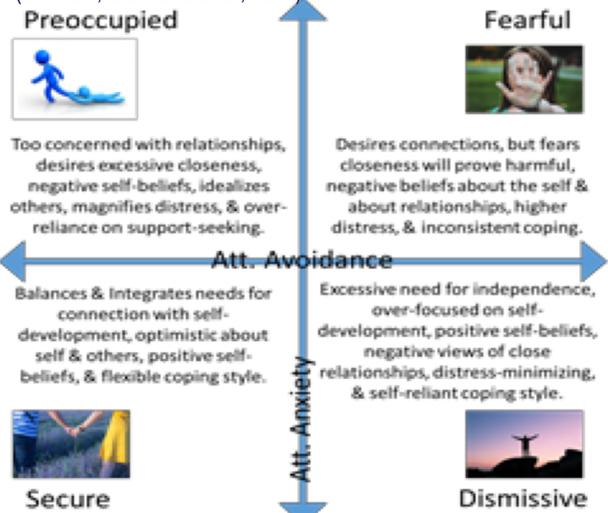
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Introduction

Stress is implicated in several health problems, including cardiovascular diseases, substance use, and obesity (Bibbey et. al, 2013).

People differ in how they manage stress. Adult Attachment Theory (Mikulincer & Shaver, 2007) examines how differences in attachment affect emotion regulation. Self-report attachment scales produce two attachment dimensions: Anxiety and Avoidance (Brennan, Clark & Shaver, 1998).



Of the four attachment styles, those high in Fearful-avoidance are likely most vulnerable to stress.

Fearful-avoidance involves simultaneously desire and fear closeness (Bartholomew, 1990). It is linked to low self-esteem and risk for depression, anxiety, and unhealthy relationships (Mikulincer & Shaver (2007).

Fearful-avoidance is linked to a physiological indicator of stress. Specifically, those with fearful-attachments show elevated cortisol reactivity in response to stressors (as compared to securely attached individuals; Kidd, Hamer & Steptoe, 2011).

Similar findings have been obtained using self-report attachment measures. Using the Inventory of Interpersonal Ambivalence-18, a measure directly assessing a key component of fearful-avoidance, Siefert (In Review) found that attachment ambivalence was more strongly associated with stress-related physical complaints (in a college and community samples) relative to attachment anxiety and avoidance.

The Present Study

This study replicates and extends prior work focusing on attachment status and stress. We expected...

...Attachment ambivalence will all be related to avoidance and anxiety.

...insecure forms of attachment will increase vulnerability to stress-related physical symptoms

...attachment ambivalence will incrementally explain variance and stress related physical symptoms beyond regressions

Methods

Participant Demographics

	Community	College
n	713	326
African American/ Black	6.6%	8.0%
Caucasian/ White	79.4%	46.9%
Asian/ Asian American	6.6%	4.6%
Hispanic/ Hispanic American	4.5%	4.9%
Native American	0.5%	2.1%
Middle-Eastern/ Arab American	0.6%	24.8%
Other	1.0%	8.6%
Men	47.0%	50.0%
Women	53.0%	50.0%
Mean Age (SD)	38.78 (12.06)	20.19 (4.56)

Participants in this study were 713 people in the adult community sample.

Participants in the college sample were 326 students.

Study Measures

The Experiences in Close Relationships (Brenna, Clark, & Shaver, 1998) includes 18 items tapping the attachment avoidance dimension ($\alpha = 0.94$) and 18 items tapping attachment anxiety dimension ($\alpha = 0.91$) measured on a 7- point Likert scale.

Inventory of Interpersonal Ambivalence-18 (IIA-18; Siefert, 2015) The IIA-18 assesses ambivalence about close relationships by having respondents rate statements for how true they are for the respondent. It contains 18 items that produce a total score for interpersonal ambivalence. ($\alpha = 0.78-0.90$) using 25 items using a 4- point Likert scale to determine an essential factor relating to fearful- avoidance.

Physical Symptoms Inventory (Spector & Jex, 1998) measures physical health symptoms that has been definitively correlated to stress. This includes 18 items representing physical issues and participants would report its frequency and whether or not a doctor was contacted to correct the issue.

Procedures

College Sample: Participants individually participated in this study in exchange for course credit. After giving informed consent they filled in a series of measures. Participants individually completed this study in groups of 10-20.

Community Sample: Using Amazon's Mechanical Turk (Mturk) Individuals reviewed a description of the study. Those interested clicked a link, reviewed a consent form, and completed surveys tapping attachment status, stress-related physical symptoms, personality, and interpersonal functioning on Qualtrics. Participants were paid \$1.50. All participants resided in the U.S. and met study cutoffs for validity and consistency.

Results: Did the Samples Differ?

Independent *t*-tests ($df = 1037$) revealed differences for attachment anxiety, attachment avoidance, and stress-related symptoms. However, these were small or trivial in terms of effect size.

Results: Were Attachment Dimensions Associated as Expected?

Yes. Both dimensions were associated with Ambivalence. However, associations between anxiety and avoidance were much larger than expected in the community sample.

Results: Was Attachment Associated with PSI scores?

Yes. As shown below, anxiety and ambivalence were associated with stress-related physical symptoms. This is consistent with prior work linking attachment anxiety to emotion dysregulation and extends it by including ambivalence (Correlations in green significant at $p < .001$).

	Community	College
	PSI	PSI
Att. Anxiety	0.37	0.21
Att. Avoidance	0.22	0.09
Att. Ambivalence	0.45	0.33

Results: Did Ambivalence Incrementally Improve Prediction?

Community Sample									
Model	R	R ²	F	df	ΔF	ΔR^2	Variable	Beta	t
1	0.37	0.14	55.96	(2, 693)	-	-	Att. Anxiety	0.38	8.48
							Att. Avoidance	-0.01	-0.12
2	0.37	0.14	37.27	(3, 692)	0.05	0.00	Att. Anxiety	0.38	8.47
							Att. Avoidance	-0.01	-0.13
							Interaction	0.01	0.23
3	0.46	0.21	45.06	(4, 691)	59.04	0.07	Att. Anxiety	0.18	3.54
							Att. Avoidance	-0.11	-2.54
							Interaction	-0.03	-0.93
							Att. Ambivalence	0.38	7.68

Yes. In both the Community (above) and College Sample (below), inclusion of IIA-18 significantly increased the amount of variance explained at Model 3. Further, in both samples, interpersonal ambivalence remained uniquely predictive (even after accounting for attachment dimensions).

Community Sample									
Model	R	R ²	F	df	ΔF	ΔR^2	Variable	Beta	t
1	0.22	0.05	6.54	(2, 263)	-	-	Att. Anxiety	0.20	3.27
							Att. Avoidance	0.07	1.08
2	0.23	0.06	5.08	(3, 262)	2.11	0.01	Att. Anxiety	0.21	3.47
							Att. Avoidance	0.06	0.93
							Interaction	-0.09	1.45
3	0.35	0.13	9.282	(4, 261)	20.74	0.07	Att. Anxiety	0.05	0.67
							Att. Avoidance	-0.12	1.67
							Interaction	-0.09	1.59
							Att. Ambivalence	0.37	4.55

Discussion

One's ability to utilize social support and share with others has been linked to reduced risk for stress-related physical symptoms in prior research.

Of the three attachment variables, interpersonal ambivalence seemed most implicated in stress related physical symptoms. This is consistent with prior research linking fearful-avoidance to increased vulnerability to stress and risk for distress.

Individuals high in emotional ambivalence are less likely to be comfortable in close relationships and may struggle to develop a system of ongoing social support. In addition, they are also more likely to view themselves as less capable. Both of these may exacerbate risk for stress.

The present research also replicates a prior study (Siefert, In Review), in which interpersonal ambivalence incrementally increased the prediction of stress-related physical symptoms in both a college and community sample. The replication of these findings by the present study supports the contention the IIA-18 complements dimensional measures of attachment and may provide a more rigorous assessment of the fearful-avoidance quadrant.

Limitations of Current Study

- Generalizability.** Findings from our sample may not be applicable to other measures and studies in varying environments with different factors apart from the ones included in our study.
- Exclusive Reliance on Self-Report Measures:** Self-reported measures may not be on an accurate representation for all college students and community adults.

Future Directions

In the future, we hope to conduct this study using more "objective" indicators of health (e.g., patient chart; blood pressure readings).

We also plan to examine the incremental validity of a short-form version of the IIA-18. A short-form version would be useful for individuals who are interested in using the ECR-Short-Form.

Now that several studies have established that interpersonal ambivalence is a risk factor for various forms of distress, including stress-related physical symptoms, we hope to conduct research examining factors that increase and decrease interpersonal ambivalence.

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