



Insecure attachment style as a vulnerability factor for depression: Recent findings in a community-based study of Malay single and married mothers



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ARTICLE INFO

Article history:

Received 1 June 2012

Received in revised form

29 April 2013

Accepted 11 August 2013

Keywords:

Women

Mental health

Cross-cultural

Social disadvantage

Marital breakdown

Self-esteem

ABSTRACT

The role of marital breakdown in women's mental health is of key concern in Malaysia and internationally. A cross-sectional questionnaire study of married and separated/divorced and widowed women examined insecure attachment style as an associated risk factor for depression among 1002 mothers in an urban community in Malaysia. A previous report replicated a UK-based vulnerability-provoking agent model of depression involving negative evaluation of self (NES) and negative elements in close relationships (NECRs) interacting with severe life events to model depression. This article reports on the additional contribution of insecure attachment style to the model using the Vulnerable Attachment Style Questionnaire (VASQ). The results showed that VASQ scores were highly correlated with NES, NECR and depression. A multiple regression analysis of depression with backward elimination found that VASQ scores had a significant additional effect. Group comparisons showed different risk patterns for single and married mothers. NES was the strongest risk factor for both groups, with the 'anxious style' subset of the VASQ being the best additional predictor for married mothers and the total VASQ score (general attachment insecurity) for single mothers. The findings indicate that attachment insecurity adds to a psychosocial vulnerability model of depression among mothers cross-culturally and is important in understanding and identifying risk.

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1. Introduction

The plight of single mothers in Malaysia has been the focus of government concern with education seen as a means of improving their economic and social well-being. Parallel concern has been expressed with regard to high rates of marital conflict and breakdown (<http://www.islam.gov.my>) and the implications for women and families and the resulting social disadvantage. Initiatives to reduce marital conflict and lower divorce rates are being undertaken through marriage courses and family programmes for the largely Muslim population (e.g., parenting@work, SMARTSTART; [Economy Planning Unit Malaysia, 2011](#)). However, the implications for depression in the women concerned are often overlooked. Yet depression rates are increasing in Malaysia, with few treatment opportunities available for this disorder ([Malaysia Ministry of Health Annual Report, 2007](#)). Testing the applicability of established models for understanding marital and relationship factors in mothers with

depression is an important step in identifying risk in order to inform interventions and educate practitioners and the general public.

Psychosocial models for depression involving the interplay between severe life events and low self-esteem, negative relationship with partner or child and lack of close support have been established in UK-based studies of women and are now widely accepted internationally ([Brown et al., 1990a, 1990b, 1990c, 1990d; Lora and Fava, 1992; Kessler, 1997](#)). Such studies have also highlighted the increased risk among single parents ([Brown and Moran, 1997; Cairney et al., 2003](#)). A previous paper confirmed this model in a sample of community-based Malay Muslim mothers using self-report methods ([Abdul Kadir and Bifulco, 2011](#)). Further findings showed that both social adversity and marital status contributed to the model, with those separated/divorced or widowed having higher depression rates and higher levels of disadvantage. This article extends these findings in relation to the role of insecure attachment style as a potential additional risk factor for depression, not yet tested in Malaysian populations. In addition, the role of social disadvantage in relation to marital status and attachment insecurity will be examined as contributing to depression.

Insecure attachment style in adults is increasingly shown to be a risk for depression ([Bifulco et al., 2002a; Bottonari et al., 2007;](#)

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Rholes et al., 2011; Roberts et al., 1996; Simpson et al., 2003). The attachment theory provides a lifespan developmental approach to understanding adult psychosocial risk factors such as low self-esteem, problem relationships and adult depression through the categorisation of secure versus types of insecure attachment style (Dozier and Lee, 1992; Bifulco et al., 2002a, 2002b; Gallo et al., 2003; Gerlsma and Luteijn, 2000; Hammen et al., 1985). Insecure attachment style is argued to originate in childhood adverse relationships with parents, which create distorted 'internal working models' that stabilise in adulthood to account for negative views of both the self and others (Bartholomew and Horowitz, 1991; Hazan and Shaver, 1987). Insecurity of attachment style is also linked with stress models, being associated with less effective coping, with barriers to self-disclosure with partners and other close relationships (Mikulincer and Shaver, 2005) leading to failures in stress reduction and affect regulation (Mikulincer and Orbach, 1995). Secure individuals, in contrast, acknowledge their emotions and display them in appropriate ways (Shaver and Mikulincer, 2002) and share their negative and painful experiences openly with significant others to reduce the extent to which events are perceived as overwhelming or uncontrollable (Mikulincer and Nachshon, 1991). The combined attachment model and vulnerability-provoking agent model are argued to lead to more effective explanatory models for psychopathology (Bifulco and Thomas, 2012). However, the use of either model cross-culturally in adults has been limited. The usual distinction is made between the Secure and the Insecure categories of Anxious-ambivalent or Avoidant and, in some classifications, Disorganised/Unresolved loss. These tend to be differently defined by the measure used and in relation to social versus psychodynamic approaches (Shaver and Mikulincer, 2002). The literature suggests that there is inconsistent evidence for the specificity of type of attachment style (e.g., Anxious or Avoidant) for this disorder, with insecure style being the most consistent predictor (Mickelson et al., 1997). Disorganised/Unresolved patterns are less studied and linked to more forensic outcomes (van Ijzendoorn, et al., 1999) and usually restricted to interview assessments (e.g., Main and Hesse, 1990) with little discussion of this more complex and potentially disturbed configuration provided in social psychological approaches to attachment investigation in adults, particularly in relation to emotional disorder. Thus, whilst various studies point to Anxious attachment style as most highly related to emotional disorders (Mikulincer et al., 1999, 1993) with Avoidant scores particularly low (Gillath et al., 2009; Troxel et al., 2007), others show Avoidant attachment style related to depression (Murphy and Bates, 1997), and yet others show the impact of both (Bifulco et al., 2002a). However, this does hinge in part on the definitions with some measures showing that Angry-dismissive avoidance is highly associated with depression, whilst Withdrawn avoidance is actually identified as resilient (Bifulco and Thomas, 2012). Conradi and de Jonge (2009) studied the role of adult attachment in relation to recurrent depression among 267 primary care patients. Anxious attachment was significantly related to the long-term course of depression. Patients with Anxious attachment styles reported more prior episodes of depression compared to those with Secure attachment style. Explanations for these associations involve poor interpersonal support fuelled by mistrust and fear of abandonment and more dysfunctional coping strategies. Different attachment styles therefore need further investigation in relation to depression and psychosocial vulnerability in varied settings.

Attachment styles are typically measured along two orthogonal dimensions identifying elements of Anxious (proximity-seeking) and Avoidant (distancing) (Carver, 1997; Hazan and Shaver, 1987; Simpson, 1990). Anxious attachment style is characterised by fear of abandonment (Troxel et al., 2007; Hazan and Shaver,

1987), poor estimation of self-worth, extreme need for interpersonal closeness, love and support, and worry about being rejected or abandoned (Gillath et al., 2009). Avoidant attachment style is characterised by discomfort with closeness (Troxel et al., 2007; Hazan and Shaver, 1987), a reluctance to trust others, an emphasis on autonomy and self-reliance (Bifulco et al., 2002a), a low tolerance for interpersonal intimacy and interdependence and a tendency to down-regulate emotions (Gillath et al., 2009; Mikulincer et al., 2003).

In terms of cross-cultural studies, a study of 112 Chinese-American college students revealed that only Anxious attachment style was a good predictor of depression (Wang and Ratanasiripong, 2010). This was echoed in a study of divorced Spanish males and females where Anxious attachment style was significantly correlated with negative affect whilst Avoidant attachment style was significantly correlated with positive affect (Yárnoz-Yaben, 2010). In a sample of Portuguese couples attending antenatal clinic, Anxious style, whilst more common in women, was significantly correlated with depression and anxiety in both genders (Conradi and de Jonge, 2009). In a Portuguese sample of pregnant teenagers, Anxious attachment style contributed to depression (Figueiredo et al., 2007). A European study of attachment style and postnatal depression across cultures showed that Anxious style is significantly related to postnatal disorder, but Avoidant style is related to antenatal depression (Bifulco et al., 2004).

Research into developing risk pathways for depression is needed to open up avenues for the increasing psychosocial interventions for depression by professional mental health workers. This is critical for public health policy on depression, given high rates of untreated disorder with impacts on family life and childcare. Given evidence that adult insecure attachment style can also result in lower service utilization and hence worse prognosis (Ciechanowski et al., 2001), it is important to screen for insecure styles to aid with identifying help-seeking behaviour patterns to ensure that future preventative intervention is widely accepted. In this context, identifying adult insecure attachment style as a risk factor for depression can help health-care providers to understand barriers for accessing services in women with poor inter-personal style and lack of support.

The aims of this article are to add to earlier findings by testing whether insecure attachment style, particularly Anxious style, is an additional contributory risk for depression in order to provide a broader explanatory model involving early development, and to test this model in the Malaysian context. The study also aims to examine risk and disadvantage in single mothers (those separated, divorced or widowed) and whether this is aligned with difference in attachment style profile.

2. Methods

2.1. Participants and procedure

Two groups of community Malay mothers were identified: those married and those divorced/widowed or separated (single mothers). They were recruited from local community groups and the Single Mothers Association, respectively. All were residing in Johor Bahru, South Peninsular Malaysia, a city that has faced an increased number of social and environmental problems caused by rapid urbanisation and an increase in health problems, which range from communicable diseases to chronic respiratory diseases (Abdul-Rahim, 2005). The leaders at five local community centres were approached for agreement to help with identifying women for study. A master list of household addresses was provided, which allowed for a randomisation of households approached. Only women with at least one child at home under age 18 and only those who had lived in or near the city for at least 10 years were eligible. The names were randomised before the women were approached and asked to complete the questionnaires. Following poor response in the pilot to postal questionnaire, a door-to-door distribution of survey questionnaires was undertaken. The participants were also given the option of

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