

Depression in Relation to Attachment Style and Self Efficacy among Adolescents

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Abstract

The present study examined the relationship among depression, attachment styles, and self-efficacy among adolescents. In addition, the present study also investigated attachment styles and self-efficacy as potential predictors of depression among adolescents. For this purpose, Beck Depression Inventory-II, Attachment Style Questionnaire, and Self-efficacy Questionnaire were administered to 283 adolescents (163 males and 120 females). The results indicated that somatic depression is positively correlated with anxious and avoidant attachment style and negatively correlated with secure attachment style. Depression has negative association with all the three dimensions of self efficacy i.e. Academic, Social and Emotional. Anxious and Secure Attachment Style alongwith Emotional Self Efficacy emerged as potent predictors of depression among adolescents. All the three predictors explain 26 % of the total variance.

Keywords: Depression, Attachment, Self Efficacy

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Introduction

Adolescence is the most dramatic transition of human life making it a very sensitive period for an individual. It is a time when an individual tends to be most prone to various psychological maladies. The most common as well as alarming one is Depression. It is distressing to observe that out of every 100, 1-3 adolescents are diagnosable as suffering from clinical depression at any point of time. Kovacs (1989), Petersen et al. (1993) have observed that both major and minor forms of depression occur during childhood, puberty, and adolescence. Since depression affects diverse systems, it constitutes a particularly crucial area of investigation. Depression is characterized by feeling of worthlessness, guilt, hopelessness, recurrent thoughts of suicide and loss of interest in usual activities. The factors that make an adolescent vulnerable to depression have been the focus of an increasing number of studies in the past years. Empirical studies have confirmed that attachment styles and self-efficacy play a

critical role in depression. The present study investigates attachment styles and self-efficacy as predictors of depression among adolescents.

Human beings have an inherent need to keep close affective bond with certain individuals to gain a sense of security, protection, support, and nearness from that interpersonal emotional bond. This close, "active, affectionate reciprocal relationship between two people" (Papalia & Olds, 1992) is known as Attachment. Attachment-studies have shown that although attachment develops between all the babies brought up in a family, and their caregiver, but the quality of attachment developed in the baby-caregiver bond differs widely which ultimately, determines the attachment style an individual would exhibit. Although the term 'attachment style' actually originated in the studies about parent-infant bond, it is now being applied to any form of attachment relationship existing between two people (Brennan & Shaver, 1995; Dykas, Ziv, & Cassidy, 2008; Hazan & Shaver, 1987; Laible,

2007; Whiffen, Kallos-Lilly, & MacDonald, 2001). Four types of attachment styles have been identified so far including Avoidant/ Insecure, Anxious/Ambivalent, Secure, and Disorganized. Attachment begins at infancy and persists throughout life. The stability of attachment security across life span has been examined in various studies so far (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). However, attachment becomes all the more important during adolescence because the individual encounters an altogether new environment during this period. Although adolescents tend to move away from attachment relationships with parent figure in order to attain autonomy but even during adolescence attachment to parents never become any less important. It is to be noted that the adolescents who show independence seeking behaviour generally have a positive bond with their parents which indicates that they feel secured exploring the environment since they know their parents will be there for them (Weiss, 1982). Such adolescents are securely attached individuals i.e., they easily form close relationship and feel comfortable in depending upon others. Such peer attachments are an integral part of an adolescent's life because they give emotional security and support and contribute to the psychological health of the individual (Wilkinson, 2004). Besides they act as the contexts for growth in social competence (Laible, 2007) and a prototype for the future relationship (Seiffge-Krenke, 1993). On the other hand, unlike the secured individuals, the insecurely attached adolescents are not sure whether their attachment relationship will last in critical situations such as conflicts or other problems. So they feel less equipped to deal with the forthcoming challenges and problems which make this period all the more turbulent for them. The relationship between insecure attachment style and depression among adolescents has

been well documented in the studies conducted in the past years (Kobak, Sudler, & Gamble, 1991; Muris, Mayer, & Meesters, 2000; Muris, Meesters, Melick, & Zwambag, 2001). Priel and Shamai (1995) have confirmed the contribution of attachment styles and perceived social support to levels of depression and anxiety.

The security of parent and peer attachment among early adolescents was analyzed by Armsden, McCauley, Greenberg, Burke, & Mitchell (1990). They found that the depressed adolescents reported considerably less secure, both parent and peer attachment. Similarly, in institution raised children who got separated from their parent at an early age (children raised in institution because of getting apart from their parents), it has been found that compared to the children from two parent family, the former have less secure attachment schemata. Besides, the insecure attachment schemata are positively related to depressive schemata and the secure schemata are negatively associated with depressive schemata (Hortacsu, Cesur, & Oral, 1993). In a study by Muris et al. (2000), the relationship between self reported attachment styles and the level of anxiety and depression among children was examined. It showed that 20.9 % of subjects classified themselves as insecurely attached and had high levels of anxiety and depression as compared to those who were securely attached.

As said before, attachment works throughout life. Similarly, the mutual relation between attachment style and depression continues to exist all through the life of an individual. So somewhat similar patterns of such correlation are exhibited among adults, (Bifulco, Moran, Ball, & Bernazzani, 2002; Eng, Heimberg, Hart, Schneier, & Liebowitz, 2001; Murphy & Bates, 1997; Reis & Grenyer, 2004; Roberts, Gotlib, & Kassel, 1996; Whiffen et al., 2001) as among adolescents. Thus, attachment styles are linked to depression among adults as

well. According to Haaga et al. (2002), as far as depression is concerned, insecure (particularly fearful and preoccupied) attachment style acts possibly as a stable vulnerability factor and the mere reporting of the insecure attachment is not an artifact of present melancholic (sad) mood. Van Buren and Cooley (2002) examined in their study the relationship between attachment styles and negative affect using Bartholomew and Horowitz's model of attachment. They hypothesized that attachment styles with a negative self-view (i.e., preoccupied and fearful) were associated with more distress, especially the fearful style which involves negative views about self as well as others. As predicted, the individuals with "negative self" attachment styles reported more symptoms as well as proneness to depression and social anxiety. The results pointed out that negative view of self predicted significantly, depression and anxiety. Thus, general negative affectivity is predicted by the preoccupied and fearful attachment styles.

An individual can act and preserve if he or she has a belief in himself or herself that his or her actions can produce the desired effects. Albert Bandura calls "our judgement of our own competence in a particular situation" self-efficacy (Hoffman, Paris, Hall, & Schell, 1988). According to Myers (1988), "people with a strong sense of self-efficacy cope better and achieve more than do people who lack a sense of their own competence and effectiveness." Besides, individuals who have high self-efficacy are less prone to suffer stress and depression than those who have low self-efficacy. Similarly, the individuals with low self-efficacy tend to recover at a slow pace from setbacks and are more prone to fall prey to them (Bandura, 1997). Self-efficacy also influences "the extent to which an individual feels optimistic or pessimistic about his or her life's circumstances" (Carlson, Buskist, Martin, Hogg, & Abrams, 2000).

The role of various protective and vulnerability factors in depressive symptoms among adolescents and individuals in general, has been the focus of several psychological studies in the past. Many studies have shown that the level of self-efficacy is a significant buffer against (Chang, Wang, Li, & Liu, 2011) and works as a protective factor for, depression.

The relationship between self-efficacy and depression among adolescent was examined in a study by Ehrenberg, Cox, & Koopman (1991). The focus of their investigation was the self-efficacy level of depressed versus non-depressed adolescents. As hypothesized, self-efficacy was observed to be negatively correlated with depression. A three-way interaction of sex, age, and level of depression indicated separate analysis for males and females. Age related variations in the depression scores on general, academic, physical, and social self-efficacy status was revealed through regression analysis. It was concluded that self-efficacy has an important association with depression among adolescents.

A low sense of efficacy to wield control gives rise to depression and anxiety (Hermann & Betz, 2004; Makaremi, 2000; Muris, 2001; Muris, Schmidt, Lambrichs, & Meesters, 2001; Muris, 2002; Saltzman & Holahan, 2002; Scott et al., 2008). One cause of depression is the unfulfilled hopes. When people impose standards of self worth which they realize they won't be able to achieve, they are driven to the bouts of depression (Bandura, 1991a; Kanfer & Zeiss, 1983). Another reason for depression can be a low sense of social self-efficacy to develop satisfying and supportive relationships. It contributes to depression both directly as well as by minimising development of social supports (Holahan & Holahan, 1987 a,b). Vulnerability to depression is reduced due to supportive relationships because they can enhance personal efficacy (Cutrona & Troutman, 1986; Major,

Mueller, & Hildebrandt, 1985; Major et al., 1990). Third way to depression is through thought control efficacy. A low sense of efficacy to restrain ruminative thought leads to the occurrence, duration, and recurrence of depressive symptoms (Kavanagh & Wilson, 1989).

The above findings also indicate that self-efficacy can also play an important role in predicting depression among individuals. McFarlane, Bellissimo, & Norman (1995) in an attempt to find the social predictors of depression conducted a study on adolescents. The roles of family, peers, and selected social factors in the emergence of depression were assessed by the researchers. It was found that social self-efficacy and social support from family and peers were negatively related to depression and so worked as a protective factor. Therefore, in the present study it was hypothesized that self-efficacy would work as a predictor of depression among adolescents.

To summarize, in this study, we aimed to explore relationship between depression, self efficacy and attachment style and to find whether these variables are the potent predictors for depression among adolescents.

Method

Participants

A total of 283 adolescents participated in the present study. Of these 163 were males and 120 were females. The age of the respondents ranged from 13 to 19 years, with an overall mean age of 16 years. The sample was drawn from various educational institutes of the three districts of Haryana i.e., Kurukshetra, Ambala, and Hisar. The sample consists of all of life.

Measures

Depression. Participants' depression was assessed with the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21item self-report inventory to measure

the severity of depression in accordance with the DSM-IV criteria. The inventory consists of two sub scales i.e., cognitive (7items) and somatic (14 items). For each of the 21 items, participants rate one of the four sentences that described them best for the past two weeks, indicating the frequency or presence of depressive symptomatology on 0 to 3 scale. The ratings ranging from a complete absence of the symptom scored as 0 to an absolute presence of the symptom scored as 3. We calculated each participant's cognitive depression score by summing the participant's ratings of items concerning cognitive scale and likewise somatic depression score was calculated. The BDI-II has a high one week test-retest reliability of .93, suggesting that the test is not overly sensitive to daily variations in mood. The test also has a high internal consistency ($\alpha=.91$).

Attachment Style. Participants' attachment style was measured with the Attachment Style Questionnaire (ASQ; Feeney, Noller, & Hanrahan, 1994). The ASQ is a measure of attachment style that consists of 40 items in which participants rate their agreement with the item on a 6-point scale, ranging from 1 (totally disagree) to 6 (totally agree). The scale yields scores on five dimensions of attachment i.e., relationships as secondary (7 items), need for approval (7 items), discomfort with closeness (10 items), preoccupation with relationships (8 items), and confidence relating to others (8 items). From these five dimensions, three attachment styles scores are calculated. We calculated each participant's secure attachment score by summing the participant's ratings of items concerning confidence relating to others. Likewise, we calculated avoidant attachment score by adding participant's ratings of items concerning relationships as secondary and discomfort with closeness. Similarly, we calculated anxious attachment score by adding participant's ratings of items concerning need for

approval and preoccupation with relationship dimension. Scoring of item no 20, 21, and 33 is done in reverse order i.e. from 6 (totally disagree) to 1 (totally agree). The coefficient alphas for three factors i.e. security, avoidance, and anxious were .83, .83, and .85 respectively. Test-retest reliability coefficient for the same over a period of approximately 10 weeks were .74, .75, and .80 respectively.

Self-Efficacy. Participants' self-efficacy was measured with the Self-Efficacy Questionnaire (SEQ; Muris, 2002). The SEQ is a self-report measure that consists of 24 items designed to assess the three different domains of self-efficacy i.e., social self-efficacy (8 items), academic self-efficacy (8 items) and emotional self-efficacy (8 items). Participants rate all of the items concerning these three domains on a 5-point rating system ranging from 1 (not at all) to 5 (always). We calculated each participant's score on each domain by adding the participant's ratings of the statements concerning a particular domain. The internal consistency reliability of SEQ appears to be satisfactory. Cronbach's alpha is .88 for the total self-efficacy score and between .85 to .88 for the three sub scales. The internal consistency of SEQ is also sufficient ($r=.79$).

Procedure

Data for the present study was collected during the year 2009, after the principals of the participant schools/institutes had granted us permission to administer the questionnaires. Adolescent students voluntarily gave their informed consent and filled out the questionnaires in classrooms. The majority of subjects took 25-30 minutes to complete the questionnaires. The subjects were then debriefed about the general aims and expectations of the study.

Results

As the main objectives of the study are to find out the relationship among the variables and predictors of depression among adolescents, the data were subjected to Pearson Product Moment Correlation and Multiple Regression while taking depression as dependent variable. The results are presented in following sections.

Intercorrelation

The correlation among all the concerned variables was computed by Pearson Product Moment method. The obtained correlations are presented in the Table 1. It is pertinent to mention here that correlation of .15 and .11 are significant at .01 and .05 level, respectively.

The correlation between the measure of depression and attachment styles ranges from .00 to .37. Somatic depression has a significant positive correlation at .01 level of significance with Avoidance (.16) and Anxious attachment style (.37) and negative correlation ($r=-.26$) with Secure Attachment Style which is significant at .01 level. Cognitive dimension of depression has positive correlation with Avoidance ($r=.13$) and Anxious Attachment style ($r=.35$) and negative correlation ($r=-.27$) with Secure Attachment Style. The significant positive correlation indicates that those who are high on Somatic and Cognitive dimensions of depression are high on Avoidance and Anxious attachment styles. At the same time, the negative correlation indicates that those who are low on Somatic and Cognitive dimensions of depression are high on Secure attachment style.

The table shows that a significant negative association exists between both Somatic and Cognitive dimensions of depression and Academic, Social, and Emotional dimensions of self-efficacy. Somatic depression has a significant negative correlation with Academic ($-.22$), Social ($-.23$) and Emotional ($-.27$) self efficacy, all significant at .01 level. This significant negative association

suggests that subjects who scored high on the Somatic dimension of depression, scored low on all the three domains of self-efficacy. In the same way, the Cognitive dimension of depression has a significant negative correlation with Academic (-.31), Social (-.20), and Emotional self efficacy (-.26), all are significant at .01 level of significance. This suggests that those who scored high on Cognitive depression are low on self-efficacy.

Academic Self efficacy has a significant correlation with two of the dimensions of attachment styles. The correlation of Academic self efficacy with Anxious attachment style is -.16, and with Secure attachment style is .30,

which is also significant at .01 level. This significant negative correlation between Academic self efficacy and Anxious Attachment Style indicates that those who are high on the academic self-efficacy are low on anxious attachment style whereas a significant positive correlation suggests that subjects who are high on academic self-efficacy are also high on secure attachment style Emotional Self Efficacy is found to have a significant positive correlation of .27 with Secure attachment style. This indicates that those who are high on emotional self-efficacy are high on secure attachment style.

TABLE 1: Intercorrelation Matrix

	SOM	COG	ACA	SOC	EMO	AVO	ANX	SEC
SOM	1	.64**	-.22**	-.23**	-.27**	.16**	.37**	-.26**
COG		1	-.31**	-.20**	-.26**	.13*	.35**	-.27**
ACA			1	.32**	.40**	-.08	-.16**	.30**
SOC				1	.38**	-.05	-.12*	.25**
EMO					1	.04	-.11	.27**
AVO						1	.46**	.06
ANX							1	-.02
SEC								1

Correlation of .15 is significant at the .01 level.

Correlation of .11 is significant at the .05 level.

TABLE 2: Summary of Stepwise Multiple Regression Analysis
Dependent Variable: Depression

VARIABLES	R	R ²	F	p
ANXIOUS ATTACHMENT STYLE	.391	.153	50.23	.001
SECURE ATTACHMENT STYLE	.48	.23	41.64	.001
EMOTIONAL SELF-EFFICACY	.51	.26	32.71	.001

Multiple regression has been employed in the present study to find a subset of independent variables which are useful in predicting the dependent variable and to eliminate those which do not provide any additional prediction to the dependent variable. The model that suits this aim is stepwise multiple regression.

In the present study stepwise multiple regression is applied while taking depression as dependent variable. Results are shown in Table 2. An overview of the Table reveals that Anxious Attachment Style, Secure attachment style and Emotional self-efficacy have come out as the potent predictor of depression among adolescent sample. Anxious Attachment Style comes out as a major predictor of depression, which entered the equation at step one. Multiple R is .39 and R^2 is .15. The F-ratio at this step equals to 50.53, which is significant at .001 probability. Anxious Attachment Style is a strong predictor of depression among adolescents. This suggests that anxious attachment among adolescents has an impact on depression.

The next predictor of depression comes out to be Secure attachment style, which entered the equation at step two. The multiple R rose to .48 and R^2 is .23, with entry of SEC in the equation after Anxious Attachment Style. The F-ratio computed for the significance of multiple R, at step two equals to 41.64, which is significant at .001 probability. This indicates that Secure attachment though having negative beta value is also a strong predictor of depression in the present sample.

The last variable which entered in the regression equation is Emotional self-efficacy. With the entry of it at step 3, the multiple R became .51 and R^2 increased to .26. The F-ratio at this step equals to 32.71, which is significant at .001 probability. This suggests that emotional self-efficacy is another predictor of depression among adolescents. In other words, this indicates that being emotionally self-efficacious may have an impact on depression among the present adolescent sample.

The results of stepwise regression analysis therefore clearly reveal that the present three independent variables contribute significantly to the prediction of depression among subjects. All the three predictors viz., Anxious Attachment Style, Secure

Attachment Style and Emotional Self-Efficacy collectively account for 26 % ($R^2=.26$) of the total variance.

Discussion

The findings from the present study provide meaningful insight in the research area concerning depression among adolescents, its correlates and predictors. The results revealed that secure attachment style is negatively correlated with both the dimension of depression (cognitive and somatic). The results from this study are consistent with other researches in the past (Eng et al., 2001; Haaga et al., 2002; Hortacsu et al., 1993; Muris et al., 2000; Muris et al., 2001). Furthermore Armsden et al. (1990) found that clinically depressed adolescents reported significantly less secure parent attachment than the non-psychiatric control group. Attachment security of adolescents with resolved depression was on at par with non-psychiatric control group. Among all the psychiatric patients, security of attachment to parents was found to be negatively correlated with severity of depression. According to Priel & Shamai (1995) findings, securely attached individuals are significantly less anxious and depressed than insecurely attached individuals. According to the present findings securely attached individuals scored significantly low on depression. Thus, the present findings support the hypothesis that there will be a negative correlation between depression and secure attachment style.

Furthermore both the dimensions of depression were found to bear a significantly positive association with avoidant and anxious attachment style. These findings are consistent with other research findings (Bifulco et al., 2002; Murphy & Bates, 1997; Reis & Grenyer, 2004). Pettem et al. (1993) found that the depressed individuals demonstrated anxious pattern of attachment. These findings indicate

that subjects who are anxiously or avoidantly attached have high depression.

A significant negative relationship was found between all the three domains of self-efficacy and both the dimensions of depression. These findings are consistent with the research findings of previous studies (Bandura, et al., 1999; Ehrenberg et al., 1991; Hermann & Betz, 2004; Jenkins et al., 2002; Muris, 2001; Muris, 2002; Muris et al., 2001). In a study by McFarlane et al (1995) roles of family, peer, and selected social factors in the origin of depression was assessed in a school based study of adolescents. Social self-efficacy and social support from family and peers were found to have a negative association with depression and was found to act as a protective factor against it. Furthermore academic self-efficacy was found to be strongly associated with depression in a study conducted by Scott et al (2008). These findings suggest that subjects who are more academically, socially, and emotionally self-efficacious have low scores on the measures of depression or those who scored low on three domains of self-efficacy scored high on both the dimensions of depression.

Academic and social self-efficacy was found to have a significant negative correlation with anxious attachment style. Whereas, secure attachment style was found to have a significant positive correlation with all the three domains of self-efficacy. In a study conducted by Coleman (2003), securely attached children exhibited high social self-efficacy. Furthermore, the results of the stepwise regression analysis revealed that level of peer attachment, parental attachment levels along with other variables were found to be significant predictors of social self-efficacy (Bilgin & Akkapulu (2007).

No significant relationship was however found between all the three domains of self-efficacy and avoidant attachment style. In the same way no significant association was

found between emotional self-efficacy and anxious attachment style in the present study.

The stepwise regression analysis with depression as the dependent variable resulted in preoccupation with relationships, relationships as secondary, secure attachment style and emotional self-efficacy as the significant prediction of depression among adolescents. Since no previous researches have so far been conducted where attachment styles and self-efficacy are examined as predictors of depression among adolescents in particular, there is no earlier study with which the findings of the present study can be supported.

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