ORIGINAL ARTICLE

ATTACHMENT STYLES AND SELF-CONCEPT AS PREDICTORS OF DEPRESSIVE SYMPTOMS IN EDUCATED ADOLESCENTS

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ABSTRACT

OBJECTIVE
To identify the predicting role of early attachment pattern and self-concept in depressive symptoms in educated adolescents.

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 (AQC), the Self-Concept Scale (SCS) and the Depressive Symptomatology Scale (DSS) along with a demographic proforma.

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 terms of risk and protective factors of depressive symptoms and their implications for school counselling services.

KEY WORDS
Adolescents, Gender, Depressive symptomatology, Attachment

INTRODUCTION

Adolescence is a period marked by biological, social and emotional changes and a 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[1].An adolescent continuously struggles with the gender role identification, identity crises, ever expanding social world, increasing academic and intellectual demands[2].An individual at this age and stage, also experiences a transition in his relationship with parents, where they may expect more and also tend to overly control and monitor the child, where an individual on the other hand is inclined towards autonomy and independence[3]. Consequently, all these pressures and demands may make an adolescent more vulnerable for developing different mental health issues[4,5].

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[6]. The other set of problems is known as externalizing problems referring to under controlled behaviors including aggression, acting out behaviors and defiance[7]. 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 problems which are the main concern of the current research is depression which is said to be on the increase[8].

Depression is one of the common and most disabling mental health concerns of children and adolescents. Number of studies has been carried out to determine the prevalence of depressive symptoms showing that depression is increasing in young children and adolescents [9,10,11]. Despite the different assessment modalities used in prevalence studies, it was found that a large number of young people suffer from depressive symptoms ranging from 22%-60% [12].Around 15-25% adolescents met the criteria of depression[13]. The prevalence rates also show that predominantly female adolescents suffer from depression [14,15] Researches also identified other psychosocial correlates such as increasing age of adolescents[16] ;parental education and family system are also found to be associated with depression[17].

Depressive symptoms interfere with the academic functioning, social and personal adjustment of an adolescent. The negative consequences associated with depressive symptoms in adolescents including low academic attainment[18], loneliness and low self-esteem[19], lack of self-efficacy [20], substance abuse and alcohol[21], eating problems[22], low physical activity [23], and poor sleep and suicidal ideation[24]. Keeping in view the serious consequences associated with depressive symptoms, the focus of clinicians and researchers is now on identifying early risk

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

A plethora of research has been devoted to see the possible association of early parent-child attachment and different internalizing and externalizing problems[25,26]. It has been concluded that attachment pattern may play a role of a risk or a protective factor for different mental health problems of children and adolescents[27].The attachment theory postulated refers to the bond between a child and a caregiver which ultimately fulfills child's need for safety and security[28]. There are three attachment patterns identified through a strange situation experiment namely secure attachment, avoidant attachment and ambivalent attachment[29]. 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 , show healthy social interaction and high self-esteem[30,31].

The other line of research has also focused on identifying the influence of insecure attachment pattern on the psychosocial growth and development of adolescents[32]. A number of studies have been carried out to determine the link between attachment styles and internalizing problems and specifically depressive symptoms in adolescents[33,34]. The ample research evidence suggested that insecure and anxious attachment styles were associated with higher level of depression in adolescents[35-37]. Still other studies showed that adolescents with avoidant and ambivalent attachment styles showed higher level of externalizing problems including aggression[38,39]. The above literature clearly revealed that early attachment with caregivers of adolescents might play a role of risk or a protective factor for depressive symptoms in adolescents.

Another phenomenon that is also considered as a risk or protective factor is self-concept that has become an important area of research in social and educational psychology[40]. The term self-concept refers to a conceptual understanding and the value a person attaches to his own characteristics and abilities[41]. An adolescent as compared with his early childhood years, due to increased cognitive abilities, tends to focus more on his self and indulge into redefining and critically evaluating his self [42]. Therefore, during the adolescence period, the self-concept takes a very important meaning and role in the growth and development[43]. 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 specially depression[44,45].

To sum up the above literature, depression is said to be on the increase in young children and adolescents and causes a great deal 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, the current research focused on identifying the predicting 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 than using 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. The study hypothesized following;

- Adolescents with insecure attachment styles would experience more depressive symptoms than those with secure attachment styles.
- Adolescents with positive self-concept will have fewer depressive symptoms than those with negative self-concept.

SUBJECTS AND METHODS

Participants

385 adolescents were selected through multistage sampling technique. In the first phase, the participants were divided 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 every 5th child from the class. The age range of the participants was 12-18 (M, 14.49, SD 1.46). All the participants were selected from the 4 mainstream Government 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 study variables.

Attachment Questionnaire for Children[46]

The attachment styles of adolescents were measured through a 1 item scale (AQC). This scale is based on Hazan and Shaver's47 scale for 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)[48]

is a 52 item scale with 4 point rating scale measuring positive and negative self-concept. The response options are 0(not at all), 1(rarely), 2 (sometimes), 3(often). SCS has found to have acceptable psychometric properties.

Depressive Symptomatology Scale (DSS)[49]

is 27-item self-report measure for depressive symptoms among adolescents. DSS comprises of four subscales namely Sadness, Indecisiveness, Irritability and Psychosomatic. DSS is 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 aims and objectives of the research.[4] Government schools

(2 boys and 2 girls) permitted data collection. School authorities were assured about the confidentiality and privacy of the school. School teachers were also informed about the aims and objectives of the current research and an informed consent was taken from them to let 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 class respectively. All the selected participants were tested in a group of average 20 adolescents. The final protocol comprising demographic form, DSS, AQC and SCS was given to the participants; 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 table 1 showed the demographic characteristics of the research participants. There was almost an equal proportion of boys and girls in the current research. On the basis of mean age two categories were made namely younger and older age groups, where there were slightly more participants in the 12-14 years category (55%). As far as the educational class of the participants was concerned there was almost equal proportion of three educational levels. Three categories were made for parental education, there was a predominance of middle education level. In the family system, more participants lived in nuclear system (71%) than joint family system.

Table1
Frequency and Percentage of Demographic Characteristics of the Participants (N=385)

Demographic Variables	Boys *f* (%)	Girls *f* (%)	Total *f* (%)
Gender	197 (51)	188 (49)	385 (100)
Age			
12 –14	98 (50)	114 (61)	2 12 (55)
15 or above	99 (50)	74 (39)	173 (45)
Class			
8th class	61 (31)	59 (31)	120 (31)
9th class	73 (37)	64 (34)	137 (35)
10th class	63(32)	65 (35)	128 (34)
Father Education			
Primary	56 (28)	47 (25)	103 (27)
Middle	87 (44)	82 (44)	169 (44)
Metric and above	54 (27)	59 (44)	113 (29)
Mother Education			
Primary	83 (42)	61 (32)	144 (38)
Middle	83 (42)	92 (49)	175 (45)
Metric and above	31 (16)	35 (19)	66 (17)
Family system			
Nuclear	136 (69)	1 37 (73)	273 (71)
Joint	61 (31)	51 (27)	112 (29)

Table 2
One way Analysis of Variance of three Attachment Styles and Four Factors and total score of Depressive Scale for Adolescents

	Attachment Styles							
	Secure (*n*=176)		Avoidant (*n*=174)		Ambivalent (*n*=136)			
Factors	***M***	***SD***	***M***	***SD***	***M***	***SD***	***F***	***p***
Sadness	8.70	4.93	10.57	5.02	11.58	5.35	12.54	.001
Indecisiveness	8.29	4.38	10.19	3.96	9.80	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
Total	31.75	12.61	36.69	12.22	38.02	12.19	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 was also carried out to determine pair wise difference. It was revealed 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 and total score of Depressive Symptomatology Scale.

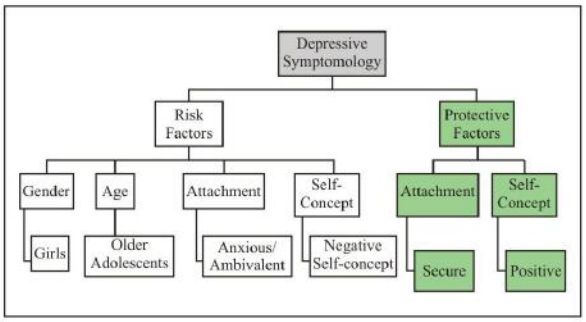
Table 3
Hierarchical Regression Analysis of Predictors of Depressive Symtomatology in Adolescents

Model	B	SEB	β	*t*	*p*
Step 1(R=.26, R^2= .07)					
Control variables					
Gender	5.78	.45	.18	3.39	.001
Age	1.52	1.29	.23	4.47	.001
Mother's education	-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 (R=.32, R^2= .10)					
Gender	6.40	1.29	.25	4.98	.001
Age	1.56	.44	.18	3.50	.001
Positive Self-Concept	-.20	.06	-.18	3.56	.001
Step III(R=.49, R^2= .24)					
Gender	5.20	1.19	.21	4.35	.001
Age	1.13	.42	.13	2.74	.001
Negative self concept	.81	.10	.38	8.14	.001
Attachment style	3.97	1.38	.31	4.19	.001

Note: only significant results are presented in Step II and III
Note: Step I, F(5,384) =5.69, p<0.001, Step II, F (6,384) = 7.01, p<0.001, Step III, F (7,384) =16.58, p<0.001,

A hierarchical regression was performed to determine the predictive factors of depressive symptoms in adolescents. Results indicated that in Step I, F(5,384) =5.69, p<0.001, Step II, F (6,384) = 7.01, p<0.001, and Step III, F (7,384) =16.58, p<0.001, adolescents' gender and age (girls and older adolescents) emerged as a significant predictors of depressive symptoms in adolescents. In Step II, positive self-concept was found to be a significant negative predictor of depressive symptoms. In Step III, negative self-concept and Anxious/Ambivalent Attachment were found as significant positive predators of adolescents' depressive symptom.

Figure 1
Pictorial Representation of Risk and Protective Factors of Depressive Symptomatology In Educated Adolescents



DISCUSSION

Depression is one of the common mental health concerns in children and adolescent all over the world. A number of prevalence studies has shown that depression in children and adolescents is increasing in intensity and frequency with predominance of female sufferers [9,10]. 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[18,20,21]. The alarming increase in the number of sufferers from depressive symptoms led many researchers to identify the possible risk and protective 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 emotional adjustment[29,50]. Ever changing social and emotional world exerts more demands and adds pressures in an adolescent life and also brings a new meaning in parent-child relationship[3]. All these over expectations and continual adjustment with ever changing demands make adolescents more vulnerable to developing different mental health problems[6].

Almost all major psychological theories have emphasized on the importance of the quality of the parent-child emotional bond and its 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 them to grow emotionally and socially. On the other hand, children whose parent-child relationship is distressing experience emotional disturbance. Consequently child feels anxious, emotionally ambivalent, has a great deal of difficulty in relating with other people, and avoids interaction with others. Such children are said to have anxious or ambivalent attachment pattern[28].

The findings of the current research is consistent with the literature, where adolescents with avoidant and ambivalent attachment pattern tend to experience more depressive symptoms as compared with those adolescents with secure attachment styles[36-38] This is perhaps as children with anxious and ambivalent attachment pattern avoid social interaction; they have mixed up feelings towards their caregivers, consequently they may not learn the necessary skills to deal with the increasing challenges of social interaction in adolescent years and they use avoidance and withdrawn as a coping mechanism. As adolescents grow older, their social world becomes more complex and demanding and if they don't have the necessary skills and effective coping mechanisms, they may experience more internalizing problems such as depression.

Adolescence is closely linked to an era of emotional upheaval, emotional volatility and is marked with depressive symptomatology, moreover, it affects the formation of the self–concept of an adolescents, which often oscillates between negative and positive poles[51].So not surprisingly, negative self-concept was found to be interterm with the level of depression experienced[45,52].On the other hand, positive self-concept was found 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 that buffers against low mood.

Similarly, girls have more negative concept and a closer relationship with depressive symptoms than boys. It seems that there may be some social and cultural reasons for this finding. Adolescence is more 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 expression as freely as boys.[53]

Finally, growing age is also found to be positively associated with the 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[29, 54]. 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 other mental health problems.

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 be the 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 give a rigid diagnosis to the transitory stage of growth and development. Depression is more a 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 from depressive symptoms. Furthermore, strength based model and social skills training could be taught to help adolescents overcome depression.

LIMITATION AND SUGGESTIONS

For assessment of personality pathology, present study used a self-report measure. Further evidence can be gained by adding informant rated measures. It has been suggested that collateral information should be included when making diagnoses for personality disorders 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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