Comparative Study of Depressed and Non-Depressed Young Adults Regarding Attachment Style

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Abstract:-There is increasing evidence that adult attachment plays a role in the development and perseverance of symptoms of depression. This analysis aims to synthesis this evidence and investigate the relationship between attachment styles and Depression and the role of attachment styles in differentiating depressed and non-depressed young adults which operate to contribute to their pathology among them. For this study, a sample of 200 depressed young adults and 200 non-depressed young adults (matched normal control) were taken[100 male and 100 female in both case].Standardized psychological test(questionnaire)were administered-Beck Depression Inventory, Kuppuswami SES Scale, General Health Questionnaire Scale, Multiphasic Questionnaire, Relationship Scale Questionnaire. Data were collected using the technique of purposive sampling. Result showed that clinically depressed group, compared to the normal control group lagged behind in Attachment aspect, high association between depression with Fearful and Preoccupied attachment Style aspect and Secure attachment with non-depressive aspect. Significant relation were found between depression and attachment style and between depression in comparison to non-depressed young adults with the help of t-test and ANOVA. Results have theoretical and clinical significance.
Keywords : *Depression, Attachment style, Young Adults.*

I. INTRODUCTION

A very common and recognized form of mental illness is depression. It is steadily rising epidemic. It is seen that stressful environment of modern life with lack of personal gratification lead to go within dark pit of emotional distress. Worldwide, an estimation of 350million people currently suffer from some form of depression. In 1998, Martin Seligman[President of APA-American Psychological Association]worked on depression across the century and reported that the rate of depression was 10-20 times much than 50years ago and it has become a problem of young person and in 2011, according to U.S Centers for disease Control and Prevention, use of antidepressants increased 400% and users were aged 18-44years in last two decades [Bruice. E.Levine,2013] [1]. Major Depressive Disorder is something more than only sadness and grief and accompanied with physical and emotional symptoms. Physical symptoms are unexplained aches, pains, weight loss/gain, increased or decreased appetite, insomnia, etc. and emotional symptoms are include anxiety, restlessness, extreme irritability, feeling of guilt, low self worth, loss of interest in favorite activities, thought of death, fixation on the past or things that went wrong etc. Depending on the severity of symptoms, it can be categorized as mild, moderate and severe. When depression goes at its worst condition, it leads to suicide and approx 8 lacks people die every year due to suicide and it is 2nd leading cause of death among young adults, aged between 15-29 yrs [WHO, Suicide data,2012] [2] . In America, one study revealed that seriously considered attempting suicide by college students has increased to 30.3% in 2012-13 from 23.8% in 2010-11[Amy Novotney,2014] [3] . So, it is global burden of diseases among young adults. We all know that depression is affective disorder and affection is undoubtedly related with attachment aspect. So, Attachment style suppose to be crucial factors in depression. Originally attachment theory was developed to explore what sort of close bonds exist between an infant & caregiver or an individual and attachment figure [Bowlby,1973,1982] [4],[5]. It can be seen when infant stays under distress (separation from caregiver, threat etc.) and baby shows behavior which aimed to maintain proximity to the caregiver(crying, clinging etc.) and the way caregivers responds to the infants is major factor in attachment theory, not only this consistency and quality of comfort are utmost important too which helps to shape the level of comfort infants have with others, to trust or rely on others, exploration of new situation and it creates the attachment style in person which lasts/persists throughout the life. Attachment Styles were derived from the work of Ainsworth et.al(1978) [6] and highlighted three basic attachment styles: secure, avoidant, anxious ambivalent. Later four different attachment styles were identified in children: secure, anxious-ambivalence, anxious-avoidant and disorganized (Hazan & Shaver's 1987 [7] ;Collins & read,1990) [8] .After this theory, Bartholomew (1990) [9] defined four attachment prototypes viz., secure, fearful, preoccupied, dismissing. It is based on the intersection of the positive and negative variations in the working model of self and others. The self model was characterized as the degree of self worth and anxiety experienced in close relationship. Attachment cognition function as filters that states how a person applies information about past

relationships in estimating the emotional consequences of present interactions. According to Bartholomew, the resulting combinations of the two dimensions yields this four attachment styles. Mickulincer and Shaver,2007 [10] ; revealed in their longitudinal and cross-sectional study of clinical and non-clinical samples that wide variety of mental disorder are associated with insecure attachment(anxious & avoidant) and depression was one of those disorder. The aim of the present study is to find out the psychological factors(Attachment style) related to depression of young adults. In recent years, orientation of research in clinical and therapeutic domains of Psychology intends to search more towards in-depth understanding of psychological functions, where dynamics of behavior is major thirsted area and is being emphasized extremely (Safran & Segal,1990) [11] .Therefore for better understanding of the depressive position the present study intends to reveal the relative status of cognitive style, ego function collectively in a group of Depressed young adults as compared to normal controls.

II. OBJECTIVES
To study the depressed and non-depressed young adults with respect to attachment style.

III. HYPOTHESIS
H1:There is significant differences between depressed and non depressed young adults in terms of Attachment style test.

H2: There is significant differences between depressed and non depressed young adults in respect to secure based attachment.

H3: There is significant differences between depressed and non depressive young adults in respect to fearful attachment.

H4: There is significant differences between depressed and non-depressed young adults in respect to preoccupied attachment style.

H5: There is significant differences between depressed and non depressive young adults in respect to dismissing attachment style.

IV. METHOD
4.a) Independent Variables- Depression.

4.b) Dependent Variables-Attachment Style.

4.c) Participants

Participants in this study included 200 moderately depressed young adults[100 male & 100female] and 200 non-depressed young adults[100 male and 100 female] residing at Kolkata who volunteered to participate in the study. Here purposive sampling was done in case of patient population and random sampling was followed in case of normal population.

Inclusion Criteria-

1. The age of participants be within 18yrs to 25yrs.
2. The socioeconomic status of the participants should be matched for both groups i.e. depressed and non depressed groups[by using Kuppuswami SES scale].
3. The depressive person should be clinically screened [diagnosed by Psychiatric Doctors] and MSQ was given to validate the diagnosis of Psychiatric Doctors.
4. Only moderately depressed clients were taken [by using BDI].
5. The patient would not have any other co morbidity of other psychiatric symptoms.
6. Non depressive person must not have any past psychiatric illness.

Exclusion Criteria-

1. Only Hindu subjects are studied, others are excluded.
2. Only Bengali and English speaking subjects were taken, others are excluded.
3. Joint families were excluded from the study as the complexity of relationships differ between joint and nuclear families. Moreover, joint families are rare in the urban areas of Kolkata.
4. Subjects who are single child were selected, others are excluded.

4.5) Tools

1. **General Information Schedule** : It is semi-structured information schedule. It contains information about socio-demographic variables like age, sex, education, domicile and occupation.
2. **Kuppuswamy's SES Status Scale(Revised2012)(12)(13)** : Constructed by Kuppuswamy on 1976. It was one of the most important social determinants of health and disease, thus widely studied constructs in social sciences. It is used to measure social and economic variables. Keeping the changing socioeconomic circumstances in mind, income criteria revised on 2012. CPI-IW (base 2001 = 100) shows reference index numbers as 208 on June 2012 as per Labour Bureau, Government of India.(4) Price index was 88.42 for 1998 and 208 for 2012 so conversion factor with 2001 as new base will be 2.35 (208 χ 88.42) .

3. **Multiphasic Questionnaire(MPQ)** : First it was constructed by Murthy(1965)[14],later it was developed by Murthy and Lakshminarayan. The test significantly differentiate (.01 level) normal with clinical group. It has 100 statements and can diagnose patients with depression(and also other disorder).The scale was used in the present study for substantiating clinical diagnosis. MPQ is derived from the Minnesota Multiphasic Personality Inventory (Hathaway SR, McKinley JC,1955)[15]. The questionnaire was developed and validated in India. It is a forced choice true/ false inventory that evaluates the personality profile for anxiety, depression, mania, paranoia, schizophrenia, hysteria, psychopathic deviation and lie scale, and repressor-sensitizer scales.

4. **Beck Depression Inventory** : The original version of the B.D.I. was introduced by Beck, Ward, Mendelson, Mock and Erbaugh in 1961.It consists of 21 items that measure characteristics, attitudes and symptoms of depression(Beck et al,1961)(16). The test-retest reliabilities ranged from 0.48 to 0.86, depending on the interval between retesting and type of population (Groth –Marhart,1990). It has split-half reliability co-efficient of 0.93 and the concurrent validity of this test is 0.72(Beck et al. 1988)(17).

5. **General health Questionnaire** : The General Health Questionnaire was designed to be self administered screening test aimed at detecting psychiatric disorders among respondents. It was designed by Goldberg and Hiller(1979) as a state measure.GHQ-28 containing 28 items was derived from factor analysis of GHQ-60.It consists of 4 subscales for somatic symptom, anxiety, insomnia social dysfunction and severe depression. For the present study Bengali adaptation of GHQ -28(Basu and Dasgupta,1966)(18) was used. Each item of the Bengali adaptation has been found significantly contributing to total score as correlation coefficient of each item with total score is significant at .01 level. Its split half reliability is 0.97.It is more used among normal subjects to screen out those with a Psychiatric disorder.

6. **Relationship Scale Questionnaire by Griffin and Bartholomew(1994):**
The Relationship Questionnaire assesses four attachment styles, viz., secure, fearful, preoccupied, dismissing. The RSQ contains 30 short statements drawn from Hazan & Shaver's (1987) Attachment measures, Bartholomew& Horowitz's(1991)Relationship Questionnaire and Collins & Read's(1990) Adult Attachment Scale. This questionnaire has a 5 point scale-Not at all, Hardly, To some extent, Most of the time and Very much. The scale has been adapted by Roy & Ghosal for the Indian population. The coefficients of reliability of the four subscales were computed by using Split-half method. The coefficient of internal consistency of the subscales were found by computing the item-total correlation. The coefficient of reliability of the secure subscale is 0.6873;of the fearful subscale is 0.8787;of the Preoccupied subscale is .8585; and of the dismissing subscale is 0.8498.The coefficients of internal consistency of the secure, fearful, preoccupied, dismissing subscales are 0.4336,0.5760,0.5388,and .5650 respectively. The above mentioned reliabilities were found out after the scale was adapted.

4.6) Procedure- Samples were selected according to the inclusion criteria and data were collected on Relationship Scale Questionnaire(RSQ) from the selected samples of Depressed and Non-depressed young adults. Tabulation and Statistical treatment of the data were done to meet the requirement of hypotheses testing and to interpret the results.

4.7) Statistical analysis- t test and ANOVA were done with the help of SPSS-16 software.

V.   RESULTS

Results in the present investigations is furnished in the following tables.
Table-1: The mean and S.D of the variables and sub-groups are as follows presented in (Table1).

GROUP	VARIABLES	N	MEAN	SD
Depressed	SECURE	200	6.55	2.25
	FEARFUL	200	17.99	2.44
	PREOCCUPIED	200	16.55	2.53
	DISMISSING	200	16.59	2.47
	OVERALL	200	57.69	4.02
Non-depressed	SECURE	200	21.64	3.64
	FEARFUL	200	5.98	2.88
	PREOCCUPID	200	9.30	2.33
	DISMISSING	200	14.64	2.88
	OVERALL	200	51.56	4.02

For depressed and non-depressed group the Mean and SD of AST score were 82.4 & 6.007 and 55.55 & 8.202 respectively.

Table-2: The Large Independent t-test between magnitude of depressed and non depressed young adults in response to AST.

GROUP	VARIABLES	t-value	Df	Sig
Depressed vs Non Depressed	SECURE	-49.75	398	.000**
	FEARFUL	-44.97	398	.000**
	PREOCCUPIED	29.76	198	.000**
	DISMISSING	7.28	198	.000**
	OVERALL	15.22	198	.000**

**significant at .01 level

Results of the above Table-2 showed that there are significant differences between depressed and non-depressed young adults at .01level in respect to Attachment style.

Table-3: One way Analysis of Variance shows the Effect of Depression on AST .

FACTORS	RSQ	
	F	Sig
SECURE	8.63	.000**
FEARFUL	8.05	.000**
PREOCCUPIED	1.12	.004**
DISMISSING	1.35	.000**
OVERALL	7.36	.000**

**Significant at .01 level

From the above results(Table-3) it was found that Attachment style had an immense significant effect on depression at 0.01 level.

VI. DISCUSSION

In a sample of 400 young adults [200 Patient of depression & 200 non-depressed-control], statistical analysis of research hypothesis were conducted to explore the relationship between attachment style on depression. A theoretical model highlighted a proposed relationship of the variable was tested in the five research hypotheses. From the above tables it is seen that there is significant relationship between depression and attachment style and there is significant difference between depressed and non-depressed young adults in respect to overall attachment style. So, H_1 was accepted. A research by Florian, Mikulincer, Bucholtz (1994) [19] found that secured persons perceived higher levels of emotional and instrumental supports from the significant figures (father, mother, same sex friend, opposite sex friend, etc. romantic partner) and reported seeking more support than avoidant and ambivalent persons did and a person's perception of self were highly related with attachment style and also emerged from attachment style. This study supports the present findings. Here, Statistics reveals that there is significant differences between depressed and non depressed young adults in respect to secure based attachment. So,H2 was accepted. Another research by Abdul Kandir NB, Bifulco A.2013 [20] showed that a cross sectional study on married, separated or divorced, widow women and found insecure attachment style as an associated risk factor for depression among 1002 mothers in Urban area of Malaysia. From the present findings it has also been seen that there was significant differences between depressed and non depressive young adults in respect to fearful attachment. So,H3 was accepted. A Study of B.Murphy,2000 [21] revealed that fearful attachment is consistent with autonomous vulnerability and preoccupied attachment is associated with sociotropic vulnerability and self-criticism component in both attachment style is being emphasized as strong depressive vulnerable factor. So, previous study supports the present findings. Statistics of the present findings explored that there is significant differences between depressed and non-depressed young adults in respect to preoccupied attachment style. So, H4 is accepted. A study by Carnelly, Ketherine, Pietromonaco, Paula R, Jaff, Kenneth [22] studied on 163 mildly depressed and non depressed college women (aged 17-48 yrs) and found that depressed women posses greater preoccupation and fearful avoidance in close relationship than did non-depressed women. So, the present findings is been supported by the previous findings. A dissertation & theses by DeVito, Cassandra C.2014 [23] again stated that anxiously attached women who perceived their partner's responsiveness as hostile or actual hostility from their partner mediated the link between attachment and depressive symptom. It is seen from the statistical analysis that there is significant differences between depressed and non depressive young adults in respect to dismissing attachment style. So,H5 was accepted. In this paper, an overview of the attachment perspective on Depression was studied and verified. Following a brief account of attachment theory's basic concepts, research findings showed that attachment insecurities (Fearful & preoccupied) were associated with Depression. So, attachment insecurity in dysfunctional relationship (separation, isolation, rejection, abuse, neglect)work as the amplifier of Depression.

REFERENCES

[1] Bruce F. Levine I How our society breeds Depression, Anxiety, & Dysfunction. Alternate. August 21,2013.

[2] World Health Organization | Suicide data. www.who.int/mental_health /prevention/suicide/suicide prevention/Suicide data

[3] Amy Novotney, 2014.Students under pressure. college & university counseling centers are examining how best to serve the growing number of students seeking their services. American Psychological Association. September 2014,Vol 45, No.8. Print version: page 36.

[4] Bowlby J. Attachment and Loss,Vol.2. Separation: Anxiety and Anger, New York: Basic Books,1973

[5] Bowlby J. Attachment And Loss Vol.1. Attachment(2 nd ed.)New York: Basic Books,1982

[6] Ainsworth,M. D. S., Blehar, M. C., Waters,E., & Wall, S. (1978).Patterns of attachment: A psychological study of the strange situation. Hillsdale, N. J.:Erlbaum.

[7] Hazan C, Shaver PR. Romantic love conceptualized as an attachment process. J Pres Soc Psychol 1987;52:511-24.

[8] Collins, N. L. & Read, S. J.(1990). Adult Attachment Working Models And Relationship Quality Among Dating Couples. Journal of Personality and Social Psychology,58, 644-663

[9] Kim Batrhalomew, Leonard M. Horowitz 1991.Attachment Styles Among young Adults: A Test of a Four – Category Model. Journal of Personality and Social psychology. 1991.Vol. 61, No. 2, 226-244. Copyright 1991 by the American Psychological Association , Inc. 0022-3514/91/S3.00

[10] Mikulincer M, Shaver PR. Attachment in Adulthood: Structure ,Dynamics and Change. New York: Guilford,2007.

[11] Safren and Segle,1990.Attachment Theory and Research in Clinical Work with adults. Edited by Joseph H. Obegi, Ety Berant. The Guilford Press, New York London. Copyright 2009.

[12] Mohan Bairwa, Meena Rajput, and Sandeep Sachdeva (2012) Modified Kuppuswamy's Socioeconomic Scale. Indian Journal of Community Medicine,38(3):185-186

[13] BP Ravi Kumar, Shankar Reddy Dudala, AR Rao(2013). Kuppuswamy's Socioeconomic Status- A Revision of economic Parameter for 2012. International Journal of Research and Development of Health (Community Medicine). Vol1(1): 1-4.

[14] Murthy H.N (1965).Development of Paranoid, Depressive, Manic and Anxiety Scale. Trans. All India Institute of Mental Health,Bangalore,5,50-59.

[15] Hathaway SR, McKinley JC(1951). Minnesota Multiphasic Personality Inventory; manual(Revised) Psycnet.apa.org

[16] Beck at, Ward Ch, Mendelson M, Mack J, Erbargh J. (1961) An inventory for measuring depression. Archives' of General Psychiatry. pp- 561-571

[17] Beck et al.(1988).Psychometric properties of the Beck Depression Inventory(BDI): Twenty –five years evaluation. Elsevier.

[18] Basu J; Banerjee M.(1998) Adaptation of the English version of the ego function assessment scale(modified) by Bellak for Indian Adults. Indian journal of clinical Psychology.25(1):57-65

[19] Victor Florian, Mario Mikulincer, Ilan Bucholtz;1994. Effect Of Adult Attachment Style On The Perception And Search For Social Support. The Journal Of Psychology: Interdisciplinary And Applied, Volume 129,Issue 6,1915.Pages-665-676

[20] Abdul Kadir NB, Bifulco A. Insecure attachment Style As A Vulnerability Factor For Depression : Recent Findings In A Community Based Study Of Malay Single And Married Mothers. Psychiatry Res 2013 Dec.30;210(3): 919-24

[21] Barbara Murphy, Bates Glen W. ,Feb,2000; Adult Attachment Style And Vulnerability to Depression. Personality and individual differences, Vol. 22(6),Jun 1997 , 835-844.

[22] Carnelley, Katherine.B, Pietromonaco, Paula R, Jaff, Kenneth. Depression,Working Models Of Others And Relationship Functioning. Journal Of Personality And Social Psychology. Vol 66(1) Jan 1994,127-140.

[23] DeVito, Cassandra C., The Link Between Insecure Attachment And Depression:Two Potential Pathways (2014).Masters Theses May 2014. University Of Massachusetts-Amherst,ScholarWorks@UMassAmherst.cdevito@psych.umass.edu