

ATTACHMENT STYLESAND SELF-CONCEPT AS PREDICTORSOF DEPRESSIVE SYMPTOMS IN EDUCATED ADOLESCENTS



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# ABSTRACT

**OBJECTIVE**

To identify the predicting role of early attachment pattern and self-concept in depressivesymptoms in educatedadolescents.

# STUDY DESIGN

Correlational research design.

# PLACE AND DURATION OF STUDY

The study was carried out in government school setting from the duration of October, 2017 to February, 2018.

# SUBJECTS AND METHODS

A sample of 385 adolescents with the age range of 13-18 was selected through multistage sampling; participants were given the Attachment Questionnaire for Children (AOC), the Self-Concept Scale (SCS) and the Depressive Symptomatology Scale(DSS)along withademographicproforma.

# RESULTS

Hierarchical Regression analysis revealed that Anxious /Ambivalent attachment pattern and negative self-concept were found to be strong positive predictors of depressive symptoms in adolescents. Furthermore, older participants particularly girls have significantly greater depressive symptoms.

# CONCLUSION

Results are discussed in termsof riskandprotective factors of depressive symptoms and their implicationsforschool counselling services.

# KEYWORDS

Adolescents, Gender, Depressive symptomatology, Attachment

# INTRODUCTION

Adolescenceisaperiodmarked*by* biological.socialandemotional changesanda transition from childhood to adulthood. During this transitional period of continuous growth, an individual goes through various challenges of development in domains like physical, emotional, social and psychological'.An adolescent continuously struggles with the gender role identification, identity crises, ever expanding social world, increasing academic and intellectual demands'.An individual at thisageandstage,alsoexperiences a transition in his relationship with parents, where they may expect more and also tend to overly control andmonitor the child, where an individual on the other hand isinclined towards autonomy and independence'. Consequently, all these pressures and demands may make an adolescent more vulnerable for developing different mental healthissues••.

There are two types of problems from which adolescent usually may suffer namely internalizing problems referring to over controlled behaviors such as depression, social withdrawal, isolation and somatic problems'. The other set of problems is known as externalizing problems referring to under controlled behaviorsincluding aggression, actingout behaviors anddefiance'.Internalizing problems due to their very nature are difficult to detect and remain untreated therefore, may lead to serious negative consequences. One of the internalizing problemswhichare the mainconcern of thecurrentresearch isdepression which issaid to beontheincrease'.

Depression isoneof thecommon and most disabling mental healthconcerns of children and adolescents. Number of studies has been carried out to determine the prevalence of depressive symptomsshowing that depression is increasing in youngchildren andadolescents'·'"".Despitethedifferentassessmentmodalities used in prevalence studies, it was found that a large number of young people suffer from depressive symptoms ranging from 22%-60% ".Around 15-25% adolescents met the criteria of depression". The prevalence rates also show that predominantly female adolescents suffer from depression "·" Researches also identified other psychosocial correlates such as increasing age of adolescents"

;parental education and family system are also found to be associated with depression".

Depressive symptoms interfere with the academic functioning, social and personal adjustment of an adolescent. The negative consequences associated with depressive symptoms in adolescentsincluding low academic attainment", loneliness and low self-esteem", lack of self-efficacy ", substance abuse and alcohol", eating problems", low physical aaivity ", and poor sleep and suicidal ideation''. Keeping in viewtheserious consequences associated with depressive symptoms, the focusof cliniciansandresearchersis now on identifying early risk





and protective factors that may lead or prevent an adolescent from developingdepression.

A plethora of research has been devoted to see the possible association of early parent-child attachment and different internalizing and externalizing problems'"'. It has been concluded that attachment pattern may playa role of a riskor aprotective factor for different mental health problems of children and adolescents".The attachment theory postulated refers to the bond between achild and a caregiver whichultimately fulfills child'sneed for safety and security"'. There are three attachment patterns identified through a strange situation experiment namely secure attachment, avoidant attachment and ambivalent attachment". Research evidence suggests that the quality of attachment patterns influences and may buffer the growth and development of an individual such as children with secure attachment style tend to be more emotionally independent, showhealthy social interaction and highself-esteem'"".

The other line of research has also focused on identifying the influence of insecure attachment pattern on the psychosocial growthanddevelopment of adolescents". A number of studieshave been carried out to determine the link between attachment styles and internalizing problems and specifically depressive symptoms in adolescents"·". The ample research evidence suggested that insecure and anxious attachment styles wereassociated withhigher level of depression in adolescents' ".Still other studiesshowed that adolescents with avoidant and ambivalent attachment styles showed higher level of externalizing problems including aggression"·". The above literature clearly revealed that early attachment withcaregivers of adolescents might play arole of riskor aprotective factorfor depressivesymptomsin adolescents.

Another phenomenon that is also considered as a risk or protective factor isself-concept that hasbecome an important area of research in social and educational psychology"'.The term self-concept refers to aconceptualunderstanding andthe valueaperson attaches to his own characteristics and abilities". An adolescent as compared with hisearly childhood years, due to increased cognitive abilities, tends to focus more on his self and indulge into redefining and critically evaluating his self". Therefore, during the adolescence period, the self-concept takes a veryimportant meaning and role in the growth and development". Research evidence indicates that low and negative self-concept and self-esteem is found to be positively associated with different mental health concerns in adolescents speciallydepression'"".

To sum up the above literature, depression is said to be on the increasein young children and adolescentsand causesagreatdeal of difficulty in their academic, personal, emotional and social life. In order to prevent adolescents from the psychosocial burden of the depressive symptoms, the focus of school psychology and contemporary child clinical psychology is to identify adolescents at early stages and prevent them from developing depression. Therefore, thecurrent research focused on identifying thepredicting role of early attachment pattern and self-concept in depressive symptoms. It is also important to note that this study will focus on depressive symptoms rather thanusing stringent diagnostic criteria of depression to diagnose them.In other words, the stance of the current research is functional rather than structural approach to

study depressive symptoms in adolescents. The main aim of the research is to determine the predictive relationship of depressive symptomatology of adolescents with their attachment pattern and self-concept. Thestudyhypothesized following;

Adolescents withinsecure attachment styles wouldexperience more depressive symptoms than those with secure attachment styles.

Adolescents with positive self-concept will have fewer depressivesymptomsthan thosewith negativeself-concept.

**SUBJECTSANDMETHODS**

#### Participants

385 adolescents were selected through multistage sampling technique.In the first phase,the participants weredivided according to gender into two main strata,at the second stage two main strata were further subdivided into three strata according to the academic class i.e. 8th,9th and 10th. Finally systematic random sampling was used to select randomly every5th childfrom theclass.The agerange of the participants was 12-18 (M, 14.49, SD 1.46). All the participants wereselected fromthe4 mainstreamGovernment schools of Lahore.

#### Instruments

Basic Demographic information of the research participants was obtained through demographic proforma comprising age, gender, class, parental education and family system. Following scales were used to measure the studyvariables.

### *Attachment Questionnaire for Children"*

The attachment styles of adolescents were measured through a **1** item scale(AQC).Thisscaleis basedon Hazan and Shaver's47 scalefor adults. Participants are given three paragraphs describing their feelings and perceptions of relationship with other children. Participants are instructed to choose one description that best describes about them. AQC measures three attachment patterns namely Secure Attachment, Avoidant Attachment, and Anxious/AmbivalentAttachment.

### *Self-Concept Scale (SCS)"*

is a 52 item scale with 4 point rating scale measuring positive and negative self-concept. The response options are 0(not at all), 7(rarely), 2 (sometimes), 3(onen). SCS has found to haveacceptable psychometricproperties.

### *Depressive Symptomatology Scale (DSS)* ''

is 27-item self-report measure for depressive symptoms among adolescents. DSS comprises of four subscales namely Sadness, Indecisiveness, Irritability andPsychosomatic. DSSis a 4-point rating scale 0(not at all), 1(rarely), 2 (sometimes), and 3(often). Higher the score on DSS is an indication of more depressive symptoms among adolescents.

#### Procedure

Institutional Review Board (IRB) approved the research project. Official permission was obtained from school authorities by sending them brief aimsand objectives of the research.' Government schools





(2boys and2girls)permitted datacollection.School authoritieswere assured about the confidentiality and privacy of the school. School teachers were also informed about the aims and objectives of the currentresearchandaninformed consent was taken fromthemtolet children participate in the study. They were assured of the confidentiality, anonymity and privacy of their responses for the research. Every 5th adolescent was selected from 8th,9th and 10th classrespectively. Allthe selected participants weretestedin agroup of average 20 adolescents. The final protocol comprising demographic form,DSS, AQCand SCS was givento theparticipants; verbal and written instructions were also given. It took about 20 minutes to complete the protocol. At the end a debriefing session was carried out.

## RESULTS

The table1 showed thedemographic characteristicsof the research participants. There was almostan equalproportion of boys andgirls inthecurrent research.Onthebasis of meanage two categories were made namely younger and older age groups, where there were slightly moreparticipantsin the12-14yearscategory (55%).As far as the educational class of the participants was concerned there was almostequalproportion of threeeducational levels.Threecategories were made for parental education, there was a predominance of middle education level.In the family system, more participants lived innuclear system (71%) thanjoint family system.

Table!

Frequency and Percentage of Demographic Characteris1ics of the Panicipants

(N-385)

|  |  |  |  |
| --- | --- | --- | --- |
| **Demo2r•phk: \'ariables** | **Boys**  **/("lo)** | **Cirls**  /(%) | **fotal**  /(%) |
| Geuder | )97 (51) | JSS(49) | 385(100) |
| **Al!•** |  |  |  |
| 12-14 | 98 (50) | 114 (61) | 212 (55) |
| 15or abo,·e | *99* (50) | 74 (39) | 173 (45) |
| **Cla$S** |  |  |  |
| S-"c.lass | 61 (31) | 59 (31) | 120(31) |
| 9"'class | 73 (37) | 64(34) | 137 (35) |
| lo"cla.'5 | 63(32) | *65*(35) | 128(34) |
| **Foihcr F.<luc•1ion** |  |  |  |
| Primary | 56 (28) | 47 (25) | 103 (27) |
| Middle | 87 (44) | 82 (44) | 169 (44) |
| Meiric and above | 54 (27) | *59* (44) | 113 (29) |
| Mother Educ11tion |  |  |  |
| Primary | 83 (42) | 61{32) | 144 (38) |
| Middle | 83 (42) | 92 (49) | 175 (45) |
| Me,ric and above | 31 (16) | 35 (19) | 66 (17) |
| f'amu ,system |  |  |  |
| Nuclear | 136 (69) | I 37 (73) | 273 (71) |
| Joint | 61 (31) | 51 (27) | 112 (29) |

1 m1c Society

Table 2

One way Anal)•Sis of Variance of three Attachment Styles and Four Factors and total score of Depressive Scale forAdolescents



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| cure  *(tFJ7{,)* | | | **Moidanl**  (11 174) | | **Amblvalonl**  (n IJ ) | | | |
| **Fattors** | **./If** | ***SD*** | ***!d*** | ***SD*** | ***.II*** | ***SD*** | *I'* | ***p*** |
| Sadnc:s:s | 8.70 | 4.93 | 10.57 | 5.02 | 11.58 | *5.35* | 12.54 | .001 |
| Indecisiveness | 8.29 | 4.38 | 10.19 | 3.96 | 9.60 | 4.14 | 7.79 | .001 |
| Irritability | 7.32 | 3.77 | 7.87 | 3.38 | 8.37 | 3.50 | 3.30 | .03 8 |
| Psychosomatic | 7.44 | 3.21 | 8.09 | 3.48 | 8.27 | 3.37 | 2.58 | .007 |
| Toi.ii | 31.75 | 12.61 | 36.69 | 12.22 | 38.02 | 11.19 | 10.2 | .001 |

The table 2 indicated that adolescents with three attachment styles were significantly different on Sadness, Indecisiveness, Irritability, Psychosomatic symptoms and total depressive Score. Post Hoc LSD wasalso carried out todetermine pairwisedifference.It wasrevealed that adolescents who perceived their attachment as Avoidant and Ambivalent scored significantly higher than those who perceived their attachment as secure on Sadness, indecisiveness, Irritability, Psychosomatic andtotal scoreofDepressive Symptomatology Scale.

**Tnble** 3

1-lierarchical Regression Analysis of Predictors of Depressive Symtomatology in Adolescents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Model** | **B** | **S£B** | **fl** | *I* | ***p*** |
| **Step l(R•.26, R'•** .07) |  |  |  |  |  |
| Conuol variables |  |  |  |  |  |
| Gender | 5.78 | **.45** | .18 | 3.39 | .001 |
| Age | 152 | 1.29 | .23 | 4.47 | .001 |
| Mo,her's educanon | -1.38 | 1.00 | .08 | 1.38 | .170 |
| Father's education | .87 | .95 | .50 | .90 | .364 |
| Family system | .54 | 1.40 | .02 | .33 | .74 |
| **Step** II **tK-.32,** I(,,\_.HI) |  |  |  |  |  |
| Gender | 6.40 | 1.29 | .25 | 4.98 | .001 |
| Age | 1.56 | .44 | .18 | 3.50 | .001 |
| Po itivt Self-Concept | -.20 | .06 | -.18 | 3.56 | .OOI |
| **St•p Ill(R-.49, R'~ .24)** |  |  |  |  |  |
| Gender | 5.20 | 1.19 | .21 | 4.35 | .001 |
| Age | 1.13 | .42 | .13 | 2.74 | .001 |
| \legati\'eselfconcept | **.81** | .10 | .38 | 8 14 | .001 |
| Auachmem style | 3.97 | 1.38 | ,31 | 4.19 | .001 |

*Nore: 011/v sig11ifica111 ,-esu/ts are presemed III Step fl and /II*

*Note: Step/, F(.i,384) =5.69. p<0.00/, StepJI. F(6,384)* = *7.01, p<0.00/,*

*Step /II, F(7,384)=/6.58, p<0.0111.*

**A** hierarchical regression wasperformed to determine thepredictive factorsof depressive symptoms in adolescents.Resultsindicated that in Step I, F(S,384) =5.69, p<0.00I, Step11, F (6,384) = 7.01, p<0.001,

andStepIll, F(7,384) =16.58, p<0.001,adolescents' gender andage ( girls and older adolescents) emerged as **a** significant predictors of depressive symptoms in adolescents.In Step11, positive self-concept was found to be a significant negative predictor of depressive symptoms.In StepIll,negativeself-concept andAnxious/ Ambivalent Attachment were found as significant positive predators of adolescents' depressive symptom.

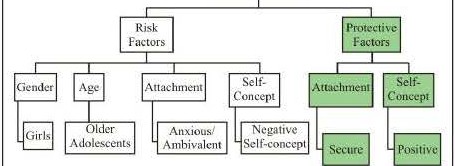


Figure **·1**

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theircaregivers, consequently they maynot learn the necessary skills

Pictorial Representation of Risk and Protective Factors of Depressive Symptomatology In EducatedAdolescelltS



**Depressive**

**Symptomology**

## DISCUSSION

Depression is one of the common mental healthconcernsin children and adolescent all over the world. A number of prevalence studies hasshownthat depression in children and adolescents is increasing in intensity andfrequency withpredominance of female sufferers'·". Depressive symptoms are affecting individuals considerably and may lead to a number of negative consequences including academic problems, low self-esteem, poor interpersonal problems and substance abuse"·'01'. The alarming increase in the number of sufferersfromdepressive symptomsled many researchers to identify the possibleriskandprotective factors.

This study aimed to explore the association among the dynamic parent•child relationship in terms of attachment styles,self•concept and influence on depressive symptoms in adolescents. Adolescent age is marked by a great deal of challenges and issues ranging from physical changes to psychosocial and emotionaladjustment"·'°.Ever changing socialand emotionalworld exertsmoredemandsand adds pressures in an adolescent life and also brings a new meaning in parent-child relationship'. All these over expectations and continual adjustment with ever changing demands make adolescents more vulnerable to developing differentmental health problems'.

Almost all major psychological theories have emphasized on the importance ofthequality of the parent-child emotional bondandits continual influence on the different aspects of growth and development of children and adolescents. Bowlby's attachment theory postulates that children with secure attachment having a great sense of safety and security, feel fulfillment of their needs, enabled themto grow emotionally and socially. On the other hand, children whose parent-child relationship is distressing experience emotional disturbance. Consequently child feels anxious, emotionally ambivalent, hasa great dealof difficulty in relating with other people, and avoids interaction with others. Such children are saidto have anxious or ambivalent attachment pattern".

The findings of the current research is consistent withtheliterature, where adolescents with avoidant and ambivalent attachment patterntend to experience moredepressive symptoms ascompared with those adolescents with secure attachment styles'"' This is perhaps as children with anxious and ambivalent attachment patternavoid social interaction; theyhave mixed up feelings towards

to deal with the increasing challenges of social interaction in adolescent years and they useavoidanceand withdrawn asa coping mechanism. Asadolescents grow older, their social worldbecomes morecomplex and demanding and if they don't have the necessary skills and effective coping mechanisms, they may experience more Internalizing problemssuchasdepression.

Adolescence is closely linked to an era of emotional upheaval, emotional volatility and ismarked withdepressive symptomatology, moreover, it affects the formation of the self-concept of an adolescents, which often oscillates between negative and positive poles".So not surprisingly, negative self·concept was found to be interterm with the level of depression experienced''".On the other hand,positiveself-concept wasfound to be the negative predictor of depressive symptoms. This might be because the person with positive self-concept experiences a sense of belonging and feels valued thatbuffersagainstlow mood.

Similarly, girlshave more negative concept and a closer relationship with depressive symptoms than boys. It seems that there may be some social and cultural reasons for thisfinding.Adolescence ismore critical time for girls than boys and they have to undergo to impositions of certain restrictions that might make them more self­ concious and feel embarrassed about themselves, and that may be exacerbated by the age factor. Older girls are likely to have a more negative self-concept as they grow through stages of adolescence. Moreover, girls in our traditional collectivistic culture have limited opportunity for emotional expression in collectivistic culture than boys and girls are expected to be quiet and restrained from expressionasfreelyasboys."

Finally, growingage is also foundto be positively associated withthe depressive symptoms. The reason is as the adolescents grow older, they tend to experience a great deal of adjustment pressures, high parental demands and expectations and expanding social demands"·". Moreover, Adolescents may not learn the necessary skills to handle and cope with the stress associated with the adolescent time. Consequently, all these pressures make an individual vulnerable to develop depressive Symptomatology and othermentalhealthproblems.

## CONCLUSION

The findings of the current research suggest that avoidant and ambivalent attachment pattern, negative self-concept, gender and growing age of the adolescents were found to bethe risk factors for developing depressive symptoms. Secure attachment and positive self-concept on the other hand were found to be the protective factors. It is also important to note that a number of times, the symptoms of depression evaporate with time and age;therefore it is unfair to givea rigid diagnosis to the transitory stage of growthand development. Depression is morea clinical diagnosis and cannot be measured psychometrically. Yet depressive symptoms are very disabling and interfere with the normal growth and development of adolescents. The findings of the current research would help clinicians, school counselors, teachers and parents to help children and adolescents suffering fromdepressive symptoms. Furthermore, strength based model and social skills training could be taught to help adolescentsovercomedepression.



# LIMITATION ANDSUGGESTIONS

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For assessment of personality pathology, present study used a self­ report measure.Further evidencecanbegainedbyadding informant rated measures. It has been suggested that collateral information should beincluded whenmaking diagnosesfor personalitydisorders ADP IV is based upon categorical approach which ignores the presence of symptoms that do not fully meet the criteria for a particular disorder. Future studies could take into account the empirical system of taxonomies for assessment of personality pathology.

# FUTURE SUGGESTIONS

On the basis of findings of the current research, large epidemiological studies can be carried out to determine the prevalence, psychosocial determinants and risk and protective factors of depressive symptoms in adolescents from diverse socio­ demographic variables.

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