

Role of Attachment Styles in Health of Adolescents

Mohini* Nov Rattan Sharma**

Abstract

Adolescence is a critical life period; it is the time of lots of changes, which can be responsible for a lot of stress in a teen's life. In this period, adolescent's transition would start from childhood to adulthood. Many of crises related to relationships, self role, sexuality and emotional are commonly found during this time. Many physical or mental health related problems occurs in this phase, such as mood disorders, anxiety disorders, psychosocial disorders, eating disorders, obesity and many others. Students of senior classes are constantly facing many problems i.e. competitiveness with peer groups, their future career options, and their family's hopes toward them. Attachment styles in adolescents and adults have been found to be associated with their many health outcomes related issues. The objectives of the study were to assess and compare adolescents in Health and Attachment style across the gender and to study the relationship between Health and Attachment style among adolescents. The data was collected on the sample of 300 adolescents' males (150) and females (150) with in age range of 16-18 years from rohtak district of Haryana. Two tools i.e. General Health Questionnaire (GHQ-28), Relationship Scales Questionnaire (RSQ) were used. The data was analyzed using descriptive (Mean and S.D.) and inferential (t test) and correlation analysis. The result revealed that significant differences found between male and female adolescents on Health's Somatic Symptoms, Social Dysfunction and Secure, Fearful and Dismissing Attachment Style. Study also reveals significant negative correlations between Somatic Symptoms and Fearful Attachment Style, between Somatic Symptoms and Dismissing Attachment Style, between Anxiety and Secure Attachment Style & between Social Dysfunction and Secure Attachment Style. Whereas significant positive correlations between Social Dysfunction and Preoccupied Attachment Style, between Social Dysfunction and Dismissing Attachment Style.

Keywords: General Health, Attachment style and Adolescents.

*Research Scholar, Dept. of Psychology, Maharishi Dayanand University Rohtak.

**Professor, Dept. of Psychology, Maharishi Dayanand University Rohtak.

Adolescence is a period of rapid growth as well as developmental phase which include physical, physiological intellectual, emotional and behavioral changes. Adolescents are the young people between the age group of 10-19years (WHO, 2012; UNICEF 2005). In India adolescents, young population consists of 21% suffer with psychological problems i.e. anxiety, depression and major factor is suicide. For our country adolescents and youths are the agents of change and productive resources. Adolescents have less consciousness and lack of understanding about their bodily & psychological changes which is responsible for adolescence poor health.

Attachment: Attachment is a warm inner bond or relation which can be intricate a ex-change of ‘comfort’, ‘care’ and ‘pleasure’. “Attachment” sounds very simple but it has deeper meaning with has influence on the life of individuals. The roots of this research attachment begin with the theories of Freud’s about love. Psychological theories of attachment started to emerge from the late 19th century (Bretherton, 1992). Early attachment starts with the time of childhood during the infant care- giver relationship. Attachment does not have to be reciprocal or both sided always. One person can have attachment bond with another individual which is not shared and reciprocated. (Griffin and Bartholomew, 1994), have given four attachment styles which is secure, fearful, preoccupied and dismissing, these are:

- **Secure Attachment:** With this attachment style people have a positive internal working model of the self (high self esteem) and positive internal model of other (high interpersonal trust) in their attachment relationships.
- **Fearful Attachment Style:** This type of attachment involves both a negative internal working model of self (low self esteem) as well as a negative model of others (low interpersonal trust). As a result, individuals people with this style doubt themselves as well as others. This is the most insecure and least adaptive attachment style. Fearful style is particularly characterized by a conscious desire for social contact but at the same time it is inhibited by fears of consequences (Bartholomew, 1990).
- **Preoccupied Attachment Style:** This type of attachment involves negative internal working model of self (low self esteem) accompanied by a positive model of others (high interpersonal trust). The anxious- ambivalent style of Ainsworth et al. (1978) corresponds to this preoccupied style in Bartholomew and Horowitz’s (1991) categorization.
- **Dismissing Attachment Style:** These individuals are secure about themselves, but they refrain from personal contacts with others. That is because, people with this style have a positive internal working model of the self (high self esteem) but a negative internal model of others (low interpersonal trust) in their attachment relationships. This type is particularly characterized by defensive denial of desire for social contacts and relations (Bartholomew, 1990).

Health: Proper functioning of mind and body and absence of disease is commonly heard responses from most of the people to the key question that is “what it means to be healthy?” Physical health is only one aspect of an individual’s overall health. Health, according to WHO (1986), is a “state of complete physical, social and mental well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept, emphasizing social and personal resources, as well as physical capacities” (WHO, 1986). In 1986 WHO organized Ottawa Charter for Health Promotion, during which WHO defined health as “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” Nevertheless, the definition proposed by WHO has been criticized on several parameters, for instance, to be unattainable and idealistic (Lucas & Lloyd, 2005).

There are many reasons like: ‘social’, ‘cultural’ and ‘environmental’ especially their family environment or role of parents with their child have significantly influence the adolescent health as well as their well being. Basically the cause of the adolescent’s ill health is mostly psychosocial rather than biological. Nielsen (2002) conducted a study that many adolescents choose to adopt behaviors such as smoking, alcohol, and other drug use, which involve health risks in this age. D’Haenens & Straten (2002) studies have demonstrated that adolescent peer groups differ in the extent to which they engage in health-risk behavior; like tobacco, alcohol and many other drug uses. Many unhealthy behaviors begin at this time duration like as: eating disorder, identity disorder, anxiety disorder and conflicts with the values, it leads to several psycho-social problems of adolescents. Complete health is the essence of individual life, so one should keep their health higher in order to grow fully and functioning effectively. However, Attachment is emotional bond which involves a exchange of comfort, care and pleasure, it is a centre of superior array that is significantly associated to health. Largely studies have been done in many age groups. However, Positive attachment style may also play a vital role in adolescents’ life. These attachment styles are associated with health of the individuals. In this study attachment style involve the effort to find the relation with health of adolescents. Therefore, this study intends to investigate the relations between attachment and health of the adolescents.

Objectives

- To assess and compare adolescents in Health and Attachment style across the gender.
- To study the relationship between Health and Attachment style among adolescents.

Hypotheses

- There would be significant difference in Health and Attachment style of adolescents across the gender.
- There would be significant relationship in Health and Attachment style among adolescents.

Method

Sample: The sample of this study comprised of 300 school going adolescents (150 males and 150 females) with the age range from 16 to 18 years. The participants were studying in 11th -12th classes of urban city Rohtak.

Tools Used: Following tools was used in this study:

1) General Health Questionnaire (GHQ-28 by Goldberg and Hiller, 1979)

It is developed by Goldberg and Hiller in 1979. GHQ-28 containing 28 items was derived from factor analysis of GHQ- 60. It contains of 4 subscales. There are: Somatic Symptoms (no of items 1 to 7), Anxiety/ Insomnia (no of items 8 to 14), Social Dysfunction (no of items 15 to 21), Severe Depression (no of items 22 to 28). It helps to assess the general health of the person. It is as good as any other version of GHQ as a case of detector. Its split-half reliability was found to be 0.96, test retest reliability has also been reported to be high- 0.78 to 0.9 and inter- rater and intra-rater reliability have been seen to be excellent- Cronbach's alpha 0.9- 0.95.

2) Relationship Scales Questionnaire (RSQ, Griffin and Bartholomew, 1994): This test was developed by (Griffin & Bartholomew, 1994). It assess the four attachment styles, namely, secure, preoccupied, fearful and dismissing attachment style. The RSQ contains 30 short statements. It contains 5 point scale and has 4 subscales which stand 4 attachment styles- Secure, Preoccupied, Fearful and Dismissing. It helps to assess the attachment style of the person. The coefficients of reliability of the four subscales (split-half method) are- 0.69 for secure, 0.86 for preoccupied, 0.88 for fearful, 0.85 for dismissing. Coefficients of internal consistency of the subscales were found by the item total correlation, they are- 0.43, 0.54, 0.58 and 0.57 for secure, preoccupied, fearful and dismissing subscale respectively.

Procedure: All school Principal was contacted and permission for data collection was taken. Rapport was established with the students and adequate general instructions and special instructions were imparted. After taking the consent of the subjects, they were provided with the tests and the general instructions were also provided to them. Participants completed measures on Health and Attachment Style. Students were assured about confidentiality for responses and

results of the tests. The time taken by the students for the completion of the scale was approximately 10- 15 min.

Statistical Technique used: t test and correlation were employed for analysis and interpretation of the obtained data.

Results & Discussion: As per the requirement of the hypotheses, the data was processed yielding the following results in table no. 1 or 2. In order to accomplish the 1 objective of study, mean, SD and t-test were used to find out the significant differences between male and female adolescent’s Health and their Attachment Styles. The results are shown in below table.

Table 1: Mean differences in Health and Attachment Style across gender.

| Variables | Male (150) | | Female (150) | | t Values | Significant |
|--------------------|------------|------|--------------|------|----------|---------------|
| | Mean | S.D. | Mean | S.D. | | |
| Somatic Symptoms | 7.90 | 3.11 | 6.64 | 3.08 | 3.53 | .000** |
| Anxiety | 5.55 | 3.40 | 5.70 | 3.95 | .360 | .719 |
| Social Dysfunction | 4.58 | 2.00 | 5.32 | 1.66 | .348 | .001** |
| Severe Depression | 4.01 | 3.82 | 3.84 | 3.68 | .384 | .701 |
| Secure | 15.56 | 2.85 | 14.29 | 2.61 | 4.02 | .000** |
| Fearful | 10.95 | 2.43 | 10.22 | 3.75 | 2.00 | .046* |
| Preoccupied | 11.14 | 2.16 | 10.80 | 3.31 | 1.05 | .293 |
| Dismissing | 14.13 | 3.16 | 16.21 | 4.01 | 4.97 | .000** |

*significant at .05,** significant at .01.

The above table indicates that the probability of the t-test statistics, on Somatic Symptoms t value is 3.53 which is significant at .01 level, it shows a significant difference among both male and female group of adolescents at somatic symptoms. Mean value shows that males have more somatic symptoms as compare to females. Somatic Symptom occurs when individual’s feels

extremely anxiety about physical symptoms i.e. pain, restlessness. A person with somatic form symptoms is not faking his/ her symptoms.

On Social Dysfunction, scores shows that both male and female adolescents groups are significantly differ at (.348 $p < .01$). t value depicts that females have in high Social Dysfunction than males. A person with high in social dysfunction had higher levels of interpersonal sensitivity, hostility and lower levels of social responsibilities.

In Secure attachment style results reveals that there is a significant difference at (4.02 $p < .01$). It reveals that males have more secure attachment style than females. Secure attachment style in a relationship that is built on trust, love and commitment to one another. Allen, Moore, Kuperminic & Bell (1998), reported that this attachment style has also been linked to highly internalized and deviant behavior of adolescents.

On fearful attachment style, male scores is higher than female scores, it means both are significantly differ at (2.00 $p < .05$), “People with a fearful avoidant attachment style want close relationships, but may pull away because of their anxieties and worries about relationships” Shorey (2015).

Dismissing Attachment Style, scores shows that females have more dismissing attachment style males, both the groups significantly differ at (4.97 $p < .01$). Dismissing attachment style is described by self positive view & negative view of other. This type is particularly characterized by defensive denial of desire for social contacts and relations (Bartholomew, 1990).

After analyzing data, the proposed 1 hypothesis which is there would be significant difference in Health and Attachment style of adolescents across the gender is partially accepted.

In order to accomplish the 2 objective of study, correlation analysis was used to find out the significant relationship between Health and Attachment Styles among adolescents. The results are shown in below table.

Table: 2 Correlation between Health and Attachment style among adolescents.

| Variables → Attachment Style ↓ | | | | |
|-----------------------------------|----------------|---------------|---------------|----------------|
| GHQ | Secure | Fearful | Preoccupied | Dismissing |
| Somatic Symptoms | .004 | -.116* | -.025 | -.201** |
| Anxiety | -.196** | .102 | .109 | -.087 |
| Social Dysfunction | -.132* | .055 | .166** | .123* |
| Severe Depression | -.091 | .015 | .095 | -.084 |

* significant at .05, ** significant at .01.

In a sample of 300 adolescents, statistical analysis of 2 research hypothesis was made to find out the relation between Attachment Style & General Health. General Health Questionnaire (GHQ) is a device for identifying minor psychiatric disorders from the normal population, it assess the respondent's current states and ask that if it is differ from his or her usual state.

Somatic Symptoms and Attachment Style: Somatic symptoms and fearful attachment style in table 2, there exists a negative and significant correlation between somatic symptoms and fearful attachment style ($r = -.116^*$, $p < .05$), fearful attachment style, is most insecure and least adaptive model to self and as well as others, however in results fearful attachment style or Somatic symptoms both terms found independent to each other. (Bartholomew and Horowitz, 1991) stated that "They tend to have negative views of both themselves and others, feel unworthy of support, and anticipate that others will not support them. As a result, they feel uncomfortable relying on others despite a desire for close relationships".

In somatic symptoms & dismissing attachment style, negative correlation is found ($r = -.201^{**}$, $p < .01$), dismissing attachment style people often suppress their own feelings and protect themselves from the feeling of rejection by rejecting others. So, these individuals are often less warm and supportive at times of relationship problems (Simpson, 1996). However results shows that somatic symptoms & dismissing attachment style both terms are independent to each other.

Anxiety and Attachment Style: From table 2, adolescents are negatively associated anxiety with secure attachment style, ($r = -.196^{**}$, $p < .01$). Sable (2008) point out that secure attachment and adaptive nature developed in infancy through the interaction with the caregiver emotionally available and responsive caregiver who is capable of regulating his/her positive and negative emotions. A study conducted by (Bagher GhobariBonab, Ali Akbar Haddadi Koohsar, 2011) to measure the relationship between attachment and psychological symptoms on 290 students from Tehran and Iran Medical Sciences Universities, they found that students who had an anxious attachment were higher in psychological symptoms than the students who had a depend attachment or secure (dependability of others).

Social Dysfunction and Attachment Style: In table 2, a negative correlation ($r = -.132^*$, $p < .05$) found, which is significantly attached to secure attachment style. People with secure attachment style have high interpersonal trust, those who have security in attachment, they tend to have more trusting, long term relations.

Social dysfunction and preoccupied attachment style, from table 2, a highly positive or significant correlation shows ($r = .166^{**}$, $p < .01$), Buck, Kretsch and Harden (2013) found that 36 same sex friend dyads (72 university students) with preoccupied attachment showed higher avoidance of peer interactions, where as secure attachment showed more autonomous behavior

within friends dyads. (Fernando Lacasa, Merce Mitjavila, Susana Ochoa, Nekane Balluerka, 2015), stated that when they measure the relationship between attachment and psychopathology in adolescents. They found that “preoccupied attachment style predicted internalizing and externalizing symptoms, somatic complaints, anxious-fearful behavior, verbal aggression, attention-seeking behavior, and thinking problems”. Simpson, Jeffrey, Rholes & Phillips (1996), reported that preoccupied attachment style people face more stress and anxiety upon perceiving and responding to distressing events in a relationship and engaged in more negative behaviors.

Social dysfunction and dismissing attachment style, results clearly exhibits that a positive or significant correlation associated with social dysfunction and dismissing attachment style ($r = .123^*$, $p < .05$), Simpson (1996) stated that individual with dismissing style often suppress their own feeling and protect themselves from the feeling of rejection or rejecting by others. They have a high desire of independence and strive for getting so, view themselves as self sufficient and invulnerable to feelings of emotional closeness.

To study the associations of Attachment style & Health, it was hypothesized that there would be significant relationship between Attachment style & Health among adolescent. The inter correlation amongst study variables came out. On the basis of this assessment, it is clearly reveals that psychiatric distress is more significantly associated with attachment style. After analyzing the data, the proposed hypothesis is partially accepted.

Implication: Present study light upon the significant differences between male and female adolescents in Health and Attachment Styles and to find out the significant relationship between Health and Attachment Styles. The results have implication in the area of school psychology, as many of the adolescents who studied in higher classes (11th & 12th) in schools now days. As we know attachment theory is helpful to understand the development of coping patterns, or relationship to overcome these difficulties. So there is need to identify the different insecure attachment pattern of the adolescents, which can not only help to modify their pattern, but can also help to understand their needs and learn the alternate ways to satisfied their emotional and psychological needs.

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