Psychological and Physiological Predictors of Health in Romantic Relationships: An Attachment Perspective

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Abstract
This article reviews the burgeoning literature linking greater individual differences in attachment anxiety and attachment avoidance to poorer health. Extant research indicates that more anxiously and avoidantly attached individuals experience heightened psychological (e.g., distress) and physiological (e.g., HPA axis activation) responses to stressful situations, as well as have poorer mental (e.g., depression) and physical (e.g., immune system functioning) health. Research also suggests that perceived social support processes are sometimes beneficial for more anxiously and avoidantly attached persons’ mental health, but are not helpful in alleviating physiological responses to stress. Future studies could fruitfully delve into the possible dyadic influences on health and interventions to improve the health experiences of more anxiously and avoidantly attached individuals. Lastly, future research could benefit from longitudinal explorations of health.

The “need to belong” has been posited as a fundamental human motivation, in that individuals have a basic need to feel connected to others in enduring, close relationships (Baumeister & Leary, 1995). When asked to list the factors that make life most meaningful, the majority of people first mention satisfying close relationships, particularly romantic relationships (Berscheid, 1985). In addition to providing positive affective and interpersonal benefits, social relationships influence health outcomes. Indeed, in the past few decades, researchers have established that individuals’ health status varies as a function of whether they have satisfying interpersonal relationships and adequate perceived social support (for reviews, see Berkman, Glass, Brissette, & Seeman, 2000; Cohen, 2004; Kiecolt-Glaser & Newton, 2001; Loving & Slatcher, 2013; Uchino, 2006), such that people in long-term, satisfying relationships live longer and healthier lives than others, particularly those who are socially isolated.

Interestingly, at the same time that research began to uncover important links between relationships and health, there was also a rapid growth of research focusing on the application of attachment theory to understanding adult romantic relationships. Notably, a theme common to research on relationship processes and health as well as research on individual differences in attachment and relationship processes is the importance of considering how intimate partners relate to each other and how they perceive each other’s behaviors and intentions. Perhaps not surprisingly, then, the merging of these two important research traditions since approximately the 1990s has provided significant advances to the understanding of the development of health problems in relationships (Loving & Slatcher, 2013).

A goal of this article is to both review and integrate research focusing on close relationship processes, attachment orientations, and health. First, we briefly discuss a few important trends in research on close relationships and well-being. We then present a brief overview of attachment theory, after which we detail specific psychological and physiological consequences associated with attachment system activation. Next, we review the growing literature on attachment insecurity and mental and physical health outcomes. We then discuss the role of perceived social support in influencing health experiences for more anxiously and avoidantly attached persons. Finally, we make suggestions for future research stemming from our integration of these theoretical and empirical literatures.

CLOSE RELATIONSHIPS AND HEALTH
Although being involved in close, interpersonal relationships (e.g., romantic relationships) is generally beneficial to individuals’ health, experiences within (and the overall quality of) these relationships are important predictors of health status.
Glaser, 2002; Stadler, Snyder, Horn, Shrout, & Bolger, 2012; in romantic partners (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2001). One specific theoretical framework that takes into account individual differences in how people perceive and relate to close others, and how these individual differences are related to health outcomes in a relationship context, is attachment theory (Bowlby, 1982), a topic to which we now turn our attention.

ATTACHMENT THEORY

Bowlby (1973, 1980, 1982) characterized the attachment system as internal working models of the self and others that develop based on early interactions with significant caregivers (also called attachment figures) and guide cognition, affect, and behavior across the life span. Specifically, Bowlby proposed that throughout life, and particularly during infancy, humans rely on attachment figures for survival. Thus, individuals cultivate beliefs about their self-worth and the dependability and supportiveness of others, which then organize their expectations of future relationships (see Baldwin, 1992; Fraley & Shaver, 2000). Attachment security develops when attachment figures are consistently supportive, available, and responsive to individuals’ needs, which in turn leads individuals to feel that they are worthy of being loved and that they can rely on others. In contrast, attachment insecurity develops when attachment figures are frequently rejecting, unavailable, and unresponsive to individuals’ needs, which in turn leads individuals to doubt their worthiness of being loved and to question whether others can be depended on.
After Hazan and Shaver (1987) applied attachment theory to the study of adult romantic relationships, researchers noted that two relatively orthogonal dimensions tap individual differences in dispositional adult attachment (see Brennan, Clark, & Shaver, 1998; Griffin & Bartholomew, 1994; Simpson, Rholes, & Phillips, 1996). According to these scholars, attachment anxiety reflects the tendency to worry and ruminate about relationships. People who experience greater attachment anxiety tend to crave affection in their relationships but also fear rejection and abandonment and distrust their partners’ love (Collins, 1996). Attachment avoidance, on the other hand, reflects the tendency to feel uncomfortable with closeness in relationships. People who experience greater attachment avoidance tend to be less committed to their relationships and often seek to remain emotionally independent from their romantic partners (Hazan & Shaver, 1994).

ATTACHMENT SYSTEM ACTIVATION

A model detailing the activation and operation of the attachment system when individuals encounter threat or other stress was developed by Mikulincer and Shaver (2003, 2007). In brief, when the attachment system is activated (e.g., via stress), people engage in specific behaviors toward close others. Individuals who are more securely attached (i.e., those low in attachment anxiety and avoidance) engage in the primary attachment strategy, proximity seeking, and draw closer to attachment figures (see Mikulincer & Shaver, 2013).

Individuals who are more insecurely attached, in contrast, have learned from early experience that proximity seeking is ineffective; thus, more insecurely attached persons engage in secondary attachment strategies that involve hyperactivation or deactivation of the attachment system. Hyperactivating strategies involve making stronger attempts to seek proximity and gain attention and are typically utilized by those with greater attachment anxiety. Thus, when the attachment system is activated, more anxiously attached persons attend to sources of distress in a hypervigilant manner and become consumed by rejection- and abandonment-related fears (Campbell & Marshall, 2011; Campbell, Simpson, Boldry, & Kashy, 2005; Shaver & Mikulincer, 2012). Deactivating strategies, in comparison, involve the inhibition of proximity seeking and are typically utilized by those with greater attachment avoidance. Thus, when attachment concerns are activated, more avoidantly attached individuals deny needs and emotional states related to their relationships and do not turn to their partners for support (Mikulincer & Shaver, 2007; Simpson, Rholes, & Neligan, 1992).

Hyperactivating and deactivating strategies can be observed not only in behavior, but also at the neural level; for example, research investigating event-related potentials (ERPs) has linked attachment insecurity with N400 amplitude (the N400 is an ERP associated with integrating semantic information into mental representations). Specifically, within 250 ms of encountering a threatening cue (e.g., rejection), more anxiously attached women (men were not included in the study) demonstrate augmented N400 (i.e., more negative-going and longer-lasting) amplitude, whereas more avoidantly attached women demonstrate dampened (i.e., less negative-going and longer-lasting) N400 amplitude (Zayas, Shoda, Mischel, Osterhout, & Takahashi, 2009). This research reflects the cognitive processes involved in insecure attachment and also demonstrates that attachment system activation has both psychological (e.g., mental representations triggered in response to threatening cues) and physiological (e.g., concrete neural responses triggered in response to threatening cues) activation points for more anxiously and avoidantly attached individuals in particular.

Psychological Consequences of Attachment System Activation

Internal working models of attachment can lead to distinct cognitive, affective, and behavioral experiences for more insecurely attached individuals (i.e., those higher in attachment anxiety, attachment avoidance, or both) when the attachment system is activated. For instance, more anxiously attached individuals tend to perceive more conflict in their relationships, escalate the severity of such conflict, and remain distressed during a conflict discussion even when their partner acts positively and constructively toward them (Campbell et al., 2005). More avoidantly attached persons, in contrast, tend to engage in less self-disclosure (Mikulincer & Nachshon, 1991) and enact negative communication patterns within relationships (e.g., during conflict; see Domingue & Mollen, 2009).

Of particular relevance to health-related outcomes, more insecurely attached persons have an impaired ability to regulate emotions, particularly negative emotions. More anxiously and avoidantly attached persons typically experience negative emotions in response to relationship-relevant events (Campbell et al., 2005), even when those events are positive in nature (Mikulincer & Shaver, 2005). For example, when their partner behaves positively in the relationship, more secure individuals tend to respond with joy, whereas more anxious individuals tend to respond with ambivalent feelings of love and fear, and more avoidant individuals tend to respond with indifference (Mikulincer & Shaver, 2005). A greater tendency to experience negative emotions in relationships can lead more insecure individuals to have trouble controlling negativity, with detrimental relationship consequences. Difficulty controlling anger, for instance, may partially explain why attachment anxiety and (sometimes) attachment avoidance are linked to greater intimate partner violence (see Finkel & Slotter, 2007; McNulty & Hellmuth, 2008).

Research suggests that more anxiously and avoidantly attached individuals’ attachment systems are activated with greater frequency. As such, the psychological consequences of attachment system activation may “get under the skin”
and subsequently impact mental and physical health (see Pietromonaco, DeBuse, & Powers, 2013). Indeed, poorer emotion regulation is thought to yield heightened bodily responses to stressors, which then influence health functioning (Diamond & Fagundes, 2010, 2012).

**Physiological Consequences of Attachment System Activation**

A growing body of research on how more anxiously and avoidantly attached individuals experience stress physiologically has focused on the hypothalamic-pituitary-adrenocortical (HPA) axis and the autonomic nervous system (ANS), two major body systems that are activated in response to stress. Studies consistently demonstrate links between insecure attachment and augmented HPA and ANS reactivity following stress (for reviews, see Diamond & Fagundes, 2010; Pietromonaco et al., 2013). Additionally, stressors need not be specific to a more anxiously or avoidantly attached person’s relationship for acute bodily reactivity to occur, though relationship-relevant stressors certainly trigger physiological responses.

For example, more anxiously attached persons exhibit heightened HPA axis activation in the form of cortisol reactivity in response to a generalized stressor (Quirin, Puressner, & Kuhl, 2008), as well as during conflict discussions with partners (Powers, Pietromonaco, Gunlicks, & Sayer, 2006) and when physically separated from their partner for a number of days (Diamond, Hicks, & Otter-Henderson, 2008). Following stress, especially if the stressor is relationship relevant, the cortisol levels of more anxious individuals take longer to return to baseline (e.g., Powers et al., 2006). In terms of ANS activation, more anxiously attached individuals experience higher blood pressure (Gallo & Matthews, 2006) and heart rate (B. C. Feeney & Kirkpatrick, 1996; Roisman, 2007) after distressing or unpleasant interactions with others, such as conflict discussions.

More avoidantly attached persons experience similar patterns of augmented HPA axis and ANS activation following stress. These individuals also exhibit greater cortisol reactivity in response to relationship conflict (Laurent & Powers, 2007; Powers et al., 2006) or when faced with abandonment-related cues (Rifkin-Graboi, 2008). Additionally, more avoidant individuals exhibit ANS activity in the form of increased blood pressure, heart rate, and electrodermal reactivity in response to general stressors (Carpenter & Kirkpatrick, 1996; Diamond, Hicks, & Otter-Henderson, 2006; B. C. Feeney & Kirkpatrick, 1996; Kim, 2006) as well as relationship-relevant stressors (Roisman, 2007).

The combination of poorer emotion regulation and heightened bodily responses to stressors, in conjunction with a lower threshold for perceiving cues as stressful and/or threatening, seemingly creates a recipe for mental and immunological problems for more anxiously and avoidantly attached persons. In other words, because the psychological and physiological activity associated with attachment system activation for more insecurely attached persons is particularly acute (Diamond & Fagundes, 2010), more avoidantly and anxiously attached persons are thought to be more susceptible to developing mental and physical health problems.

**ATTACHMENT AND HEALTH**

**Mental Health and Well-Being**

The hyperactivating strategies employed by more anxiously attached persons do seem to undermine mental health. Research examining couples transitioning to parenthood has found that experiencing high anger during this transition leads to more postnatal depressive symptoms for more anxious women (Simpson, Rholes, Campbell, Tran, & Wilson, 2003). Greater attachment anxiety is also linked to engaging in more risky health behaviors (e.g., smoking) and having poorer sleep patterns (Scharfe & Eldredge, 2001). Lastly, more anxiously attached individuals have a greater risk of developing psychopathology, such as affective disorders (Dozier, Stovall-McClough, & Albus, 1999; Ward, Lee, & Polan, 2006). Ward et al. (2006) in particular found that 100% of anxiously attached participants (operationalized by “preoccupied” Adult Attachment Interview [AAI] transcripts) in a community sample received psychopathology diagnoses following the Structured Clinical Interview for DSM-III-R (SCID), suggesting a strong link between attachment anxiety and later possibility of psychopathology.

Attachment avoidance has similar links to poor mental health outcomes. Roberts, Gotlib, and Kassel (1996) found that more avoidantly attached individuals reported more depressive symptoms that are associated with their negative models of the self. These individuals also engage in more risky behaviors and have poorer-quality sleep (Scharfe & Eldredge, 2001). Research on attachment and psychopathology has found that more avoidantly attached persons have a greater chance of developing psychopathology as well, particularly Axis I disorders (Dozier et al., 1999; Ward et al., 2006). In the Ward et al. (2006) study described above, 63% of avoidantly attached participants (operationalized by “dismissing” AAI transcripts) received psychopathology diagnoses. Thus, the negative emotional experiences of more insecurely attached individuals seem to predispose them to developing worse mental health down the road. Notably, and in line with attachment and emotion regulation research, some of the more avoidantly attached individuals’ health issues may arise from alexithymia, an inability to identify and talk about emotions (Wearden, Cook, & Vaughan-Jones, 2003).

**Physical Health and Well-Being**

Research linking attachment insecurity and poor physical health is robust for attachment anxiety. In terms of self-
reported health, more anxious individuals report experiencing more physical symptoms indicative of ill health, such as digestive upsets or frequent headaches (Ciechanowski, Walker, Katon, & Russo, 2002; J. A. Feeney & Ryan, 1994). More anxious persons with disease (e.g., inflammatory bowel disease) also tend to experience more acute disease symptoms (Gick & Sirois, 2010). Physiological evidence dovetails with these findings; for example, more anxiously attached individuals exhibit lower levels of cardiac vagal tone, suggesting a less healthy heart (Diamond & Hicks, 2005). Recent research has also found that more anxiously attached persons have alterations in the hippocampus, thought to be an emotion regulation center. Specifically, more anxious individuals have less hippocampal cell density (Quirin, Gillath, Pruessner, & Eggert, 2010), possibly as a function of heightened neural responses to perceived stress (Gillath, Bunge, Shaver, Wendelken, & Mikulincer, 2005). That is, when thinking about negative relationship events, more anxiously attached individuals exhibit heightened activation in emotion-related areas of the brain, such as the anterior temporal pole, as well as reduced activation in emotion regulation–related areas of the brain, such as the orbitofrontal cortex (Gillath et al., 2005). Thus, because these individuals frequently perceive and ruminate on negative events in their close relationships, this activation may compromise their ability to regulate emotions, yielding less hippocampal cell density. Lastly, more anxious individuals have immunological alterations in the form of fewer helper and killer T cells (Jaremka et al., 2013). These immunological alterations perhaps result from more anxious individuals’ chronic activation of attachment concerns combined with a lower threshold for perceiving threat and heightened physiological activity in the face of perceived threat (see Diamond & Fagundes, 2010), as frequent bodily stress responses can suppress the immune system (Kiecolt-Glaser et al., 2005).

Conversely, studies demonstrating worse physical health experienced as a function of greater attachment avoidance offer mixed results. Although some research has found that more avoidant individuals report experiencing more symptoms of ill health (Ciechanowski et al., 2002), other symptom-reporting research has not found these links, instead finding that more avoidant individuals engage in limited seeking of health care (J. A. Feeney & Ryan, 1994). Moreover, in the research conducted by Jaremka et al. (2013) discussed above, effects for attachment avoidance were nonsignificant, implying that more avoidantly attached persons’ physical immune systems are not altered by attachment system activation over time. On the other hand, more avoidant individuals with bowel disease report the disease as being more severe (Gick & Sirois, 2010). Additionally, more avoidant persons exhibit less hippocampal cell density (Quirin et al., 2010), presumably because these individuals also experience heightened stress responses to negative relationship events; this in turn may partially inform why avoidant individuals have more difficulty regulating and verbally expressing emotions (see Wearden et al., 2003). Finally, research by Gouin et al. (2009) has demonstrated that more avoidantly attached individuals experience greater proinflammatory cytokine response to relationship-related conflict. While proinflammatory cytokine response is not necessarily harmful in the short term, more frequent and amplified levels are linked with worse health and the acceleration of age-related diseases (see Kiecolt-Glaser et al., 2005, 2010). The research by Gouin et al. (2009), therefore, suggests that more avoidant individuals may exhibit impaired physical functioning down the road if they repeatedly encounter conflict in their intimate relationships. It may be important to note, however, that little other research has found direct alterations in immune response for avoidant persons, both because existing research does not find significant effects for avoidant attachment (e.g., Jaremka et al., 2013) and also because more research on attachment and immunological alterations has yet to be conducted.

In summary, associations between insecure attachment and mental health outcomes seem robust: Both more anxiously and avoidantly attached persons tend to experience poorer psychological health and well-being. The consistency of associations between insecure attachment and physical health, however, appears to differ between the anxious and avoidant attachment dimensions, with more reliable associations reported for the anxious compared to the avoidance dimension. Future research may potentially uncover more uniform associations between avoidant attachment and physical health outcomes, but it is also possible that the differences reported in physical health outcomes between individuals higher in anxious and avoidant attachment reflect unique mechanisms underlying these health outcomes for each attachment dimension.

To be specific, one potential reason that the physical health outcomes of more anxious and avoidant individuals differ is that more avoidant individuals do not seem to exhibit the same immunological alterations as anxious individuals. Therefore, those with greater attachment anxiety may suffer a “double whammy” of compromised psychological coping skills (e.g., poor emotion regulation) as well as alterations in core immunity features (e.g., fewer T cells; Jaremka et al., 2013), resulting from a relatively low threshold for activation of their attachment concerns, that together help explain their worse mental and physical health outcomes. Individuals with greater attachment avoidance, in comparison, may experience physical health problems to the extent that they are exposed to situation-specific stressors (e.g., relationship conflict) that activate physiological responses (e.g., cortisol, Powers et al., 2006; proinflammatory cytokines, Gouin et al., 2009). The chronic worries and concerns of more anxiously attached individuals may therefore aid in the development of impairments to their physical health, whereas reactions to specific relationship events over time may best explain the links (when they arise) between avoidant attachment and physical health. These possibilities are admittedly speculative, and future research is needed to better understand the core mechanisms behind mental and physical health for more insecurely attached persons.
PERCEIVED SOCIAL SUPPORT

As mentioned previously, perceived social support has numerous benefits for psychological and physical health (see Stadler et al., 2012; Uchino, 2006). For example, people who perceive greater social support from significant others (e.g., romantic partners) tend to have better recovery from depression (George, Blazer, Hughes, & Fowler, 1989) and have a smaller risk of developing psychopathology (e.g., schizophrenia; Cannon et al., 2008). People who perceive greater social support also tend to have lower mortality rates from cardiovascular disease (Frasure-Smith et al., 2000), cancer (Hibbard & Pope, 1993), and infectious diseases (Lee & Rotheram-Borus, 2001). Individual differences in adult attachment, however, may represent an important moderator of the soothing effects of social support on health. More specifically, because more anxiously and avoidantly attached persons have negative representations of close others, they tend to perceive less support available in their relationships and are less satisfied with the support they receive (see, e.g., Bradford, J. A. Feeney, & Campbell, 2002; Campbell et al., 2005; Collins & B. C. Feeney, 2004; Gallo & Smith, 2001; Vogel & Wei, 2005).

Although a great deal of research suggests that more insecurely attached persons have biased perceptions of social support, several studies indicate that when more anxious and avoidant persons do perceive support from their partners, this support can have salutary psychological effects. For example, perceiving more support during a stressful life event, the transition to parenthood, is associated with greater relationship satisfaction over time for more anxiously attached individuals (Rholes, Simpson, Campbell, & Grich, 2001). Additionally, more avoidantly attached individuals who perceive support and experience greater relationship dependence behave more positively in a conflict discussion (Campbell, Simpson, Kashy, & Rholes, 2001). When it comes to psychological health, therefore, the perception of greater social support may be a boon for more insecurely attached persons.

The strong physiological reactions that occur very quickly for more insecurely attached individuals following activation of the attachment system, however, may limit the soothing effects of perceiving support from a partner on physical health outcomes. For instance, as stated in the prior section, more anxiously and avoidantly attached individuals exhibit augmented physiological responses (e.g., cortisol reactivity) to both relationship-relevant stress (Powers et al., 2006) and general stress (Diamond et al., 2006; Quirin et al., 2008). Furthermore, more anxiously attached individuals also have alterations in cellular immunity (Jaremka et al., 2013). It seems possible, therefore, that the deleterious effects of these biological mechanisms on physical health over time may not be alleviated by perceptions of adequate social support.

To date, there are only a handful of studies investigating attachment and the circumstances in which social support helps and when social support is negligible for predicting psychological and physiological outcomes. For instance, Meuwly et al. (2012) found that following a general stress task, more anxious individuals’ cortisol recovered more slowly compared to less anxious individuals, even when they received social support from their partner. Similarly, Ditzen et al. (2008) found that when more anxious individuals feel distressed, social support can help attenuate these negative feelings; however, social support had no effects on cortisol levels for more anxious persons. Other research has found similar effects for more avoidantly attached persons as well (see Brooks, Robles, & Dunkel Schetter, 2011). Taken together, these studies suggest that while perceived social support can have salutary influences on psychological aspects of health for more insecurely attached individuals, these beneficial effects do not carry over to physical health outcomes to the same extent for these individuals. Notably, this literature is in its infancy; studies that directly link individual differences in attachment and perceptions of social support to health outcomes beyond physiological responses to stressful situations are still needed.

RECOMMENDATIONS FOR FUTURE RESEARCH

Given the breadth of the research reviewed in this article, a (mistaken) assumption might be that little is left to uncover regarding the links between attachment and health outcomes; however, our review suggests many gaps in the empirical literature that remain to be explored. For example, research has not implemented longitudinal designs when investigating how the augmented physiological stress reactivity of more insecurely attached individuals can influence health outcomes over time, nor have studies fully explored the dyadic influences on physiology and health from an attachment perspective. In addition, very few studies have investigated possible interventions to improve health outcomes for more anxiously and avoidantly attached persons. We therefore discuss several potential avenues for future research below.

A notable limitation of the extant literature is that although many studies have examined how individual differences in attachment anxiety and avoidance predict physiological responses to stress and health outcomes, these processes are largely studied in isolation. That is, the literature has much to say about attachment and physiological reactivity to acute stressors, as well as attachment and mental and physical health, but research is more or less silent on how the augmented bodily responses to stress experienced by more insecurely attached persons result in worse health over time, and the studies that do tackle this question are largely speculative. Maunder and Hunter (2001) suggested that the impaired stress regulation experienced by more insecurely attached individuals may represent one pathway through which attachment anxiety and avoidance lead to illness, but no concrete evidence currently exists to support this assumption. Thus, an excellent opportunity exists for researchers to conduct longitudinal investiga-
tions incorporating adult attachment, acute physiological reactions to stress, and long-term health outcomes.

In a similar vein as the direction discussed above, no research has yet linked heightened physiological activation (e.g., cortisol reactivity) with mental health outcomes (e.g., depression) for more anxiously and avoidantly attached persons. The majority of studies examining insecure attachment and mental health outcomes largely focus on psychological processes (e.g., negative mental representations of others that in turn guide cognition, affect, and behavior throughout life; see Fraley & Shaver, 2000) that may facilitate the development of poor mental health and psychopathology (see Dozier et al., 1999; Simpson et al., 2003; Ward et al., 2006). There is certainly evidence that chronic stress can lead to neural activation that precipitates brain disease down the road (see de Kloet, Joëls, & Holsboer, 2005). Additionally, Quirin et al. (2010) found links between attachment insecurity and reduced hippocampal cell density, thought to partially underlie the impaired emotion regulation tendencies for such individuals. A direct test of physiological stress response resulting in negative mental health outcomes over time from an attachment theory perspective, however, is still open for future studies.

Another important limitation of the current literature is that it is primarily individual-focused (i.e., one’s personal health outcomes are examined as a function of one’s own attachment). A hitherto largely unexplored avenue for research on attachment, relationships, and health is implications one partner’s attachment anxiety or avoidance has for his or her partner’s health outcomes. Research has documented that chronic caregiving can have detrimental effects on one’s own health over time (Vitaliano, Zhang, & Scanlan, 2003). This has particular implications for individuals with more anxiously or avoidantly attached partners, as insecure partners are more likely to respond negatively during stressful times and have mental and physical health problems that may require frequent caregiving.

Investigations of partner effects on health over time are still in their infancy, but there is preliminary support for the idea that having a more insecurely attached partner can lead to poorer health. Specifically, one study found that when Partner A behaves in a negative way (e.g., devaluing Partner B or ignoring Partner B’s displays of vulnerability), Partner B is more likely to develop depressive symptoms three months later (Whiffen, 2005). Also, it has been shown that the partners of more anxiously and avoidantly attached individuals respond with heightened physiological responses during stressful situations (e.g., conflict discussions; see Powers et al., 2006), but the mechanisms underlying these partner effects have yet to be discovered. It is possible that the mechanisms guiding physiological response may be unique to having a partner who is more anxious or more avoidant; for example, the stress response for the partner of a more anxiously attached individual may come from the anxious person’s action (e.g., blaming the partner, demanding attention; see Campbell et al., 2005), whereas the stress response for the partner of a more avoidantly attached individual may come from the avoidant person’s inaction (e.g., shutting down, failing to acknowledge the partner’s needs; see Simpson et al., 1992). These potential dyadic sources of poor health outcomes over time have yet to be systematically investigated.

Romantic relationships have a particular capacity to influence health (Kiecolt-Glaser & Newton, 2001; Loving & Slatcher, 2013), and as such more research on how individual differences in attachment influence not only one’s own but also one’s partner’s health is needed. Dyadic studies could further explore how individual differences in attachment and interpersonal behaviors influence psychological and physiological health processes when one partner is ill and the other must compensate (e.g., covering the ill partner’s chores). How partners navigate such circumstances may vary as a function of attachment (e.g., a more anxiously attached partner might blame the partner who is ill, which in turn could create additional strain in the relationship). These relationship processes related to coping with health may thus influence not only psychological relationship processes (e.g., frustration that leads to dissatisfaction in the relationship), but also health-related processes (e.g., how quickly and effectively the unwell partner heals from his or her illness; cf. Kiecolt-Glaser et al., 2005).

Lastly, future research could fruitfully investigate interventions that may improve mental and physical health outcomes for more anxiously and avoidantly attached individuals. For instance, gratitude training, in which individuals list up to five things they are grateful for daily or weekly, has been shown to positively influence well-being (e.g., improving amount and quality of sleep) and coping when dealing with disease (Emmons & McCullough, 2003). Methods of more constructively coping with stress, such as mindfulness-based stress reduction (MBSR), may also present opportunities to improve health outcomes. Cordon, Brown, and Gibson (2009) found preliminary support for the positive effects of MBSR on perceived mental stress for more insecurely attached persons; however, the potential for MBSR or other stress reduction techniques to influence health outcomes over time has yet to be explored. Interventions initiated at the immediate stage following stress, before more anxiously and avoidantly attached individuals have time to ruminate and hyperactivate or deactivate their attachment systems, may be the most effective for short- and long-term outcomes.

**CONCLUSION**

In this article, we focused on the psychological and physiological predictors of health in romantic relationships through the lens of attachment theory. It is well established that more insecurely attached individuals (i.e., those with greater attachment anxiety and avoidance) have acute psychological and physiological reactions to stressful situations (e.g., conflict discussions). Additionally, myriad excellent studies have demonstrated consistent links between attachment insecurity and
negative mental and physical health outcomes. Our review does highlight, however, that the core mechanisms underlying poor health outcomes for insecurely attached persons are not yet fully understood. Finally, although extant research sheds light on several important aspects of health experiences for more anxiously and avoidantly attached persons, a number of potentially fruitful empirical opportunities (e.g., longitudinal explorations of health, dyadic studies of health) are amenable to future studies.

References


