

Attachment Style in Relation to Family Functioning and Distress in College Students

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The study focuses on attachment style in relation to family functioning and distress in college students. The sample comprised of 327 male and female undergraduate college students. The tools included Adult Attachment Style Interview Schedule (AASIS), Family Functioning Scale (FFS) and General Health Questionnaire (GHQ). The results indicate that the securely attached report lower distress and perceive their families as higher on the adaptive dimensions of family functioning.

Young adulthood is a stage of significance in the developmental cycle of each human being and is characterized by the process of individuation from the family. College students are typically in this stage. The family plays a central role in the cognitive and emotional development of each individual. The parenting style along with other specific dimensions of family like communication patterns, conflict resolution and cohesion has an influence on an individual's growth.

Family processes and specific kinds of child-parent interaction have been linked to attachment behavior. Attachment behavior as proposed by Bowlby (1969, 1973) is guided by internal working models that individuals develop of themselves and their attachment figures based on their experiences in infancy and childhood. Bowlby claimed that these models serve as guides in subsequent interactions with the attachment figures and other individuals.

Theorists have proposed that family dynamics may contribute to the maintenance

of attachment styles from childhood into adulthood (Bartholomew & Horowitz, 1991). Children from interactive and cohesive homes with low levels of conflict are better adjusted (McHale, Kuersten & Lauretti, 1996). Levy, Blatt and Shaver (1998) reported that the parental representation of those who are securely attached is that of differentiation, elaboration, benevolence and non-punitiveness. Securely attached individuals report significantly higher levels of adaptability, cohesion, and satisfaction in their family of origin (Pfaller, Kisleca & Gerstein, 1998). Adult attachment style is therefore related to the individual's interactions with his/her parents during childhood and the general family climate in which the individual grows up (Cowan et al., 1996).

In the West, studies investigating the relationship between recollections of early parenting, and psychological vulnerability have found associations between parental care and low depression (Parker, 1981), parental warmth and high self-esteem (Collins

& Read, 1990). Elaborating on the links between family functioning and distress, Mothersead, Kivlighan & Wynkoop (1998) reported that as family dysfunction increased, participants reported less parental attachment and more interpersonal distress. Research has documented that securely attached individuals display less emotional distress and negative affect (Simpson, 1990). The attachment dimensions of anxiety and avoidance are positively linked to indices of psychological distress such as emotional distress and nervousness (Collins, 1996), general distress symptoms (Lopez, Mitchell, & Gormley, 2002) and depression and anxiety (Wei et al, 2004).

The family in the Indian context is in a "transitional state" (Sinha, 1984). There is a decline in family size, loss of authority of the senior-most member, growing feelings of independence and individuation among younger members and improvement in the status of women (Sinha, 2003). According to Bharat (1994), the nuclear family structure is assumed to favour sharing of roles rather than a hierarchical structuring of roles, liberal rather than conservative attitudes, role diffusion rather than role differentiation and an overall egalitarian/equalitarian outlook rather than a traditional outlook. Bhatti, Shah and Kumar (1998), reported that Indian families demonstrated limited closeness, occasional family loyalty and emotional separateness. They observed significant changes in the family dimensions pertaining to reinforcements, social support, roles communication, cohesiveness and leadership when they made comparisons with a previous study done in 1986. In a study of young adults, Narayanan and Rao (2004) found that 48% reported high distress and a large percentage of the sample had insecure attachment styles. These research findings highlight the need to understand attachment styles in relation to family functioning and psychological distress in the Indian population.

Method

Sample

The sample comprised of 422 male and female undergraduate college students selected from 2 colleges in Bangalore where the medium of instruction was English. A sample of undergraduates was selected since they are above 18 years of age and in the process of individuating from their family of origin. Students in the age range of 18-21 years and single (never married) were included. Students from single parent households were excluded from the study.

Of the 422 undergraduate students who were assessed, data from 50 (12%) students was excluded, as it was incomplete. An additional 45 (11%) protocols were excluded as they did not meet the inclusion criteria of the study (students above 21 years of age, N=5; single parent households, N=35; and married or separated students, N=5). The final sample thus comprised of 327 college students (124 males & 203 females). This sample did not differ from the sample of those excluded on any of the socio-demographic characteristics.

The average age of the students was 20 years ($M=19.74$, $SD=0.86$). Majority of the students were staying with their parents ($N=81\%$). Most of the students (70%) hailed from nuclear families and 27% reported that their mothers were employed. Majority of the students were Hindus ($N=75\%$). Thus, the sample is representative of young adults from an urban population in India.

Tools

In addition to a socio-demographic data sheet, the following tools were used:

Adult Attachment Style Interview Schedule (AASIS) (Nautiyal, 2001): A self-administered version of AASIS developed by Nautiyal (2001) was used. This consists of 26 items. AASIS is divided into 2 phases. Phase 1 spans a period of 0-18 years. It is further

divided into two sections of 0-5 years and 6-18 years. Phase 2 covers the period of 18 years and above, pertaining to adult attachment and current relationship functioning. Each respondent is categorized as being secure or insecure. The tool has been developed in India, and its reliability and validity has been established.

Family Functioning Scale (FFS) (Bloom, 1985): The FFS is a 75 items, 4 point rating scale, used to describe family functioning. The scale comprises of 15 dimensions of family functioning for e.g. cohesion, expressiveness, conflict, organization, religious emphasis, family sociability and enmeshment. These dimensions have been cross-culturally validated. Reliability of FFS was established in the present study with internal consistency (Cronbach's alpha) being 0.77 and test-retest reliability for the 15 dimensions ranging from 0.45 to 0.78.

General Health Questionnaire – 28 (GHQ) (Goldberg & Hillier, 1979): The GHQ is a 28 item, self-administered screening tool aimed at detecting those individuals with non-specific psychological distress. The GHQ concerns itself with 2 major classes of phenomena: inability to carry out one's normal 'healthy' functioning, and the appearance of new phenomena of a distressing nature. The GHQ has been widely used in the Indian setting and its reliability has been established.

Procedure

The study was cross-sectional in design. The tests were administered in a group setting of about 30 individuals each. Thirteen sessions were conducted. The participants were informed about the purpose of the study and were assured of confidentiality. They were informed that there were no direct monetary or other benefits for participating in the study and that they could withdraw at any point. Written informed consent was obtained from each participant. Students categorized as

securely attached were compared with the insecurely attached using the t-test and chi-square test. A probability of $p < .01$ was set as the level of significance.

Results

Majority of the students were categorized as having a secure attachment (N=256, 78%) while the remaining had an insecure attachment (N=71, 22%). Students who were securely attached were compared to the insecurely attached on various dimensions of family functioning and on psychological distress.

Table 1a reveals that there are significant differences ($p < 0.01$) between the securely attached and insecurely attached on several of the adaptive family dimensions. On the other hand, on the maladaptive family dimensions, no significant differences are observed (Table 1b).

Discussion

A sample of college students was selected in this study because they are still staying with or close to the family, but in the process of individuating and forming alternate social support networks. The sample is representative of college students in urban India. The changing family characteristics of the Indian family are mirrored in the sample as a large number of students (70%) hailed from nuclear families and 27% of students reported that their mother's were employed, implying a changing role structure within the family (Sinha, 2003).

Pattnayak, Panda & Mohanty (1997) observed that psychosocial distress was greater in nuclear families compared to joint families. However, one of the important findings of the present is that, overall, the students perceived their families in a positive light with the scores being higher on the adaptive dimensions and lower on the maladaptive dimensions. These results are in keeping with the view of Channabasavanna and Bhatti

Table 1 a : Mean and SD on the adaptive dimensions of family functioning

Adaptive Family Dimensions (Expected score)	Mean SD	Whole Group (N=327)	Securely Attached (N=256)	Insecurely Attached (N=71)	t value
Cohesion(5-20)	Mean SD	16.81 2.71	17.06 2.64	15.89 2.78	3.19**
Expressiveness(5-20)	Mean SD	15.49 3.10	15.82 2.89	14.28 3.51	3.39***
Intellectual CulturalOrientation(5-20)	Mean SD	14.05 2.64	14.12 2.73	13.79 2.32	0.94
Active Recreational Orientation(5-20)	Mean SD	13.84 2.92	14.07 2.87	13.02 2.97	2.62**
Religious Emphasis(5-20)	Mean SD	15.55 3.18	15.57 3.07	15.48 3.55	0.21
Organization(5-20)	Mean SD	14.38 2.60	14.43 2.72	14.21 2.15	0.61
Family Sociability(5-20)	Mean SD	15.55 2.77	15.84 2.71	14.54 2.77	3.52***
Family Idealization(5-20)	Mean SD	13.80 3.34	14.04 3.23	12.92 3.62	2.38**
Democratic Family Style(5-20)	Mean SD	14.21 2.73	14.48 2.74	13.25 2.46	3.63***

Table 1 b : Mean and SD on the maladaptive dimensions of family functioning

Maladaptive Family Dimensions(Expected score)	Mean SD	Whole Group (N=327)	Securely Attached (N=256)	Insecurely Attached (N=71)	t -value
Conflict(5-20)	Mean SD	10.87 2.87	10.79 2.80	11.17 3.13	0.94
External Locus of Control(5-20)	Mean SD	9.79 2.27	9.69 2.29	10.14 2.18	1.53
Disengagement(5-20)	Mean SD	11.46 2.25	11.32 2.16	11.97 2.51	1.98
Laissez-Faire Family Style(5-20)	Mean SD	11.18 2.37	11.07 2.41	11.58 2.18	1.71
Authoritarian Family Style(5-20)	Mean SD	11.54 2.54	11.51 2.45	11.66 2.86	0.42
Enmeshment(5-20)	Mean SD	11.94 2.88	11.78 2.85	12.51 2.93	1.86

df=325,

(1982) and Bharat (1991) that the various aspects of family functioning, rather than family type alone, are responsible for psychopathology.

On comparing the securely attached with the insecurely attached on dimensions of family functioning it was found that there was a significant difference for many of the adaptive family dimensions (Table 1a). The securely attached reported that their families were higher on Cohesion, Expressiveness, Active-Recreational Approach, Family Sociability, Family Idealization and Democratic Family Style. Thus, families, which are characterized by togetherness, good interpersonal communication, an interest in relating to others in society and an emphasis on individual growth and freedom, are associated with secure attachment. However, on the maladaptive family dimensions, no significant difference was found between the securely and the insecurely attached (Table 1b). The lack of differences between the two groups on the maladaptive dimensions can be attributed to the fact that this is a community-based sample. The maladaptive dimensions are likely to be higher in young adults seeking help in a clinical setting. Secure attachment, that is seen as a protective factor, is clearly associated with adaptive family functioning characteristics.

Previous studies have reported similar findings. Pfaller, Kiselica and Gersten (1998) observed that participants who were securely attached perceived their families to be significantly higher on the dimensions of adaptability, cohesion and satisfaction, than did avoidant and anxious ambivalent participants. Insecure attachment was related to low family intimacy and high level of family conflict (Feeney, Noller & Hanrahan, 1994).

The mean of GHQ Total was 4.23 (SD=5.31). Thirty-two percent (N=104) of the sample had significant distress with scores of 5 or more on the GHQ. Albuquerque et al. (1990) reported that approximately 21% of the

college students in their study had non-specific psychological distress, while Narayanan and Rao (2004) found 48% to be distressed in their college sample. Although situational stressors influence psychological distress it also indicates vulnerability for negative mood states.

The securely attached were found to be lower on distress than the insecurely attached (M=3.63, SD=4.96 and M=6.42, SD=5.96 respectively, t value=4.02, $p < 0.001$). The percentage of individuals with a GHQ score above the cut-off was higher in the insecurely attached group as compared to the securely attached (N=33, 46%; N=71, 27%; $\chi^2=9.00$, $p < 0.01$). Insecure attachment could thus be a vulnerability marker. On the other hand, secure attachment seems to provide a template for coping with stress. Studies have shown that the attachment dimensions of anxiety and avoidance are positively linked to indices of psychological distress such as general distress symptoms (Lopez, Mitchell, & Gormley, 2002) and depression and anxiety (Wei, Mallinckrodt, Russell, & Abraham, 2004). Vivona (2000) found that insecurely attached older adolescents reported greater depression, anxiety and worry than their securely attached counterparts.

The cross-sectional design of the study did not allow for an understanding of how changes in attachment style or family functioning influence distress and this is a limitation. The research, however, highlights the significant role that family functioning plays in relation to attachment style and psychological distress. Thus, for healthy family functioning, there needs to be a focus on strengthening the emotional bonding of members within the family; improving interpersonal communication within the family; enhancing families' relatedness with others in society and creating an atmosphere which promotes individual growth and freedom. Therefore, the major implication of the study is that it highlights the need to focus on family education and

parenting skills training to prevent the development of vulnerability and to promote positive individual and familial well-being.

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