

**Ministry of Higher Education  
and Scientific Research  
University of Babylon  
College of Nursing**



# **Effects of Attachment Styles on the Psychological Health of older adults**

**A Thesis**

**Submitted to the Council of College of Nursing,  
University of Babylon in Partial Fulfillment of the  
Requirements for the Degree of Master in Nursing Sciences**

**By**

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**November, 2021 A.D.**

**Rabi' Al-Thani, 1443 A.H.**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَقَضَىٰ رَبُّكَ أَلَّا تَعْبُدُوا إِلَّا إِيَّاهُ وَبِالْوَالِدَيْنِ إِحْسَانًا إِمَّا

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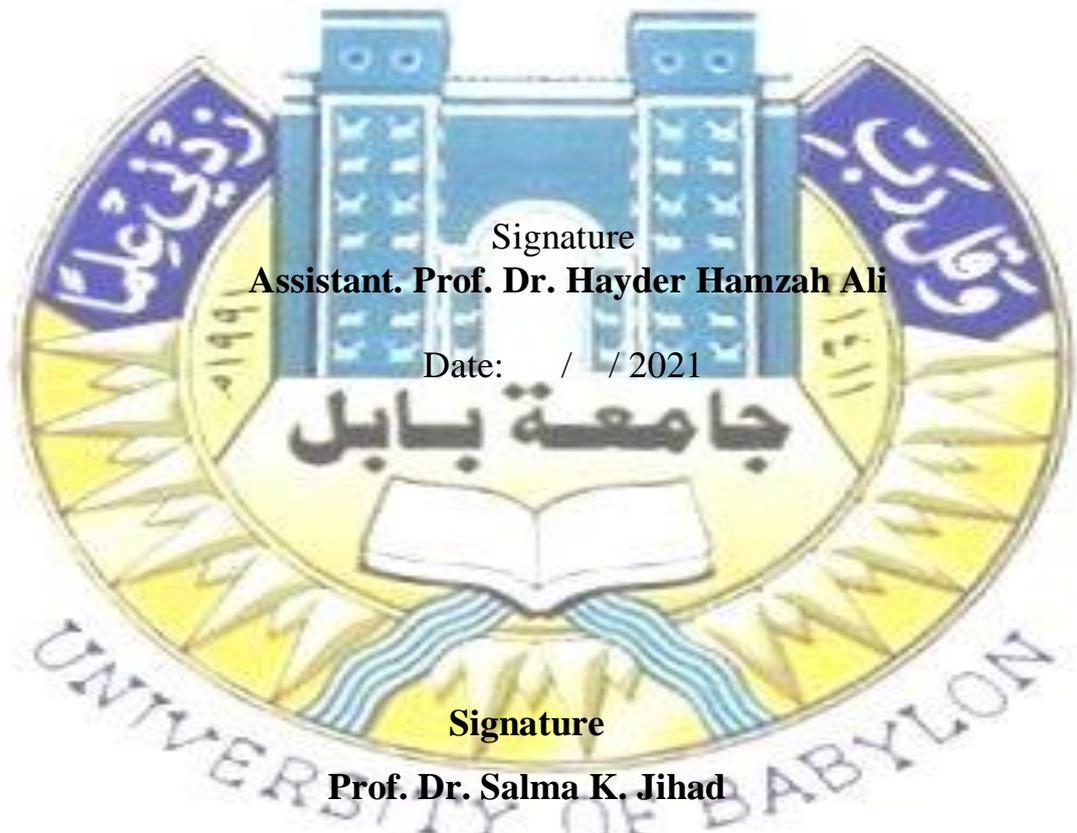
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## Supervisor Certificate

This is to certify that the thesis entitled: **Effects of Attachment Styles on the Psychological Health of Older Adults**, submitted by **Weli Hatif Mohammed** to the University of Babylon, College of Nursing in partial fulfillment of the requirements for the Degree of Master of Science in Nursing. The thesis work was carried out by the student t under our supervision and guidance..



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We, the members of the Thesis Examination Committee, certify that we have reviewed the thesis entitled “**Effects of Attachment Styles on the Psychological Health of Older Adults**” carried out by **Weli Hatif Mohammed** and examined the student in its contents and what is related to it on     /     /2021.

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# DEDICATION

*This work is dedicated to*

*My father and mother, who have dreamed to see me the best in this world.*

*My brothers, sister, and friends with all love and respect.*

*My wife, you are greatly appreciated and respected for your continued support.*

*Weli Hatif Mohammed*

# Acknowledgements

First of all, I would like to thank *Allah Almighty* for blessing that has given to me to successfully complete my study journey.

I thank the **University of Babylon\ College of Nursing** , for the opportunity to study

I would like to thank **Prof. Dr. Amean A. Yasir** Dean of the college of Nursing, University of Babylon

Special thanks are due to my research supervisor **Dr. Hayder AL-Hadrawi**, for his support, scientific guidance, and research advise.

My thanks go to the **Head of the Mental and Mental Health Nursing Branch**

I would also like to thank **all experts** of my instrument for their help and patience to validate of the questionnaire.

Grateful thanks for all older adults who agreed to be a part of this research as study subjects.

For all others (faculty members and colleagues) who helped me in this research, I express my great thanks and appreciation.

Thanks to the College of Nursing for facilitating the tasks.

## **Abstract:**

**Background:** Attachment is an emotional bond that binds one person to another. Three attachment styles are identified: secure, avoidant, and anxious/ambivalent style. Previous researches has shown that attachment patterns are important aspects for the psychological well-being of elderly and the quality of their relationships.

**Aims:** The purpose of the study is to measure the relationship between attachment style and the psychological health of older adults.

**Methodology:** A descriptive correlational study design is adopted using a convenience sample of (N= 150) elderly people at the Babylon province. Two separated scales (the revised attachment styles Scale-27 and the mental health inventory (MHI-18 items) was utilized to achieve the study aim.

**Results:** The findings of the study indicate that (88%) of older adults had ambivalent attachment style, and the majority had fair overall psychological health about (67%). In regard to psychological health subscale, most of older adults had fair level of (anxiety, depression, behavioral control, and positive affect). Findings did not show statistical relationship between attachment pattern and overall psychological health.

**Conclusion and Recommendations:** Despite that low percentage of older adults had poor overall psychological health, the results also indicate that elderly are more likely to experience unsecure attachment, which could impact well-being. Therefore, improving communication between elderly and their families is recommended to enhance their emotional and psychological health and maximize their ability of elderly to cope with attachment-related stress.

## *Table of Contents*

<i>Subject</i>	<i>Page No.</i>
Dedication	I
-Acknowledgment	II
-Abstract	III
-Table of Contents	IV
-Table of Abbreviations	VI
- Tables	VII
-Table of Figures	1X
-Table of Appendices	X
<b><i>CHAPTER ONE INTRODUCTION</i></b>	
1.1. Overview	2
1.2. Problem Statement	4
1.3. Important of the Study	5
1.4. Objectives of the Study	5-6
1.5. Research Questions	6
1.6. Research Hypothesis	6
1.7. Definitions of Terms	7
<b><i>CHAPTER TWO REVIEW OF LITERATURE</i></b>	
2.1. Attachment and Attachment styles	9
2.2 . Psychological Health	18
2.3. The Link between Attachment and Psychological Health	23
2.4. The basic and health needs of elderly	28
2.5. Attachment theory	31
<b><i>CHAPTER THREE METHODOLOGY</i></b>	
3.1. Design of the Study	41
3.2. Administrative Permission	41

3.3. Setting of the Study	41
3.4. Population and Sampling Plan	42
3.5. Ethical Consideration	42
3.6. The study Instrument	43
3.7. Validity of the Questionnaire	46
3.8. Pilot Study	49
3.9. Reliability of the Questionnaire	49
3.10. Data Collection	50
3.11. Statistical Data Analysis	50
3.12. Limitations of the Study	51
<b><i>CHAPTER FOUR RESULTS 53-68</i></b>	
<b><i>CHAPTER FIVE DISCUSSION</i></b>	
Part I: The Socio-Demographic information of Older Adults: A. Gender, B. Age, C. Marital Status, D. Monthly income, E. Address, The Attachment Styles of Older Adults. The Older Adults' Overall Psychological Health	70
Part II: Discussion the Correlation between Attachment Pattern and Psychological Health of Older Adult	76
Part III: Discussion of the Differences between Gender in respect to their Overall Psychological Health.	77
Part IV: Discussion of The Association between Attachment Pattern and Older Adults Marital Status	78
<b><i>Chapter six Conclusion &amp; Recommendations</i></b>	
<b><i>Conclusion</i></b>	81
<b><i>Recommendations</i></b>	81
<b><i>References 83-105</i></b>	

## *Tables of Abbreviations*

<b><i>ITEMS</i></b>	<b><i>MEANING</i></b>
<b>AD</b>	Alzheimer's disease
<b>%</b>	Percentage
<b>APOE</b>	Apolipoprotein E
<b>CVI</b>	Content validity index
<b>CVR</b>	Content validity ratio
<b>F</b>	Frequency
<b>IWM</b>	Internal working model
<b>MHI</b>	Mental health inventory
<b>OCD</b>	Obsessive Compulsive Disorder
<b>PA</b>	Positive affect
<b>PC</b>	Perceived control
<b>SIG</b>	Significant
<b>WHO</b>	World health organization

***Tables of results***

<b><i>NO.</i></b>	<b><i>TITLE.</i></b>	<b><i>PAGE NO.</i></b>
1	Descriptive statistics of older adults' sociodemographic data	53
2	Descriptive statistics of attachment styles of older adults	55
3	Descriptive statistics of older adults' overall psychological health	56
4	Relationship between attachment style and over all psychological health.	58
5	Gender differences in respect to their attachment style	59
6a.	Gender differences in response to psychological health.	60
6b.	Mean summary of psychological health between male and female	
7	Association between age group and attachment style.	61
8	Association between gender and attachment pattern.	62
9	Association between marital status and attachment style	63
10	Association between address and attachment style	64
11	Association between monthly income and attachment style.	64
12	Association between age group and overall psychological health	65

13	Association between gender and overall psychological health	66
14	Association between marital status and overall psychological health	67
15	Association between address and overall psychological health	68
16	Association between monthly income and overall psychological health.	68

## *Tables of Figures*

<i>NO.</i>	<i>TITLE.</i>	<i>PAGE NO.</i>
2.1	Bartholomew model of attachment	18
3.1	Content of validity ratio C.V.R and content validity index for the attachment style scale (Arabic version).	47
3.2	Content of validity ratio CVR and content validity index for the mental health inventory scale (Arabic version).	48
4.1	Attachment styles among older adults	55
4.2	Overall psychological health of older adults	57
4.3	Psychological health subscale of older adult	58

## *Table of Appendices*

<i>Appendix</i>	<i>Title</i>
<b>A</b>	Panel of Experts.
<b>B</b>	Questionnaire
<b>C</b>	Administrative Agreements.
<b>D</b>	Linguists Certification.

*Chapter One*

*Introduction*

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## *Chapter One*

### **Introduction**

#### **1.1: Overview**

Attachment is an emotional bond that binds one person to another ( Kanika et al., 2020). It is a deep and lasting affectional drive that links one person to another through time and space (Gupta & Sharma,2016).

Attachment is usually defined as an affectional bond through that an individual look for get close to an attachment object and uses it as secure zone in times of tribulation and as a safe base through which to explore the world ( Fraley , 2019). As a different concept, attachment is described as a set of overt behaviors (Lewis et al., 2000). Humans are causally predisposed to form their relationships with certain bonds, which are regarded the most important and continuity of the relationship for long time ( Goh , 2014) .

Attachment pattern is term used for describing an individual's unique way of seeing, communicating, and interacting with prominent other persons like parents, babies, and partners. Some referred to that interaction patterns, while others referred to these patterns as organization attached. In the psychological literature, the authors tend to use the concept of style, particularly in reference to the different forms of attachment reported by different people. Someone identified three main styles of attachment: 1= secure, 2= anxious, 3= avoidant. In her study of infant parents, the paradoxical pattern anxiety-resistant was renamed anxiety-resistant, and the fourth style disorganized was later established. Some researchers and theorists have referred to the styles that considered basic over the years by using the similarity in names but somewhat different in there characteristics

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for example their refusal to avoid and preoccupation with anxious contrast (Levy et al., 2019).

Attachment appears to play a vital role in human development, communication, recognition and understanding of feelings, and the development of appropriate mental representations of emotional experiences (Barron, 2014). Attachment theory has become one of the primary frameworks for knowing emotion regulation and interpersonal functioning in stressful situations (Currier et al., 2012). Mental health for an individual is inextricably linked to their styles of attachment (Wilkinson et al., 2006).

Different number of adult attachment patterns have been proposed in various research studies (Polek, 2008). Attachment becomes a central problem in aging, and chronic illnesses in the elderly cause older people to be more attached to others (Bodner et al., 2010). Previous research has shown that attachment patterns are important aspects for personal relationship quality and psychological well-being (Harms, 2011).

The concept of mental representations mediating attachment behavior is essential to attachment theory in individuals' interpersonal relationships (Evans & Law, 2019). It has been well-supported by the literature that attachment pattern is associated with psychological health. But, theory and studies suggests that attachment pattern doesn't directly affect adult mental health, but rather does affect psychological health due to its effect on many of personal characteristics (Haner, 2018).

According to the (WHO, 2004), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Galderisi et al., 2015). One of the common issue in developmental psychology is that

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mentioned through attachment theory, which represent the influence of early and close relationships on psychological development (Thompson, 2000).

Attachment pattern plays a significant role in the continuity of active life in the elderly, which increases the chance of survival and life as well as decrease the stress and negative effects on life . A recent trend in personality and social psychology literature has emphasized the influence of individual variation in attachment style on the psychological results of stressful experiences (Ilali et al., 2019).

Attachment theory explains the attachment concept as a method of conceptualizing the predisposition of human beings to create strong emotional bonds to specific others and clarifying the several types of affective troubles and disturbance in personality, including anxiety, violence, despair, and affective disconnection, to which unwilling to get close to people. ( Mortazavizadeh & Forstmeier, 2018). When the form of attachment is less sufficiently , unresponsive, or misused, secondary attachment strategies develop that serve as usual responses to stress in later life ( Van et al., 2013).

## **1.2: Problem statement:**

Previous studies has shown strong links between the quality of adult attachment patterns and different forms of psychological distress ( Kassel et al., 2007 ). A failure to obtain relief from the form of attachment that is expected theoretically led to becoming anxious and angry (McGuire et al., 2018). Insecure adult attachment has been found to be linked with the affective distress, including depression (Liu et al.,2009).

Research have been shown that attachment patterns link with anxiety and depression, suicidal ideations, mental well-being, and the perceived

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physical and psychological health (Taheri et al., 2019). Furthermore, in Iraq, no studies have specifically spot the light on the attachment styles and its effects on the health of elderly people. Therefore, this study is aimed to bridge the gap in nursing research concerning the phenomenon of attachment among older adults and its impact on the psychological health of elderly people.

### **1.3: Importance of the Study :**

Attachment patterns are among personal resources that can help to decrease stress levels in adverse conditions and reduce the negative impact of stress. Attachment styles are significant in predicting mental health ( Sedigh et al., 2018). Attachment patterns can play significant role in determining the level of psychological distress that people experience through certain stressful Circumstances (Falihatdoost et al., 2020) .

A secure attachment act like internal immunity or barrier against psychological distress by helping the person to positively evaluate the stressful events and direct others for getting the support and relaxation ( Wilkinson et al., 2006). large body of research on forms of adult attachment strongly highlighting the significance of secure attachments for well-being and interpersonal functioning ( Adamczyk et al., 2013).

### **1.4: Objectives of the Study:**

1. To assess the attachment styles and the psychological health of older adults.
2. To find out the effect of attachment styles on the psychological health of older adults.

3. To identify the gender difference in respect to their psychological health.
4. To identify the gender difference in respect to their attachment styles.
5. To find out the relationship between sociodemographic variables of older adults and the study variables (attachment styles and psychological health).

### **1.5: Research Questions:**

Q1: What is the common style of attachment among older adults?

Q2: Is there gender difference among older adults in respect to their attachment styles and psychological health?

Q3 : Is there a relationship between attachment patterns and the psychological health of older adults?

Q4: Is there relationships between social demographic information of older adults and their psychological health and attachment styles?

### **1.6: Research Hypothesis:**

1. There is a statistical relationship between attachment styles and psychological health of older adults.
2. Elderly people with secure attachment style are more likely to have better psychological health than other styles of attachment.
3. Elderly females will have poor psychological health than elderly males.

## **1.7: Definitions of Terms:**

### **1. Attachment style**

**Theoretical Definition:** Is a term used for describing one's own way of viewing, connecting for, and interacting with close persons like parents, children, and partners ( Levy et al., 2018).

#### **Operational Definition:**

The secure, ambivalent, or the avoidant way of attachment that elderly people experience.

### **2. Psychological health:**

**Theoretical Definition:** An individual's self-feeling and well-being, optimism and ambiguity, the notions of resilience. ( Numbisi & Chepkirui, 2015)

**Operational Definition:** Four dimensions of psychological health which are ( anxiety, depression, positive affect, and behavioral control) measured by using Mental Health Inventory (MHI-18).

*Chapter Two*

*Review of Literature*

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## *Chapter Two*

### **Review of Literature**

#### **2.1: Attachment**

Is an interactive action of connecting with others, and that can affect the psychological and cognitive growth of individuals and determines how they connect later in life (Majimbo, 2017). Attachment behavior is starting early in life and continue to develop with age. Bowlby's authentic theory was clearly outlined how all normal human infants are predisposed to develop strong and lasting affection bonds with adults. This developmental criterion is inborn and obvious in every one (Mosterman & Elf, 2015).

Bowlby described attachment as a child's primary and most essential bond with ( D'Arienzo et al., 2019). Attachment is a term that defines the relationship that is developed between individuals as a consequence of their interactions. In some way, relationships may be thought of as the subjective force that keeps people together in social groups.

Social groups can range from the tight family nuclear (e.g. ties connecting a father and mother and their babies) to large organizational units (e.g. ties attaching co-workers). Relationships between children and adults differ from those of adults in reciprocity in relationships between adults. These connections affect the way people feel about others, the kinds of ways they behave with others and the way they think about others. Simply, attachment shapes the way people behave in their different forms of relationships. For this reason, it can be said that attachment forms the basis of the social world, a social world that begins in childhood (Yasmin, 2011). Some behavioral theories describe attachment as a learned behavior through the process of caring for children. Attachment is closely connected to an individual's biological tendency toward survival. Theorists

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believe that attachment is the product of evolutionary processes that improve a child's chances of survival ( Litvinenko, 2020).

Attachment varies from stage to stage: as a child individual seeks safety from the basic care, while in adult connection, in family relationships as well as in friendship, both partners provide comfort, meeting each other's needs. Adult bonding is considered complementary. It is difficult to conceive a human being at any stage of his/her life without attachment. Internalization of a person's past of experienced association relationships leads to the distinct style of behaviors, need, affections, and relational anticipations. Attachment styles are formed as a result of these life-related aspects . Attachment bonds play a powerful role in adults, and is a significant component of human experience from the moment of birth to death (Fraley and Shaver, 2000).

Studies have targeted the characteristics of mother-child communications in varied conditions and concluded that mother-baby ties are responsible for the organizing of the baby affection and behavioral experiences, which may shape their attachment style in adulthood. At the time of birth, the babies, are born with a biologically grounded behavioral and motivational framework that developed to keep them close to their mother (Dadashzadeh et al., 2018).

Attachment is essential for normal psychological and personal development as well as healthy affectional ties, and is a foundation for healthy affection in social connections and attitudes to the world. The ability to trust others influence individuals feeling of security, as well as affection and psychological health (Dadashzadeh et al., 2018). The attachment phenomenon was originally addressed by Sigmund Freud. Early childhood is considered the most crucial time in a person's existence. The importance of the parent-child connection in the formation of an

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individual's personality was highlighted in particular. He felt that in the future, the parent-child connection will serve as a model for a variety of interpersonal interactions in adults.

Studies that have targeted the concept of attachment indicated that any behavioral styles that lead to a particular amount of closeness to others are unique to each individual and may endure a lifetime. As a result, attachment theory has been expanded to include an adult attachment (Liu et al, 2020). The advantages of attachment bonds include the attenuation of cardiovascular arousal, lower situational and basal glucocorticoid levels, decrease threat-related brain activity, good health and increase longevity. (Coan, 2010).

This concept first introduced on the basis of the science of habitat, and has been the focus of several theories, including psychoanalytic theory, information processing theory, and developed attachment theory. These theories systematically discussed the biological ground of attachment generation, the evolution of the attachment stage and its inner mechanism, and analyzed the features of the attachment. The concept is described as any behavioral style that leads to a confirmed level of being close to another person, which may last for a person's whole life, producing strong emotions throughout the creation, clear, removal and renewal of attachment. Mary Ainsworth (1970) developed the attachment theory, which describes it as an abiding affection relationship between others across time and space. At the same time, suggested uncommon mode method for partition the attachment kind of kids. With the development of attachment, adult association has received increasing attention. Some pointed out that adult attachment is an individual tendency to seek and maintain attachment objects that provide stable security both physically and psychologically. Some think that adult attachment varies

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from other social connection in three ways: look for nearness, a secure base, and resisting detachment( Liu et al., 2020).

Researchers stated with which human beings are born with a psychobiological system that is instinctive (the attachment behavioral system) that drives humans to look for important individuals when they are in distress. Researchers also discussed how the attachment mechanism works differently in different people. Interactions with attachment figures who are available in times of need and who are interested in offerings of proximity and support help to maintain a stable feeling of secure attachment and to develop good psychological representations of self and others. But when attachment figures of individual aren't reliably available and supportive vicinity look for fails to alleviate tribulation felt safety is undermined, negative models of self and other persons are created, and the potential for subsequent of later affection troubles and poor compatibility augmentations (Mikulincer & Shaver, 2012).

Attachment behaviors are triggered by environmental threats, troubles, diseases, or fatigue; and are defined as any form of behavior that results in the person regaining or retaining contact with his or her attachment figure. The quality of early experiences with cares affects in such a way that these attachment relations result in internal representations or working models of the self and others that provide the prototypes for later social connections. Two kinds of working models a self-model and a model of others. The self-model (also known anxiety dimension in its negative expression) attributes To the extent that an individual owns an inner feel of his own self-worth and consequently expects others to react in a positive way. This model is related to the level of anxiety and dependency experienced in close connection. The model of others, which attributes to the extent to which a person expects that others may be

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available and provide support . This model was linked with the tendency to seek for or avert nearness in relation (Quijada, 2012).

Attachment in the early age of individuals tends primarily to include mother, father, and children connections. However, in adults, attachment relation endure happen across the lifetime and can include relationships with peers through adolescence, partner relationships, and close friendships in puberty, and connection with one's own children (Downing, 2008).

### **2.1.1: Attachment styles**

Is a concept that derives from the theory of attachment and refers to as individual's distinctive methods of connecting in close care and receiving relations with figures of attachment, predominantly one's parents, kids, and partners. This concept includes the individual's in the availability of the attachment figure for use as a safe base from which one can freely explore the world without risks and look for support, protection, and comfort in trouble time. Exploring the world includes not only the physical world but also relations with individuals and reflection on the inner experience of the individual (Levy et al., 2011).

Moreover, the attachment style is believed to become an integral part of an individual's overall personality structure, affecting the person's major personality characteristics as well as the primary ways of reacting to internal and external demands ( Finkel & Eastwick, 2017). Bowlby stated that child' attachment styles directly influence and shape the attachment style of adults as well as the adulthood self-esteem in relationships. However, individual's intervening experiences also play a major role in the development of adult attachment style.(Litvinenko, 2020).

Attachment style thus refers to individuals' most accessible mental schema, and behaviors, associated with close relationships (Karantzas et al., 2010). Changes in attachment style are possible because

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people simultaneously hold in their minds several models of self and other ordered in the hierarchy of life (Ahmad et al., 2016). Researchers also identified three major attachment styles: secure, anxious-ambivalent, and avoidant. Subsequently, other researchers renamed the anxious-ambivalent style to anxious-resistant and later described a fourth style—disorganized. Through the time, researchers have referred to these basic styles using same styles but slightly vary names, such as, dismissing for avoidant and preoccupied for anxious-ambivalent (Levy et al., 2011).

Studies have suggested models of self and others are positive or negative. The combination of these models produce a four-group of attachment patterns, which are secure pattern with positive models of both self and others, the fearful pattern with negative models of both self and others, the preoccupied pattern with a positive model of others and a negative model of self and the dismissing pattern with a positive model of self and a negative model of others (Polek, 2008).

#### **2.1.1.1: Secure Attachment Style:**

People have positive views about themselves and others, due to receiving fairly responsive and reliable care (Peterson, 2001). Securely persons produced reliable, clear and knit accounts of their relations with their parents, in any case of the equivalence of these experiences (that is whether it concerned positive or negative experiences with parents), and tended to have kids who were secure in the odd condition classification (Pielage, 2006). People with secure attachment are able to form intimate ties with others and are at ease with interdependent relations (Polek, 2008). Sometime named autonomous if their attachment-linked memories and explanations are clear, relevant, succinct, and secured (Le, 2020).

They find it quite simple to get near to others without feeling fear about being abandoned or someone approaching to them too closely

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(Altin & Terzi, 2010). Individual with secure attachment pattern use the feeling arranging strategies that reduce stress and stimulate positive affections.( Taheri et al., 2019). A person with a secure attachment style has tend to have high self-esteem(N.Sanyal et al., 2015). In order to develop secure attachment between children and their care providers. Trust has to be established between both of them. This indicates that the carer would be there any time the baby requires assistance and there must be enough space for affectional expression and regulation. This will encourage the kid to investigate the surroundings, making sure the adult is there to show a safe base; and as this continues throughout period of time, the developing individuals will be more competent for future discoveries and relations (Olawale, 2017).

#### **2.1.1.2: Avoidant attachment:**

When a carer continually frustrates the visible and obvious expressing of emotion or trouble in an attachment relation with the baby. Avoidant attachment in children is the outcome later in life as a person who does not want to depend on other persons or make others depend on him/her. The person can be at ease without affectional relations, demonstrates self-sufficiency, favors independent in relation to personal relation. Like a person grows up into an adult with a positive model of himself and a bad model of others and would most likely struggle difficulty in personal relation with others whether at house or in the workplace(Olawale, 2017). People who suffer from avoidant attachment are suspicious of others and averse to deep connections. (Polek, 2008).

Avoidance style defined as involving afraid from dependency and interpersonal intimacy, an excessive need for self-reliance, and an unwillingness to reveal oneself (Wei et al., 2007). Additionally, an individual with such style oftentimes feels uncomfortable to lean on others

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or having others depend on them. Avoidant adults are nervous when anyone tries to get too close, and often, their partners want them to be more intimate than they feel. (Altin & Terzi, 2010). Adult with avoidant attachment pattern consider themselves self-sufficient, claim no need for intimate relationships with other persons, and tend to avert romantic relation ( Taheri et al., 2019).

### **2.1.1.3 :Ambivalent – Anxious Attachment:**

Ambivalent is also known as resistive attachment. This kind of insecure attachment arises due to inconsistency in parenting style on the part of the carer; thus, forming uncertainty on the side of the baby with regards to allowance for the expression of worry or trouble. In other words, the baby is unsure whether the carer will pay attention to his or her emotional expressions. Therefore, the child finds it difficult to explore the world around him/her due to lack of confidence of safety(Olawale, 2017). Anxious/ambivalent individuals want close relationships, but they not sure that others genuinely care about them(Polek, 2008).

Attachment anxiety is defined as involving a fear of interpersonal rejection or abandonment, an excessive need for approval from others, and distress when one's partner is unavailable or unresponsive(Wei et al., 2007) . Adults often anxious that others are hesitant to get as close as they would . Adults who are anxious or ambivalent are often willing to merge completely with another and this strong desire sometimes scares individuals (Altin & Terzi, 2010). Less willing to have a positive view about them; they are often skeptical about their values and blame themselves for others' lack of responsibility( Taheri et al., 2019).

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**2.1.1.4: Preoccupied:**

Individuals with preoccupied style are overwhelmingly seeking self-acceptance through obtaining the agreement of others (Peterson, 2001). People who were preoccupied overwhelmingly displayed strong and ongoing outrage towards their parents. They have easily accessible memories, but their accounts tended to be very long and disconnected, often shying away from adult attachment. . Preoccupied people tended to have kids categorize as insecure-ambivalent in the odd situations ( Pielage, 2006). Adults who are preoccupied show excessive interest in bonding-related memories with rambling discourse, typically demonstrating a muddled, negative, or even anger preoccupation with parents ( Le, 2020). It is further characterized via a sense of being unloved and think that others are reliable and obtainable when needed (Altin & Terzi, 2010).

**2.1.1.5: Fearful- avoidant:**

Individuals with this kind of attachment style feel unwanted, unloved, and expect to be refused by other people, so they usually avoid other people in order to avoid the perceived refuse that they fear will follow(Peterson, 2001).

**2.1.1.6: Dismissive-avoidant:**

People usually have a positive view of self-integration with a bad view of other people. These individuals refuse and avoid other people in order to maintain their elevated sense of self (Peterson, 2001). People who were dismissing of attachment regarding memories and sensation tend to describe parents in highly idealized terms but were unable to calling particular memories. Adults with dismissive style tended to have babies who were insecure avoidant in an odd positions ( Pielage, 2006). People with dismissive-avoidant usually describe and interpret their memories

inconsistent and not enough, with a favorable depiction of parents that is not supported by facts and contradict later statements ( Le, 2020).

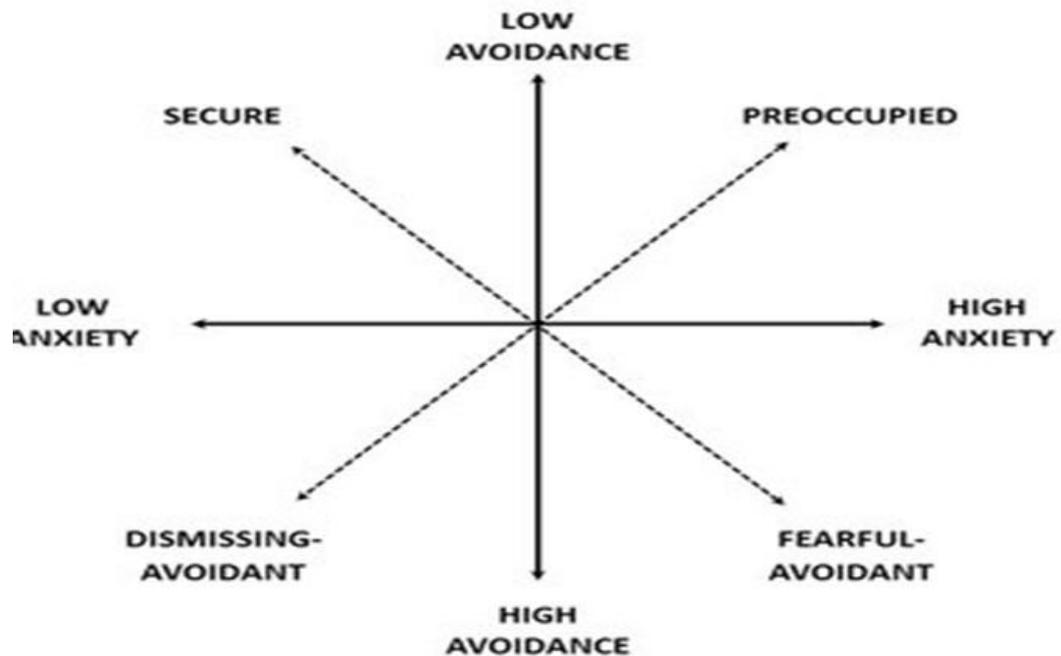


Figure (2.1): Bartholomew model of attachment ( Le, 2020).

## 2.2: Psychological Health

WHO defines human health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” ( Larsen, 2021). Psychological health is integral part of the health and wellness of human, and includes not only individual characteristics, but also social, cultural, economic political, and environmental factors (Fernandes & Paúl, 2017). This ageing population means that there are a greater number of elderly who may experience mental illness. Despite that most older adults have good mental health, many are at risk of developing mental disorders, neurological disorders, or

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substance use problems as well as physical illness or disability (Li & Jackson, 2016).

In the age of 60 years old and over, individuals go through profound changes and confront significant challenges, such as modifications in their positions, retirement, and the losing beloved one (friends and Any member of the family). These experiences can increase people's levels of tension and lead to a decrease in the resources that enable elderly in dealing with their everyday life (Gerino et al., 2017). Mental health is the cornerstone of public health, more so in the elderly (Banerjee, 2020).

Elderly people are particularly vulnerable to psychological health issues, partly due to age regard alteration in the brain and also in part because of the multitude of alteration that occur with aging, including changes in living surrounding and family structure (Hirst et al., 2013).

**Depression:**

Depression is characterized by sadness, lowering of self-esteem, sleeping disturbance or appetite, fatigue, and lack of attention. Clinical depression can be diagnosed via the duration and severity of sadness. Normal sadness or short-lived feelings of depression which don't result in impaired functioning aren't clinical depression. Clinical depression is diagnosed when the signs of depression are present in a person for fully time of 14 days. Clinically depressed individual don't participate in public, occupational, and overall daily activities tasks (Mina, 2017). Depression is one of the most important psychiatric disorders of late life (Blazer, 2016). Depression among the elderly is global issue of general health and has a prominent influence on the welfare and quality of life of the elderly (Babatsikou et al., 2017).

Depression in particular is common in elderly. Some studies showed that the prevalence of major depression among elderly range from

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1% to 4%, and the prevalence of clinically prominent depressive symptoms ranges from 8% to 16% (Li et al., 2011), and it is often a response to declining health and functional impairment in the older adult (Alpass & Neville, 2003). Elderly peoples who are depressed are more likely to have existing physical health conditions and more likely to develop physical health conditions (Pocklington, 2017) .

Geriatric depression leads to severe consequences such as increased disability and increased use of non-mental health services, increased risk of cancer, increased mortality rate related to cardio-and cerebro-vascular diseases, and suicide ( Dines and Sajatovic, 2014). Depression in older adults is different from the same in young adults. Depression in elderly, regardless of its magnitude level, is often associated with medical crises, reduced ability to rehabilitation lasting for longer time. It occurs with increased risks of heart-related medical complications, fear and risk of resulted death ( Prakash et al., 2019). Older adults with depression are less likely to endorse emotional symptoms and more likely to offer cognitive alterations, physical symptoms, and losing of interest. Risk factors leading to the development of late-life depression likely comprise complex interactions among genetic vulnerabilities, cognitive diathesis, age-associated neurobiological changes, and stressful events (Fiske et al., 2009).

Depression is not a natural part of aging, it is often reversible with prompt recognition and appropriate treatment. However, when it is not treated, depression may lead to the emergence of social impairment, as well as decreased quality of life, delayed recovery from medical illness and surgery, increased health care utilization, and suicide (Greenberg, 2012). Formal diagnoses of depression are less common in older people; the frequencies of such diagnoses are considerably lower than those in younger populations (Bottino et al., 2012). depression in older adulthood can

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present as either life-long recurring mental illness, a new onset disorder, or secondary disorder related to other chronic health conditions. Late life depression is strongly associated with neurological conditions (e.g. dementia, Parkinson's disease), poor vascular health, and other physical comorbidity (Kiely et al., 2019).

The absence of an affective component is referred to as depression without sadness. It is common instead for older adults to report a lack of feeling or emotion (Pocklington, 2017). Older people with depression struggle in managing their self-care activities, and their quality of life deteriorates considerably as a result of poor psychological health (Bakar & Aşilar, 2015). Sadness and feeling down is usually seen with depression; however, the lack of these classic expressions may be the reason that professionals sometimes fail to diagnose depression quickly in older adults (Ferguson, 2006).

Depression in the older adults is linked with functional decline that can raise the demand for care or placement in health facilities, family pressure, a higher likelihood of comorbid physical illnesses, decreased recovery from disease, and premature death due to suicide and other causes (Wiese, 2011). Depression presents with the same symptoms in the elderly as it does in the younger age group. Compared to younger patients, elderly people with depression are more likely to have multiple concurrent medical troubles and cognitive impairment. Depression occurring in elderly patients often goes undetected or inadequately treated (Kok & Reynolds, 2017).

### **2.2.2: Anxiety**

Anxiety is a common psychiatric condition in elderly people, at a prevalence up to 15%. Anxiety usually presents initially during youth (Raymond et al., 2019). Anxiety is a pathological condition that manifests

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somatic symptoms linked to the hyperactivity of the autoimmune and neurotic system of the individual (Nal et al., 2016). Anxiety in general is linked with decreased cognitive functioning in older adulthood and increased risk of cognitive decline (Tales & Basoudan, 2016). Anxiety is as common in the old as in the young, although how and when it appears is distinctly different in the elderly ( Gellis et al., 2014). Among the anxiety disorders diagnosed in elderly, generalized anxiety disorder is considered common ( Villagrasa et al., 2019).

Most anxiety problems start in early to middle puberty, but some show for the first when they become more than sixty years old. The fragility of the autonomic nervous system in elderly people may be responsible for the development of anxiety after a major stressor. Aging is not a risk factor for anxiety but rather a protective one. Yet, many biological, psychological, and social risk factors for anxiety problems have been identified for elderly ( Tak et al., 2016). Late-life anxiety is a significant public health burden. Epidemiologic data suggest that approximately one in ten older adults has an anxiety disorder (Richardson et al., 2011). Anxiety forms part of the human experience and at times can be a strong influence on our thoughts and behavior ( Roberts et al., 2017) .

One of the most important concerns of old age is death anxiety. It is a global psychological dilemma for a human being to face death and the anxiety generated through the awareness of its being inevitable. The origination of negative affections resulted from thoughts of one's approaching absolute non-existence is normally referred as death anxiety(Ghayas & Batool, 2021) . Elderly people have a significant death anxiety which causes negative effect on their health and creates low self-esteem, lack of purpose in life, negativity and poor mental wellbeing (Bala & Maheshwari, 2019). The detection of anxiety disorders later in life is complex by a series of factors that make it various from assessment in

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younger groups, such as differential symptom presentation, high comorbidity with medical and mental troubles, the aging process, and newly emergent alteration in life conditions (Balsamo et al., 2018).

The elderly population could be vulnerable to physical conditions linked to severe anxiety, like the high blood pressure, cardiovascular illness, and other health troubles that can become chronic. Too much concern or worry in the form of intrusive, repetitive bad notions about future events is a clinically relevant phenomenon closely linked to anxiety, which is also extremely recurrent in the older adults (Franco et al., 2017). Elderly people are a pervasive group that face economic, health, psychological, and social problems in which current conditions cause anxiety. Anxiety experienced by the elderly is likewise enhanced by the declining physical condition of the elderly which has impact on their quality of life (Sulistiyaningsih et al., 2021). Elderly who experience anxiety exhibit a high level of psychological distress (Aleem et al., 2020). In contrast with younger adults, the elderly tend to underreport their symptoms due to confounding of symptoms such as co-morbidity illness (Ismail et al., 2015).

### **2.3: The Link between Attachment and Psychological Health**

It is clear that the attachment of the elderly is has great effects on mental health (Shunqin, 2015). A negative relation between secure attachment style and psychological health. Studies also found associations between depressive symptoms and insecure attachment style (Shevlin et al., 2014). Differences in attachment style have been shown to influence the nervous system, emotional regulation, and psychological functioning (Young et al., 2020).

On the other hand, a decrease of a secure bond can lead to difficulties in regulating affections and connecting with other people, leading to

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susceptibility to psychological troubles, loneliness and bleakness( Erozkán, 2011). The relation between attachment pattern and well-being has been supported via many of researches. For instance, anxious attachment and wellness were inversely linked and this was stronger for the youth people than it was for the elderly. The other studies findings revealed that the avoidance dimension of attachment, sex group, and anxiety dimension of attachment predicted the life satisfaction of elderly (Kankotan, 2008).

It can be seen that attachment pattern and well-being play a major role on people's personal and social lives. Moreover, people's happiness in intimate relations, life satisfaction, and subjective wellbeing level alteration according to attachment pattern. Individual with various attachment patterns demonstrate various beliefs and feelings about their relation, their love, the credibility of their love partners, and the entitlement of their love. As a result of attachment pattern, individual derives various views about themselves from social environment. Subjective well-being is another major aspect of connecting that contributes to people' social experiences such as social anxiety and attachment pattern. Well-being is a relatively stable attribute that reflects the extent to which individual experience positive influence and have favorable views of themselves and their lives(Oztürk & Mutlu, 2010). Individuals with OCD and depressive disorders were more insecure than others. insecure attachment can predict interpersonal problems, and paranoid ideation (Bonab & Koohsar, 2011).

Adult attachment provides a powerful theoretical framework for explaining the interpersonal pathways linking intimate relations and psychological health. The Stress response appears to be a second area by which adult attachment and mindfulness are connected and likely influence the mental health. Stress response is significant because social evaluative stress is reliably found to be negatively linked with psychological health(Jaurequi, 2019).

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Many explanations have been proposed for the etiology of eating disorders, some of which have emphasized the importance of family factors. From an attachment point of view, eating disorders are theorized to be associated with deactivating strategies that minimize attachment needs (Ma, 2006).

Two major factors that have been related to psychopathology are the capacity for emotional regulation and attachment style (Mostafaei et al., 2016). Specifically, securely attached persons (by participation in one or more secure attachment relations) tend to learn that distress is manageable and not overwhelming, that they can be overcoming the various stressors they encounter, that others have inherent good intentions, and that looking for social and affectional support in times of need is acceptable and valuable (Carr et al., 2013).

Studies on the attachment of adults have provided extensive support to the ideas of Bowlby about the contribution of attachment patterns to influence regulation. Findings show that individuals who rating high on either attachment anxiety or avoidance tend to appraise stressful events and themselves in negative terms, avoid support seeking, and report high levels of trouble in stressful situations. It is also proof of the defensive strategies that perhaps come from attachment insecurity (Berant et al., 2001).

It is well established in the literature that attachment pattern is related to mental health. However, theory and research propose that attachment pattern does not exert its influence on adults' mental health directly, but rather that it influences mental health due to its influence on a number of mediating variables ( Haner, 2018).

Extensive evidence offers that secure attachment orientation in adulthood is related with psychological adjustment and healthy functioning. However, most of this study has been conducted with early adults. Among

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elderly, it has been shown that secure attachment is related with better social integration, life satisfaction self-compassion, but retrospective reports of parental refuse and overprotection were connected to lower self-compassion. Lastly, there is proof that self-compassion mediates the relation between attachment pattern and mental health symptoms. Increasing literature have highlighted the link between self-compassion and several psychological advantages. Self-compassionate individual resorts to report higher levels of happiness, life satisfaction, sense of purpose in life, and sense of self-mastery relative to less self-compassionate people (Homan, 2018).

According to the theory of attachment, insecure attachment in early life, especially between the parents and the kids, may lead to different psychological health problems in later life. Therefore, attachment patterns play a significant role in predicting mental diseases (Dadashzadeh et al., 2018). Insecure attached styles can lead to various negative influence such as: (1) increase the vulnerability to stress, which leads to experience health risks; (2) Impact the capacity of individuals in terms of effectively form and use social support networks; (3) influence the way that individuals evaluate and interact with life events ( Lewczuk et al., 2020).

Adults attachment is becoming increasingly significant in psychosomatic studies because attachment affects several biopsychosocial phenomena, such as social functioning, coping, stress reaction, mental health, healthy behavior, and illness. Study that includes the measurement of attachment provides a unique perspective because attachment structures are theoretically and empirically differ from other personality and social structures (Ravitz et al., 2010).

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Secure attachment represented higher psychological functioning, while individuals with insecure patterns of attachment style experience more mental illness symptoms (Mortazavizadeh & Forstmeier, 2018).

Avoidant individuals have been found to deal with tribulation through deactivating attachment requirements, suppressing negative ideas and feelings. Insecure peoples have been found to experience difficulty in thinking positively, and possess negative ideas and memories. Individuals with insecure attachment usually depend on negative and ruminative methods of coping ( Prunas et al., 2019). Similarly, avoidant attachment is related with schizoid personality. Researchers found that attachment anxiety is linked with what “affective dysregulation” component of personality. “Security priming improves participants’ moods even in threatening contexts and eliminates the detrimental effects of threats on positive moods”(Mikulincer & Shaver, 2012).

Suicidal behaviors and psychological health problems in adult are found to be linked with insecure attachment pattern. Other mediators explained how attachment has influence on self-compassion, temperament, self-efficacy, perceived stress, and perceived social support. Additionally, attachment patterns were appear to be connected with suicidal-linked behavior and mood troubles like depression, bipolar disorders, cyclothymic, dysthymia, despair and a lack of spirituality (Oon-arom et al., 2019). Attachment patterns influences depression and proposes that anxious/ ambivalent attachment style is a constant factor for vulnerability to depression. Studies have shown that there is a significant relationship between attachment styles and the value one ascribes to oneself and others. The level at which one can openly perceive and communicate one’s feelings with others and the ability to adapt with stressors. This assumes that a person's attachment style may influence levels of depression and other psychological health problems ( Erozkan, 2011; Ciocca et al., 2020).

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**2.4: The basic and health needs of elderly**

The age of older adults is determined by different sources, the WHO determined their age as minimum 60 years old (WHO, 2017). Older adults have the needs that are common to all people, which are:

Affection security and emotion, which are matched by receiving love and via living in a world where objects are predictable and come out commonly in a favorable or at least tolerable method. Social recognition and status, met through receiving esteem from individuals who are counted in the world. A sense of value and self-esteem, met through adherence to ideals. Sufficient supply of food, clothing, housing, and health (Shrivastava et al., 2013).

**2.4.1: Psychosocial needs**

Psychological needs are internal or external factors that enable a person to regulate his or her actions, interacting with the environment, and relatedness and develop interpersonal relations, determine the regulation of a person's behavior, which is also a prerequisite for social development and well-being( Couto et al., 2020). Older adults have fundamental need to stay related with family members, friendships, and social groups. This is psychologically advantageous because such relations can decrease troubles with depression and loneliness and promote affection stability. From utilizing social media to remain related remotely and joining older adults' specific groups that allow for easy participation and benefit from meaningful personal relations( Home Care Assistance, 2020).

Elderly resort to be in a better venue affective if they are able to stay active in familiar societies in methods that are meaningful. This can mean recommend to use of local elderly welfare facilities, which also encouraged independence, other significant psychological needs. Maintaining feeling of purpose later in life may include community

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activities, but it is a need that can also be met by exploring new or finished hobbies, developing new interests, mentoring and work another meaningful thing for other persons, and setting realistic and achievable personal objectives. The older adult brain needs to stay stimulated and engaged to decrease the risk of the kind of cognitive deterioration that can influence behavior and elevate susceptibility to depression and other psychological health troubles. Sure, socializing with friends and family members may be psychologically invigorating. ( Home Care Assistance, 2020).

The elderly need to sense affective safe and security as they become more aged, which sometimes includes addressing practical needs linked to an increase in age. Elderly have a psychological need for expressing their ideas and sensations. Yet, it is sometimes difficult to meet their needs if the family carers are accustomed to doing things automatically for them or simply following the motions of caregiving. For every individual, social needs are part of the most important human needs. They come right after physical needs and the need for safety (Ten Bruggencate e al ., 2018).

#### **2.4.2: Spiritual needs**

As the age progresses, there is a deep link between spirituality and religiosity may be due to the maturity reached via the lived experiences or through a sense of relation with the certain limitations that makes necessary attachment with the beliefs and values more intimate. Aging influence the perception of well-being and therefore looking strategies that allow it to have flexible mechanisms (Guerrero-castañeda & Flores 2017). The core meaning of spirituality concept is refers to the deepest life meaning and relationship ( MacKinlay, 2006).

Researchers reported spiritual needs by elderly, which are the need to find meaning and purpose in life, the need for relatedness, the need for interconnectedness, the need for internal peace, and the need for love.

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Spiritual need predominantly reported as the need to have a relation with God or with the divine ( Desmet et al., 2020). “Spiritual needs do not necessarily indicate religious matters just, and they are not exclusively existential. From a theoretical point of view, it is suitable to distinguish psychosocial, existential, and religious needs; yet, it is not practicable to separate these interrelated needs in a clinical context. Furthermore, a specific need might have a religious connotation to the person and might have a clear existential connotation to a religious person”(Erichsen & Büssing, 2013).

### **2.4.3: Economic security need**

Economic security is another main need for the elderly. Concern about financial is often one of the most debilitating factors in aging. Fearing the potential cost of major disease and unwillingness to be a burden on family or friends, several elderly keep their restricted financial through establishing uncostly eating styles, using health resources rarely , taking medications in partial doses, minimizing costs for house heating and cooling, and generally spending little on themselves. Another factor that is driving up the cost of health care for the aging population is that many clients wait until they are truly ill before seeking health care. In waiting for conditions to improve or go away, they often miss out on important preventive health measures and community-based programs that can maximize function and help the client maintain health at a higher level. Too often, the fear of being alone and the financial difficulties prevents older adults from leading full and active lives (Allender et al., 2013).

Older adults who have lived many years past retirement and perhaps have not planned for sufficient financial security to maintain them throughout these additional, unexpected years, the fears are not unfounded.

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Putting older people in touch with appropriate community resources can do much to relieve the source of that stress and anxiety (Allender et al., 2013).

### **2.5: Theoretical Background: Attachment Theory**

Attachment theory draws on the work of John Bowlby and Mary Ainsworth (Fostering & Adoption, 2014). Attachment theory is often conceptualized as relating to bonding between a baby and his/her primary carer (Ponder, 2021). The origins of attachment theory were first established in the 1930s and 1940s when a number of physicians noted the bad impacts of maternal detachment early in life. John Bowlby was one of several who observed this impact; for instance, in 1944 he outlined how poor upbringing influenced the behavior of a cohort of juvenile . John's theory of attachment includes many of important basic structure. First, attachment relations are clearly presented as a biological predisposition evolved to ensure survival. People are proposed to develop attachment relations with carers and look for and maintain proximity to these carers when stressed, sick, or afraid. Differences in sensitivity of care were proposed to be related with person differences in attachment (Scharfe, 2017).

John and Mary "initial work in attachment theory, its basic premises have become well recognized and widely accepted into mainstream psychology and into common culture as well. More recent theoretical and research interests have been directed toward the relation between parent–baby attachment and adult relations and psychopathology. Attachment theory has become the dominant approach in understanding interpersonal relations. Attachment theory is based on the concept of an attachment behavioral system—a homeostatic process that regulates baby proximity-seeking and interact-maintaining behaviors with specific peoples to provide physical or psychological safety and security"(Berghaus, 2011).

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Attachment theory explains how, in early babyhood, interactions with mindful, caring, and supportive parental figures (attachment figures) create and solidify kid's positive mental representations of other person. It explain the attachment in terms of their predominant sense of safety and security, and ability to recognize, acknowledge, and regulate feelings. Which implies the existence of an intergenerational transition of security (or insecurity) that likely to create a continuing cross generational stream of individual's behaviors . The extension of the theory to some of In the human case, the theory of attachment claimed that, humans born with a grasping reflex that allowed them primate ancestors to cling to a mother ; whereas, the attachment system emerges slowly through the first months of life, but it gradually matures sufficiently to orient a child to its familiar carers, to move the child closer to them in response to threats and fears, and to regulate the child's sense of safety in response to a carers protection, support, and calmness( Shaver et al ., 2016).

Attachment theory is a method of conceiving the tendency of human beings to make strong emotional ties to particular other persons and the several forms of affectional tribulation and disturbance, which include anxious, anger, and depression, to which unwilling separation and loss give rise ( Bowlby, 1975).

“According to attachment theory, individuals develop attachment orientations (i.e., enduring and consistent patterns of interpersonal cognitions, emotions, and behaviors) as a result of unique experiences with primary caregivers in early childhood (Martin, 2018). The attachment drives function of binding the baby to the mother and the mother to the baby. These component responses (among babies sucking, clinging, and following, as well as the signaling behaviors of smiling and crying) develop relatively independently through the first year of life and become increasingly integrated and focused on a mother figure during the second

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six months. Clinging and following as possibly more significant for attachment than sucking and crying”( Shiller, 2017).

Sigmund Freud (1932) postulated that mother-child attachment as the nature of their bond, remains within the unconscious and becomes the stimulant for a pattern of relationship behaviors throughout the entire lifespan(Pearce, 2009). Attachment theory can be summarized in three suggestions. The first one is that when a people is confident that an attachment figure will be available to them whenever they desires it. Those individuals are more likely to be less prone to either intense or chronic fear than will an person who for whatever reason has no such confidence. The second suggestion relates the sensitive period through which like confidence develops. It postulates that confidence in the availability of attachment figures, or lack of it is built up slowly through the years of immaturity, babyhood, and adolescence. Whatever expectations are developed through those years tend to persist relatively unchanged throughout the rest of life. The final suggestion relates the role of actual experience. It postulates that the varied expectations of the accessibility and responsiveness of attachment figures are developed through the ( Duschinsky, 2020).

In the 1970s the work of Mary helped to improve the attachment concept. with her colleagues, Mary developed a laboratory procedure called the strange state, which was designed to assess the quality and organization of children's attachment and exploratory behavior in the context of gradually increasing environmental stress (Mino et al., 2018).

“Attachment theory has emerged as one of the leading theoretical frameworks for largely understanding personal functioning, and personal development in social and personal psychology. The theory also noticed that children would go to extraordinary lengths to prevent separation from a

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parent. Several of the prevailing theories at the time explained these reactions as resulting from the lack of enough care via substitutes or the removal of a primary food source”(Fraley, 2019) .

In addition, the attachment theory paradigm assumes that disruption of these early relations may trace a far-reaching negative impact on the individual’s future important relations, psychological and physical health, health-linked behaviors, overall well-being and personality development. It appears that even small interruptions and separation experiences, endanger the development of a healthy and secure tie. Given the social and cultural signs of his time, to provide examples while raising awareness concerning the lifelong impact of attachment theory. Particular stress-prone situations were identified, which yield in activation of the attachment mechanism. Subsequently, marriage, childbearing, and parenting are identified as milestones of life events that induce the arousal of affectionate attachments and relationships, exposing women to greater risk for affectional stress and depression (Papapetrou et al., 2020).

When infants and young children experience fearful emotions or situations, they usually rely on their mother as a primary attachment figure, because infants and young children have a powerful survival reaction to the sense of danger when they are in unfamiliar places; the attachment is not necessarily with their biological mothers. This sense of jeopardy frightens babies and triggers their attachment-search of response, and this response will be terminated just when children reach proximity to their attachment figure. Search for attachment is a specified response requiring a specified reaction from an attachment figure. Similar actions may also be seen in the young of several nonhuman species and it is a very successful survival strategy ( Bowlby, 2008).

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The theory provides an overall framework for understanding how intimate relations shape our styles of connectedness and the method in which families deal with stressors through successful attachment. Consistent with other research relating attachment theory to stressful family situations, attachment theory offers a stress approach for figuring out how and why certain family members who encounter the stress of caring for an elderly tend to experience more difficulty in the caregiving role. This approach can also help in identifying which elderly are particularly vulnerable to having difficulties in accepting care from certain family members and adjusting to their own decline in health and function (Karantzas & Simpson, 2015).

### **2.5.1: Attachment behavioral system**

Human behaviors as an inborn psychobiological system motivates human beings of all ages to look for proximity to important other persons (attachment figures) in need times as a means of protecting oneself from dangers and alleviating tribulation. Interactions with attachment figures who are accessible and responding in times of need facilitate the ideal working of the attachment system and enhance the feeling of attachment security (Shaver & Mikulincer, 2006). The attachment system serves not only to protect individuals from physical harm but also to help them regulate negative feelings and to restore a sense of calm and security (Pietromonaco et al., 2004).

A behavioral system of human being “is an innate drive that directs human actions and responses. It governs the selection, activation, and termination of behavioral results that produce a predictable and typically functional change in the person-environment relation. The term behavioral system refers to the involvement of actual behavior and behavior generation. It also refers to the central neural program we are stressing

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about. Each behavioral system (e.g., attachment, caregiving, exploration, affiliation) follows a specific predictable style of activation and termination in almost all members of a species. Conceptually, According to Mikulincer & Shaver (2003), a behavioral system has 6 components or aspects:

Particular biological function that boosts the possibility of a person's survival and reproductive success. Collection of contextually activating triggers. Collection of interchangeable, functionally equivalent behaviors that constitutes the primary strategy of the system for achieving a specific goal state. Specific set-goal—the alter in the individual-environment relation that terminates the activation of the system.

The cognitive processes involved in the functioning of the system; and specific excitatory or inhibitory neural binds with other behavioral systems”.

Old scholars said that the attachment behavioral system is a product of evolution that motivates children and elderly to look for proximity to important other persons called attachment figures when protection and care are needed. This system serves regulatory functions, protection from threats and alleviation of tribulation, in human beings of all ages but is most directly observable during childhood. Also described important person differences in attachment-system functioning. Interactions with attachment figures who are reliably available and responsive in times of need promote optimal functioning of the attachment system, establish a relatively stable sense of security and safety, and heighten confidence in proximity seeking as a distress-regulation strategy (Mikulincer & Shaver, 2007).

According to the theory, these behavioral systems control the selection, activation, and termination of behavioral sequences aimed at achieving specific goal to have adaptive advantages for a person's survival and genetic reproduction. The adaptive behavioral sequences are activated

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by certain stimuli or types of situations that make a specific goal prominent and are inactivated or finished by other stimuli or outcomes that signal attainment of the desired goal state (e.g. affectional support or protection, in the case of the attachment system ( Mikulincer & Shaver, 2007)).

Generally, behavioral systems are thought to be evolved, cybernetic cognitively controlled systems that provide a clear adaptive benefit to persons. Behavioral systems are likely to be expressed differently in various individuals of a species with some members showing much and others showing little. They are also affected by environmental factors so that their onset and offset may happen in response to specific environmental events, and they may alter over time in response to environmental results (Berghaus, 2011).

### **2.5.2: Internal working model**

Internal working models patterns perhaps shape the ways individuals interact with others and construe their close relations. In support of this view, growing body of studies has documented attachment-pattern differences in the quality of close relations and interpersonal behavior ( Taubner, 2013). Help members of an attachment binary (parent and baby, or adults couples) in anticipating, interpreting, and guiding interactions with partners. In the context of infant sensory development becomes increasingly complex and mentally manipulable, enabling not just simple short-term predictions but also a reflection on current, past, and future relations via methods of inner simulation ( Bretherton & Munholland, 2008).

People usually develop mental representations, or Internal working model (I. W. M), that consist of expectations about the self, significant others, and the relation between the two. Working models are believed to

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include particular content about attachment figures and the self which is kept within a well-organized representational structure. Moreover, their content is thought to include knowledge about the details about the interpersonal experiences as well as the impact of the experience e.g. nature of the experience, setting of the experience, and the company individuals when experience the situation.

Working models also are assumed to involve processes that affect what information people attend to, how they interpret events in their world, and what they remember. Moreover, these operations are assumed to operate primarily outside of conscious awareness (Pietromonaco & Barrett, 2000). Instinctual behavioral system that underpins an infant's attachment to his or her mother is accompanied by (i. w. m) from social world models based on infant's own experience with his or her caregiver (Johnson et al., 2007). At the center of the attachment control system framework is the internal working model (IWM) (Petters & Waters, 2014). Internal working model (IWM) is reconstructed memory and is influenced by several factors, such as experience in building relationships, personality, and life satisfaction that is being lived. It is an individual's experience with caregivers stored in memory, which becomes an understanding of self-worth and also individual expectations of the attention and support of others (Rosalina et al., 2020).

The final part of the attachment theory explains the concept of internal working model, which children develop. It is simply a mental representation of a baby's attachment with their primary carer, which would have profound impacts on their later relations and on their own success as a parent. It is claimed that all future relations are based on this mental representation of that initial relation, with the mother. Scholars proposed that a baby who internalizes a working model of attachment as type and reliable will tend to bring those qualities to future relations, and

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should succeed as a parent themselves. On the other hand, other scholars proposed that those who internalize a passive working model (who are neglected or abused), they will have a chance to reproduce these styles in future relations, which means babies will be unable to be in any future long-term relations, and their own parenting will not be successful (Mino et al., 2018).

Over the first few months of life, babies begin to have a clear sense of where protection, comfort and regulation lie and develop selective attachment figures. A key concept to understanding these early relations and why they go on to impact subsequent relations is that of 'internal working models'. I.W.M is a set of expectations and beliefs about oneself, others and the relation between the self and others, including specific expectations and beliefs about:

- 1- Their behavior and the behavior of others.
- 2- Whether they are loved and worthy of love or not.
- 3- Whether or not others are available, interested, and able to assist, defend and support them.

Internal working model starts to be formed in early childhood. If e.g, an infant finds that her/his sensations of hunger and accompanies crying behavior result in a quick response from caregiver that makes his/her feel better, a child will learn that certain behaviors are related to the good behaviors of her/him carer. At the same time, a child will feel that she/he is loved and cared for and that she/he 'deserves this response. A more general expectation of adults as individuals who are likely to be there to assist and protect also develops with the passage of time (Anna, 2019).

# *Chapter Three*

## *Methodology*

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## ***Chapter Three***

### **Methodology**

The basic information in this chapter presents the design of the research and the procedures which are used to assess the effect of attachment styles on the psychological health of older adults. This section also includes the administrative arrangement, instrument construction, setting, study sample, data collection, pilot study and validity of the study instrument and analysis.

#### **3.1. Design of the Study:**

Descriptive correlational study design was used in this quantitative research to assess the attachment styles and the psychological health of older adults, as well as to determine the relationship between attachment styles and psychological health. This quantitative study conducted through the period of 16<sup>th</sup> of September 2020 to 5<sup>th</sup> of September 2021.

#### **3.2. Administrative Permission**

The main approval was obtained from the Research Ethics Committee at the College of Nursing, University of Babylon (Appendix: A) in order to complete the further steps of the research. No other formal approvals were required, since people were met outside the General Retirement Department.

#### **3.3. Setting of the Study**

The study was conducted at the Babylon province. The target population were reached in two ways. The general retirement department and two worship places in Babylon was the first way of reaching the target population. Social media page for retirement was the second way of reaching the study population.

### **3.4. Population and Sampling plan**

The target population for this study was elderly people 60 years old or older. More than one place was chosen to collect the sample in order to be more comprehensive and include all segments of society. A convenience sample of (n= 150) elderly people who met the research criteria was included regardless to their gender group, marital status, residency and the job. These criteria were used to reflect the general characteristics of elderly people 60 years old and above or more for one month period from 1<sup>st</sup> April, 2021 to 1<sup>st</sup> May, 2021.

#### **Inclusion Criteria**

1. Both male and female older adults.
2. Older adults who had no history of mental health problems. This assumption was assessed before handling the questionnaire to participants. In regard to the electronic form of the questionnaire, participants had to answer the questions regarding to their psychiatric history.
3. Subject must live with a family.

#### **Exclusion Criteria**

- 1- Who have mental health problems.
- 2- Who have physical health problems.

### **3.5. Ethical Considerations**

After explaining the objectives, risks, and benefits of the proposed study, participants were asked for voluntary participation to help them decide whether to participate or not. After they agreed to participate in the

study, participants were given anonymous questionnaire to maintain participants' confidentiality. Further assurance, participants were also informed that their information will be used for research purpose only.

### **3.6. Study Instrument**

A valid three parts questionnaire was adopted and modified for this study by an extensive review of relevant literatures and studies. This instrument was used to measure the link between attachment styles and the psychological health of older adults (Appendix B). The parts of the questionnaire divided to three parts as follow:

**Part 1:** First part includes the socio-demographic variables of older adults (gender, age, marital status, residency, economic status).

**Part 2:** This part includes the Revised Attachment styles Scale, which contains (27) items that answer the study question regarding to the styles of attachment among elderly people. This original scale was proposed by (Ainsworth et al., 1986) . The revised scale is widely used to measure the styles of attachment among different age groups, which are secured attachment style, ambivalence attachment style, and avoidant attachment style . This scale is a self-reported instrument that is measured and rated on a 5 points rating scale; 1 = Strongly disagree, 2 = Disagree, 3 = Do not know, 4 = Agree and 5 = Strongly agree. The minimum score that participants can achieve is 27 and the maximum score is 135. The levels of attachment styles are determined based on sum of total scores of the total items it standard as follow:

1. Older adults with scores between (27 - 63) are considered having secured attachment style.
2. Older adults with scores between ( 64 - 99) are considered having ambivalent style.

3. Older adults with scores between (100 - 135) are considered having avoidant style.

**Part 3:** This part includes the mental health inventory (MHI) scale which used in this study to assess the psychological health of older adults. The original scale was developed by (Veit and Ware, 1983). This scale is also a self-reported instrument; however, it is measured and rated on a 4 levels rating scale 1 = all of the time, 2 = most of the time, 3 = some of the time and 4 = none of the time. Coding for some items were reversed for statistical purpose This scale also includes four subscale domains [anxiety (5 items), depression (5 items), behavioral control (4 items), and positive affect(4 items)].

The total scores of all the scale items range from 18 – 72, and participants with higher having scores indicating better mental health. The levels of overall psychological health are determined based on total scores of the scale items as follow:

- 1.Older adults with total scores between (18 – 36) are considered having poor psychological health.
2. Older adults with total scores of (37 – 54) are considered having fair psychological health.
3. Older adults with total scores of (55 – 72) are considered having good psychological health.

The levels of psychological health subscale domains was determined as the follow:

**Anxiety domain:**

- 1.Elderly with total scores of (5 -10) are considered having sever level of anxiety.

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2. Elderly with total scores of (11 – 15) are considered having moderate level of anxiety.

3. Elderly with total scores of (16 – 20) are considered having mild level of anxiety.

**Depression domain :**

1. Elderly with total scores of (16 – 20) are considered having mild level of depression.

2. Elderly with total scores of (11 – 15 ) are considered having moderate level of depression.

3. Elderly with total scores of (5 – 10 ) are considered having sever level of depression.

**Behavioral control domain:**

1. Elderly with total scores of (4 – 8) are considered having poor level of behavioral control.

2. Elderly with total scores of (9 – 12 ) are considered having moderate level of behavioral Control.

3. Elderly with total scores of (13 – 16 ) are considered having good level of behavioral control.

**Positive affect domain:**

1. Elderly with total scores of (4 – 8 ) are considered having poor level of positive affect.

2. Elderly with total scores of (9 – 12 ) are considered having moderate level of positive affect.

3. Elderly with total scores of (13 – 16 ) are considered having good level of positive affect.

### **3.7. Validity of the Questionnaire:**

Validity refers for the questionnaire measures what is designed for. Both scales, the revised attachment styles scale and the mental health inventory scale were translated to Arabic by two bilingual individuals (the researcher and English language specialization). The Arabic versions of both scale were presented to (14) panel of content experts in the fields of mental health and community health to maintain the content validity of the Arabic versions (Appendix C). According to experts' ratings for each items, the content validity index (CVI) scores were high for both scales; the CVI score for the attachment style was (0.87) (see figure 3:1), and the CVI score for the mental health inventory was (0.90) (see figure 3:2).

Items	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	E11	E12	E13	E14	Experts in Agreement	CVR	
L1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1	
L2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1	
L3	1	1	1	1	1	1	1	1	1	1	1	1	0	1	6	0.86	
L4	1	1	0	1	1	0	1	1	1	1	1	1	1	1	5	0.71	
L5	1	1	1	1	1	1	1	1	1	1	0	1	1	1	6	0.86	
L6	0	1	0	1	1	1	1	1	1	1	0	1	1	1	4	0.57	
L7	1	1	1	1	1	0	1	1	1	1	1	1	1	1	6	0.86	
L8	1	1	1	1	1	0	1	1	1	1	1	1	1	1	6	0.86	
L9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L10	1	1	1	1	1	0	1	1	1	1	1	1	1	1	6	0.86	
L11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L13	1	1	0	1	1	1	1	1	1	1	1	1	1	1	6	0.86	
L14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L17	1	1	1	1	1	1	1	1	1	1	0	1	1	1	6	0.86	
L18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L19	0	1	1	1	1	1	1	1	1	1	1	1	1	1	6	0.86	
L20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L22	1	1	1	1	1	0	1	1	1	1	1	1	1	1	6	0.86	
L23	0	1	1	1	1	1	1	1	1	1	1	1	1	1	6	0.86	
L24	1	1	0	1	1	0	1	1	1	0	1	1	1	1	4	0.57	
L25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
L26	1	1	0	1	1	0	1	1	1	0	1	1	1	1	4	0.57	
L27	1	1	0	1	1	0	1	1	1	1	1	1	0	1	4	0.57	
<b>Proportion Relevance</b>	0.89	1.00	0.78	1.00	1.00	0.70	1.00	1.00	1.00	0.93	0.89	1.00	0.93	1.00	0.94	<b>CVI= 0.87</b>	<b>0.87</b>
Average proportion of items judged as relevance across the 14 experts															0.94		
Content validity ratio CVR	CVR=(Ne - N/2)/(N/2)																
Content validity Index CVI	0.87		Ne= Number of panel members indicating an item "essential,"														
N= The number of panel																	

Figure 3:1. Content of validity ratio C.V.R and content validity index for the attachment style scale (Arabic version).

Items	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	E11	E12	E13	E14	Experts in Agreement	CVR	
Item 1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	6	0.86	
Item 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 4	1	1	1	1	1	1	1	0	1	1	1	1	1	0	5	0.71	
Item 5	1	1	1	1	1	1	1	1	1	1	0	1	1	1	6	0.86	
Item 6	0	1	0	1	0	1	1	1	1	1	0	1	1	1	3	0.43	
Item 7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 11	1	1	1	1	1	1	1	1	1	1	0	1	1	1	6	0.86	
Item 12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 13	0	1	1	1	1	1	0	1	1	1	1	1	1	1	5	0.71	
Item 14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 15	1	1	0	1	1	1	1	1	1	1	1	1	1	1	6	0.86	
Item 16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Item 17	1	1	1	1	1	1	1	1	1	1	0	1	1	1	6	0.86	
Item 18	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	1.00	
Proportion Relevance	0.89	1.00	0.83	1.00	0.94	1.00	0.94	0.94	1.00	1.00	0.78	1.00	1.00	0.94			
								Average proportion of items judged as relevance across the 10 experts							0.95		
Content validity ratio CVR																$CVR=(N_e - N/2)/(N/2)$	
Content validity Index CVI	0.90															N <sub>e</sub> = Number of panel members indicating an item "essential,"	
																N= The number of panel	

Figure 3:2. Content of validity ratio CVR and content validity index for the mental health inventory scale (Arabic version).

### 3.8. Pilot Study:

The pilot study was conducted on (n=15 ) older adults . The pilot study was done through the period of four weeks, from Feb 23, 2021 to March 23, 2021. The purposes of the pilot study are:

1. To determine the instruments reliability.
2. To assess clarity content. .
3. Estimated the time required for data collection.
4. To identify the challenges that researcher may experience throughout the data collection process.

### 3.9: Results of the Pilot Study

The findings of the pilot study indicate that both scale was reliable with Cronbach Alpha score ( $\alpha = 0.84$ ) for the attachment style scale and the reliability score was ( $\alpha = 0.80$ ) for the mental health inventory scale. These reliability values indicate that both Arabic version scales were reliable with high internal consistency among scales items. Also, the time required for each participant to complete the questionnaire ranged between 20 – 25 minutes.

No	Studied Scales	Cranach's Alpha	Report
1.	Attachment Styles Questionnaire	(0.84)	Reliable
2.	Mental Health Inventory Scale	(0.80)	Reliable

**3.10. Data Collection:**

After the researcher obtained all the required approvals, the process of data collection began in 1<sup>st</sup> of April 2021 to 30<sup>th</sup> of April 2021. Two types of data collection processes were used to have adequate sample size in the limited time frame. Questionnaire was distributed in paper form and electronic form. The paper form was handed to participants who were selected from the General Retirement Department and the worship places. The link for electronic form was shared through the Facebook page for the retired people in Babylon Province. The purpose of the study was explained to all participants and were asked for voluntary participation. Participants were asked to complete the questionnaire whether the paper form or the electronic questionnaire. Participants who reported having history of mental health problems were not allowed to complete the questionnaire, and participants who completed the electronic form were also excluded when they answered “yes” to the question regarding history of mental illness. After reviewing the completed questionnaires, 14 participants were excluded for not meeting the research criteria and the remaining subjects were (150) participants who were eligible for the study .

**3.11. Statistical Data Analysis:**

Several statistical measures were used by using SPSS program (version, 23), and Microsoft excel (2016 ) in order to analyze and evaluate the results of the study.

1. Correlational analysis was used to determine the relationships between attachment styles and psychological health.
2. Descriptive analysis was also used to describe the sample characteristics, as well as, the levels of attachment styles and psychological health among the older adults.

3. Independent sample t-test was used to determine the difference between male and female in respect to their attachment styles and overall psychological health.

4. Chi-square analysis was used to measure the association between participants' demographic information and their attachment styles and psychological health.

### **3.12. Limitations of the Study:**

1-Causality cannot be determined by correlational study design, since it measures the relationship between two variables at limited point of time, which minimize the chance of generalizing the recent findings on all older adults.

2-In this study could not choose the participants randomly; therefore, this might also influence the generalizability of the study findings.

# *Chapter Four*

## *Results*

### Result of the study

This chapter presents the results of the data analysis systematically in tables and these corresponded with the objectives of the study as follows:

**Part1: Descriptive statistics of study variables (dependent and independent).**

**Table (4-1): Descriptive statistics of older adults' sociodemographic data.**

Socio-demographic data		f.	%
<b>Gender</b>	Male	83	55.3
	Female	67	44.7
	Total	150	100.0
<b>Age Group</b>	60 - 65 Years Old	100	66.7
	66 - 70 Years Old	33	22.0
	71 - 75 Years Old	16	10.7
	76 - 80 Years Old and more	1	.7
	Total	150	100.0
<b>Marital Status</b>	Single	4	2.7
	Married	113	75.3
	Divorce	27	18.0
	Widow	6	4.0
	Total	150	100.0

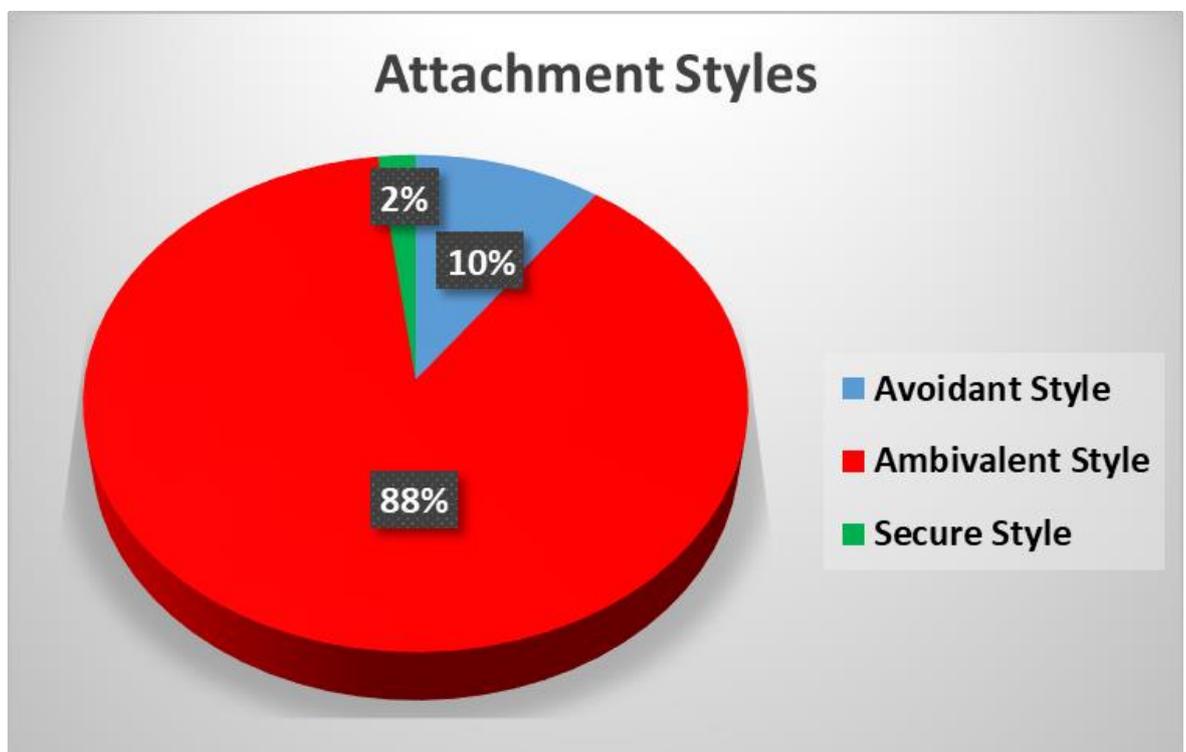
<b>Address</b>	Urban Area	94	62.7
	Rural Area	56	37.3
	<b>Total</b>	<b>150</b>	<b>100.0</b>
<b>Monthly Income</b>	Enough	54	36.0
	Enough To Some Extent	77	51.3
	Not Enough	19	12.7
	<b>Total</b>	<b>150</b>	<b>100.0</b>

Table (1) represents the sociodemographic variables of the research participants with total number (150) older adults. In respect to older adult gender, the majority (55.3%) of older adult were male and (44.7%) were female. The majority of participants (66.7%) aged between 60 – 65 years old. In regard to their marital status, the highest percentage of older adults were married (75.3%); (62.7%) live in urban areas . Most of the participants said that their financial income was enough to some degree (51.3%).

**Table (4-2): Descriptive statistics of attachment styles of older adults.**

Older Adults Attachment Style		f	%
Attachment Style	Avoidant Style	15	10.0
	Ambivalent Style	132	88.0
	Secure	3	2.0
	Total	150	100.0

Table (2) shows that the older adults attachment styles. The majority (88.0%) of older adults had ambivalent attachment style and very low percentage (2.0%) represent had secure style of attachment.

**Figure1: Attachment styles among older adults**

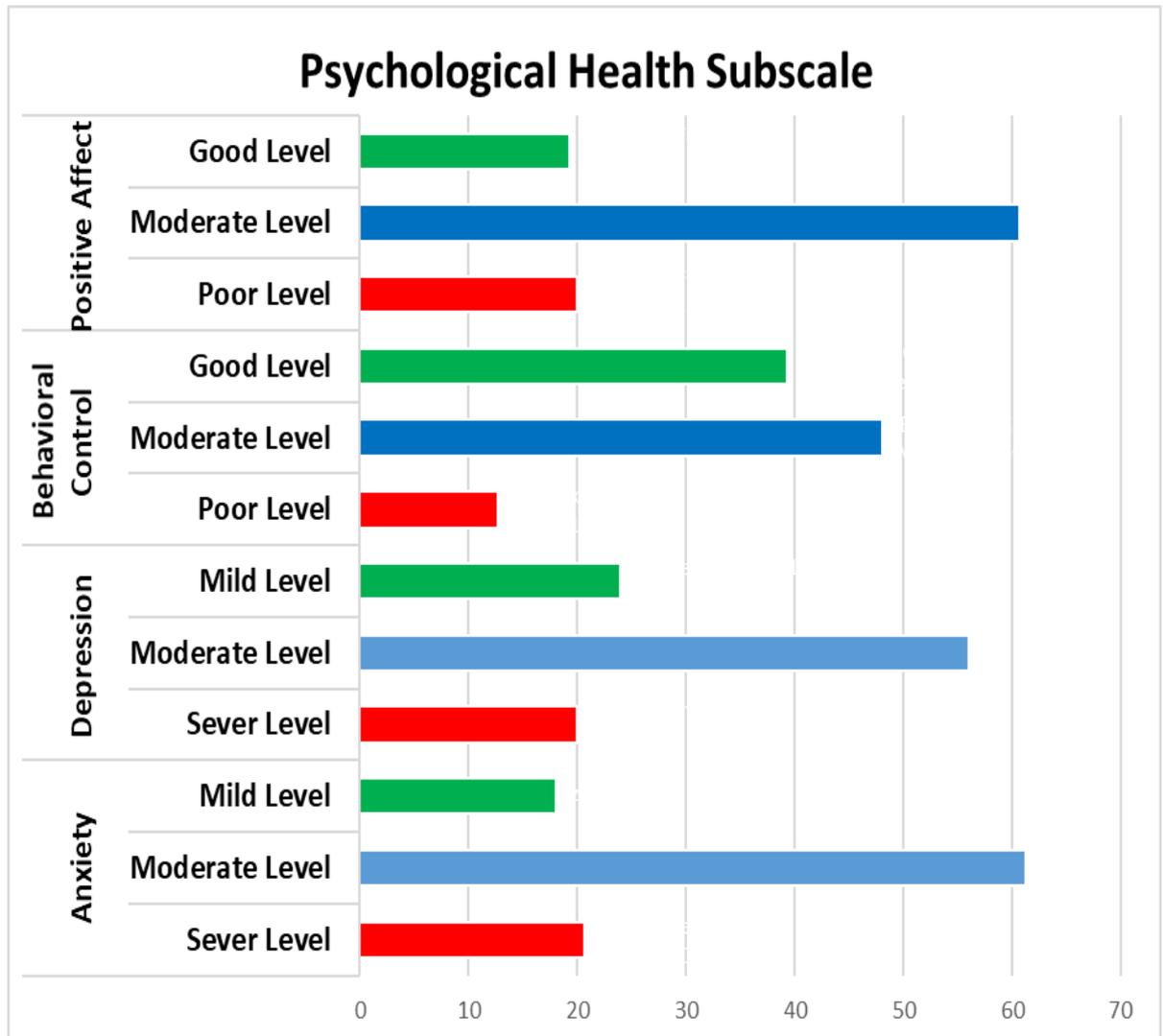
**Table (4- 3): Descriptive statistics of older adults’ overall psychological health.**

Psychological Health of Older Adults		Frequency	Percent
Overall Psychological Health	Poor Psychological Health	12	8.0
	Fair Psychological Health	100	66.7
	Good Psychological Health	38	25.3
	Total	150	100.0
<b>Psychological Health Subscale</b>			
Anxiety	Sever Level	31	20.7
	Moderate Level	92	61.3
	Mild Level	27	18.0
	Total	150	100.0
Depression	Sever Level	30	20.0
	Moderate Level	84	56.0
	Mild Level	36	24.0
	Total	150	100.0
Behavioral Control	Poor Level	19	12.7
	Moderate Level	72	48.0
	Good Level	59	39.3
	Total	150	100.0
Positive Affect	Poor Level	30	20.0
	Moderate Level	91	60.7
	Good Level	29	19.3
	Total	150	100.0

Table (3) represents the overall psychological health of older adults, as well as “the psychological health subscale (anxiety, depression, behavioral control, and positive affect)”. In regard to the overall psychological health, (66.7%) of older adults had fair overall psychological health. The findings of psychological health subscale indicate that (61.3%) had moderate level of anxiety, followed by severe level (20.7%); moderate level of depression (56%), followed by mild depression level (24%); moderate level of behavioral control (48.0%), followed by good level (39.3%); moderate level of positive affect (60.7%), followed by poor level of positive affect (20%).



**Figure 2: Overall psychological health of older adults**



**Figure 3: Psychological health subscale of older adults**

## Part 2: Correlation between attachment style and psychological health of older adults

**Table(4-4):Relationship between attachment style and over all psychological health.**

Attachment Mean * Psychological Mean			Psychologica l Mean
Attachment Mean	Pearson Correlation	1	.020
	Sig. (2-tailed)		.810
	N	150	150
Psychological Mean	Pearson Correlation	.020	1
	Sig. (2-tailed)	.810	
	N	150	150

A Pearson correlation analysis was used for finding the relationship between attachment style and over psychological health . Table (4) display that there is no statistical significant relation between attachment styles and overall psychological health of older adults ( $r = .020$  ,  $P = .810$ ).

## Part 3 : Differences between gender in respect to their attachment style and overall psychological health.

**Table (4-5): Gender differences in respect to their attachment style.**

Attachment Style	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	T	df	Sig. (2-tailed)	Mean Difference
Equal variances assumed	15.144	.000	-.278	148	.781	-.02075
Equal variances not assumed			-.264	102.951	.792	-.02075

Independent sample t-test was used to find if there a difference between male and female in respect to their attachment style. Statistical difference

was not found between male and female in respect to their attachment style. ( $t = -.278, P=.781$ ).

**Table (4-6.A): Gender differences in response to psychological health.**

Psychological Mean	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	T	df	Sig. (2-tailed)	Mean Difference
Equal variances assumed	.186	.667	-3.840	148	.000	-.28476
Equal variances not assumed			-3.852	143.043	.000	-.28476

Independent sample t-test was also used for measuring the difference between male and female in response to psychological health. Table (6.A) offer that there is statistical substantial difference between male and female with regard to psychological health . ( $t =-3.852, P=.0001$ ), in which that older male adults had better psychological health than female older adults as shown in table (6.B) with mean score (2.5506).

**Table: (4-6.B): Mean summary of psychological health between male and female**

Gender	F	Mean
Psychological Mean	83	2.5506
	67	2.8353

**Part 4: Association between (attachment style, overall psychological health) and older adults' sociodemographic variables.****Table: (4-7). Association between age group and attachment style.**

Age Groups	Attachment Style			Total	Fisher's Exact test	
	Avoidant Style	Ambivalent Style	Secure		X <sup>2</sup>	Sig.
60 - 65 Years Old	11	86	3	100	3.946	0.978
66 - 70 Years Old	3	30	0	33		
71 - 75 Years Old	1	15	0	16		
76 - 80 Years Old	0	1	0	1		
<b>Total</b>	15	132	3	150		

Fisher's Exact Test has been used for measuring the link between age group and attachment style. The finding display that there is no statistical substantial association between age group and attachment pattern . ( $X^2 = 3.946$ ,  $P = .978$ ).

**Table (4-8): Association between gender and attachment pattern.**

Gender	Attachment Style			Total	Fisher's Exact test	
	Avoidant Style	Ambivalent Style	Secure		X <sup>2</sup>	Sig.
Female	10	54	3	67	6.908	0.22
Male	5	78	0	83		
Total	15	132	3	150		

Fisher's Exact Test has been used for measuring the link between gender and attachment pattern. Table (8 ) display that there is no substantial association between gender and attachment pattern . ( $X^2 = 6.908$  ,  $P = .22$ ).

**Table (4-9): Association between marital status and attachment style.**

Marital Status	Attachment Style			Total	Fisher's Exact test	
	Avoidant Style	Ambivalent Style	Secure		X <sup>2</sup>	Sig.
Married	12	98	3	113	12.148	.043
Single	0	4	0	4		
Divorce	0	27	0	27		
Widow	3	3	0	6		
Total	15	132	3	150		

Fisher's Exact Test has been used for measuring the link between marital status and attachment style. Table (9 ) offer that there is a statistical substantial association between marital status and attachment style . ( $X^2 = 12.148$  ,  $P = .043$ ).

**Table (4-10): Association between address and attachment style.**

Residence	Attachment Style			Total	Fisher's Exact test	
	Avoidant Style	Ambivalent Style	Secure		X <sup>2</sup>	Sig.
Urban Area	11	82	1	94	1.850	.456
Rural Area	4	50	2	56		
<b>Total</b>	15	132	3	150		

Fisher's Exact Test has been used for measuring the link between address and attachment pattern. Table (10) display that there is no statistical substantial association between address and attachment pattern ( $X^2 = 1.850$ ,  $P = .456$ ).

**Table (4-11): Association between monthly income and attachment style.**

Monthly Income	Attachment Style			Total	Fisher's Exact test	
	Avoidant Style	Ambivalent Style	Secure		X <sup>2</sup>	Sig.
Enough	3	51	0	54	5.027	.229
Enough to Some Extent	11	63	3	77		
Not Enough	1	18	0	19		
<b>Total</b>	15	132	3	150		

Fisher's Exact Test has been used for measuring the link between monthly income and attachment style. Table (11) display that there is no statistical substantial association between monthly income and attachment pattern . ( $X^2 = 5.027$  ,  $P = .229$ ).

**Table (4-12) :Association between age group and overall psychological health.**

Age Groups	Overall Psychological Health			Total	Fisher's Exact test	
	Poor	Fair	Good		X <sup>2</sup>	Sig.
60 - 65 Years Old	6	68	26	100	5.772	.472
66 - 70 Years Old	4	22	7	33		
71 - 75 Years Old	2	10	4	16		
76 - 80 Years Old	0	0	1	1		
<b>Total</b>	12	100	38	150		

Fisher's Exact Test has been used for measuring the link between age group and overall psychological health. Table (12) display that there is no statistical substantial link between age group and overall psychological health.

(X<sup>2</sup> = 5.772 , P = .472).

**Table (4-13): Association between gender and overall psychological health.**

Gender	Overall Psychological Health			Total	Fisher's Exact test	
	Poor	Fair	Good		X <sup>2</sup>	Sig.
Female	8	48	11	67	6.584	.038
Male	4	52	27	83		
Total	12	100	38	150		

Fisher's Exact Test has been used for measuring the link between gender and overall psychological health. Table (13 ) shows that there is statistical substantial link between gender and overall psychological health.

(X<sup>2</sup> = 6.584 , P = .038).

**Table (4-14) :Association between marital status and overall psychological health.**

Marital Status	Overall Psychological Health			Total	Fisher's Exact test	
	Poor	Fair	Good		X <sup>2</sup>	Sig.
Married	7	72	34	113	8.604	.134
Single	1	3	0	4		
Divorce	3	21	3	27		
Widow	1	4	1	6		
<b>Total</b>	12	100	38	150		

Fisher's Exact Test has been used for measuring the link between marital status and overall psychological health. Table (14) display that there is no statistical substantial link between marital status and overall psychological health. ( $X^2 = 8.604$ ,  $P = .134$ ).

**Table (4-15): Association between address and overall psychological health.**

Address	Overall Psychological Health			Total	Fisher's Exact test	
	Poor	Fair	Good		X <sup>2</sup>	Sig.
Urban Area	9	64	21	94	1.669	.446
Rural Area	3	36	17	56		
Total	12	100	38	150		

Fisher's Exact Test has been used for measuring the link between address and overall psychological health. Table (15) display that there is no statistical substantial link between address and overall psychological health. ( $X^2 = 1.669$ ,  $P = .446$ ).

**Table (4-16) :Association between monthly income and overall psychological health.**

Monthly Income	Overall Psychological Health			Total	Fisher's Exact test	
	Poor	Fair	Good		X <sup>2</sup>	Sig.
Enough	1	40	13	54	7.925	.081
Enough to Some Extent	7	48	22	77		
Not Enough	4	12	3	19		
Total	12	100	38	150		

Fisher's Exact Test has been used for measuring the link between monthly income and overall psychological health. Table (16) shows that there is no statistical substantial link between monthly income and overall psychological health. ( $X^2 = 7.925$ ,  $P = .081$ ).

# *Chapter Five*

## *Discussion*

## **Chapter Five**

### **Discussion**

This chapter discusses the main results of this study, including the types of attachment among elderly and the level of psychological health. This chapter is also aimed to find the possible explanations to the link found between attachment style of elderly and their psychological health, as well the association between attachment style and some of elderly demographic variables. The possible explanations for the gender difference in respect to elderly attachment styles and psychological health are also discussed in this chapter.

#### **Part 1: Descriptive statistics of study variables**

##### **Descriptive statistics of older adults' sociodemographic information.**

Regarding older adults gender group, the findings of the recent study showed that elder males represent more than half percentage (55.3%) of the study sample comparing to the number of female older adults. This fact might be different from most of the recent and even old nursing literature in different countries. The results in table one also indicate that older adults were aged between 60-65 years represent 2/3 of the study sample . The findings of the current study revealed that the majority of the study sample (75.3%) were married, and the majority (62.7%) live in urban areas. Most of the participants reported that their financial income was fairly adequate(51.3%).

##### **Descriptive statistics of attachment styles of older adults.**

The findings of this research show that majority of the study(88%) of older adults had ambivalent attachment style and (10%) had avoidant attachment style and very low percentage (2.0%) represent secure style of attachment. According to attachment theory, attachment style is a stable personality feature that helps organize a person's thoughts, feelings, and

behaviors throughout life (Escolas et al., 2014). More persons have identified three distinct styles of adult attachment, usually labelled in the literature as secure, anxious/ambivalent, and avoidant (Milanov et al., 2013). According to attachment theory, our interpersonal patterns are ingrained throughout prolonged early life interactions with primary carers. On the other hand, these interpersonal patterns are posited to form how we perceive and respond to people and to our surroundings via the lifetime (Shorey & Snyder, 2006). Therefore, that could be one of the explanation behind the undesirable findings that show the lower percentage of elderly with secure attachment.

Several cultural and social factors could frame individuals' personality in their early age and extend to later in life. Studies have highlighted that attachment of the older adults is the continuity of the early attachment. The attachment pattern in early life would extend to adult life, even to the old period, throughout the inner mechanism developed in early social and parent-baby experiences. The patterns and distribution of the older adults' attachment correlate greatly to their various cultural backgrounds and economic status (Shunqin, 2015).

Researchers have found that early contextual stressors, generally defined (like father losing) are linked to self-report measures of unstable attachment patterns in puberty. Beyond contemporary influences, attachment styles are thought to have their roots in the quality of caregiving experiences throughout development social competence, and the quality of peer and friendship relations ( Fraley et al., 2013).

Studies have shown that there seem to be gender and possible age impacts on developing attachment pattern. In regards to gender , there is a trend towards attachment avoidance in women and attachment anxiety in men, both being linked with increased cortisol responsiveness to a stressor(Kidd et al., 2013). Other factors such as divorce, single parenting, life-threatening diseases within the family, paternal drug addiction, loss of

a close relative, and other unpleasant life experiences were all indicative of a change to attachment insecurity ( McConnell & Moss 2011).

### **Descriptive statistics of older adults' overall psychological health.**

In regard to the overall psychological health, the majority of elderly had good (25.3) and fair (66.7%) overall psychological health. In the mental domain the “feel of attached” as a factor that contributes to a successful capacity to cope, recover from strong mental stress, and prevention of trauma-related stress (Huber et al., 2011).

The majority of elderly individuals enjoy mental well-being that translate into increased quality of life, satisfaction, and contributions to society. However, some groups of elderly individuals show high prevalence of neuropsychiatric disorders that could be the reason behind the (8%) that showed poor psychological health (Jané-Llopis et al., 2008).

Mental health in later life combine several complex elements that may influence the well being of elderly such as individual functioning and group norms (Segal et al., 2018). Although the changes occur later in life is considered natural and acceptable among older adults which may keep the psychological health in good condition (Abdul Manaf et al., 2016). Social isolation also has significant implications for mental health in the elderly (Beaney et al., 2020).

Although many of social and cultural variables can have an explanation regarding the low percentage of poor mental health as these variables impact the psychological health and development of older adults. Variables include but not limited to socioeconomic factor, gender, unpleasant life events, physical well-being, race and ethnicity, and social support seem to be especially powerful effects (Wykle et al., 1993). Elderly are more likely to be at high risk for physical health problems. Some longitudinal studies provide evidence that poor physical health is one of the most important risk factors for mental illness in older adults (Luo et al., 2020).

Marital status is also an important determinant of mental health: widowed and divorced persons have poorer mental health (Buber & Engelhardt, 2006).

The findings of the recent study indicate that most of the elderly who participated in this study had moderate level in all the psychological health subscale (depression, anxiety, behavior control, and positive affect). Researchers who targeted the same health phenomenon have highlighted that anxiety is a common psychiatric condition in elderly people (Pary et al., 2019). According to the literature, about 20% of the world's older adults, aged sixty years and more, suffer from mental troubles, with the most popular psychiatric problems being anxiety (Abdul Manaf et al., 2016).

The prevalence ranges from 15% to 56% (Ismail et al., 2015). Researchers have identified many factors and risk factors that increase the risk for mental health problems in older adults. Aging is related with anxiety-related biological risk factors (such as: hormones and neuronal function) and exposure to age specific psychosocial effects (such as: lonely, physical sickness, and handicap or cognitive impairment) (Hellwig & Domschke, 2019).

Psychological risk factors include: external locus of control and poor coping strategies, which might raise the risk for mental health problems (Gellis et al, 2014). Furthermore, several research identified stressful events and some research found sociodemographic factors as factors increase the vulnerability for mental health problems (Vink et al., 2008). Neuroendocrinology and hormones and neural networks factors that influence anxiety in elderly (Hellwig & Domschke, 2019).

Depression is also a common mental disorder in older adults (Li et al. , 2011). Several studies have shown that there are factors that could explain the levels of depression among elderly. Factors such gender, marital status, education , level of income, and place of residence are found to be significantly linked with depression among elderly

( Mohd et al.,2003). Among elderly people, chronic diseases, restricted mobility, bereavement, elderly abuse, isolation are major risk factors for depression (Pilania et al., 2019). Biological Risk Factors: Cognitive impairment and dementia , vascular disorders , and endocrinal disorders. Furthermore, personality traits and using ineffective coping mechanisms are also factors can explain the risk for depression among elderly as a vulnerable group Mechanism (Mendes, 2014).

Perceived control by elderly also plays an important role for health and well-being throughout the lifetime. It is related to performance in multiple areas and may protect some of the harmful impacts of aging (Robinson & Lachman, 2017). Some research on anger management in older adults suggests that different aspects of hostility may relate to age in different ways (Clément et al., 2020). There are some signs that elderly people report, which is less levels of experienced anger in their daily lives than their younger adults. lifetime experience may lead to better affection regulation, and propose that as a result in less frequent experience of unpleasant affect among elderly people. Using effective coping mechanisms in this age is linked to improvement in affectional control include: selective inhibition of unpleasant affections like anger, good matching of organizational strategies to various stressful situations, and using positive reappraisal when experiencing unpleasant situations (Phillips et al., 2006).

Older adults display more perseverative behavior ( Ridderinkhof et al., 2002). Healthy behaviors help reduce the severity and risk of disease recurrence, improve the quality of life, and extend life expectancy (Wu & Lu,2017). The approach to an aggressive older person depends on the severity of the aggression and the related risk to the person or to others (Cohen, 2003). Conflictual facing elderly in their social and personal circumstances could increase their life experiences and raise their level of

behavior control, in turns results in a matured socioemotional outlook . (Schieman, 1999).

Individuals' affect, positive or negative, is a wide psychological construct that refers to mood and affectional states related to what individual feel in response to what is happening (Rosi et al., 2019). The finding of the recent study in regard to positive affect could be explained by several elements of elderly lives. Part of these life elements are vitality and positive characteristics, like life satisfaction, hope, and positivity are found to be positively associated with better psychological health (Zhang & Han, 2016). The positivity effect refers to a relative preference in older adults (compared to younger adults), as it is related to the cognitive processing that elderly use more wisely (Reed & Carstensen, 2012).

To support the recent results regarding affect, one of the explanation could be the ability of elderly in changing negative outcome. Adults are effective at diminishing negative affective conditions and optimizing emotionally meaningful life situations (Bishop et al., 2011). More recent studies have presented a more positive view of the emotional life of elderly. Elderly are more likely to remain in positive affective states and avoid unpleasant affectional states throughout time than younger adults (Isaacowitz & Smith, 2003). Persons with high positive affect are more likely to engage in social activities, successfully cope with stressful situations , and feel in control of their lives(Ostir et al., 2004). Several researches have appeared that emotional responses to positive and negative stimuli vary with time. The socioemotional selectivity theory relates this change to some personal factors, such as increasing age and life expectancy, which make elderly better equipped to regulate their emotion states and organize their abilities to manage positive and negative affective states in order to prevent negative emotion reactions (Rosi et al., 2019).

**Part II : Correlation between attachment pattern and psychological health of older adults**

Most of the reviewed literatures highlighted that attachment style of individuals links significantly to their mental health. Attachment pattern moderates the mental health outcomes of individuals (Woodward, 2013). Despite that assumption, the recent findings did not show statistical significant relationship between both variables. The difference between the recent finding and the expected based on previous literature could be explained by several personal and social factors related to elderly people. There are several factors influences on the psychological health of older adults. Studies have found mental health to be a strong correlate of physical Health (Ohrnberger et al., 2017).

“Mental health has influence on physical health and vice versa. Elderly with physical health problems like cardiac illness have higher rates of depression than those who are good health” (WHO, 2017).

Therefore, this could be one of the explanations behind not finding relationship between attachment and psychological health. Compared with elderly male, elderly female are more likely to experience common mental troubles like depression and anxiety, although the gender gap is smaller than it is at younger ages (Kiely et al., 2019).

Differences in gender-linked social roles and relationships between nations can result in various gendered styles on psychological health. Plus to gender variations, which researchers have almost globally noted in regard to the spread of mental illness, predictors of psychological health can also be gendered (Jeon et al., 2007). Another explanation could be related to personal factors of elderly. Persons' attitudes, motivations, and beliefs effect perceptions of diseases and disability, person differences in subjective health might play significant role for psychological well-being in later life (Cho et al., 2011). Hence, the attachment style of elderly was not as strong influence as these personal factors to show the significant

relationship. Furthermore, there are many cultural factors that have potential to influence mental health (Torres & Mata-Greve, 2020), cultural diversity across the world has significant impacts many aspects of mental health (Gopalkrishnan, 2018).

### **Part III: Differences between gender in respect to their overall psychological health.**

The findings of the recent study that male elderly had better psychological health than female. Researchers have found that adult women are significantly lower general mental health compared to men (Sialino et al., 2020). This difference could be explained by some personal factors, such as genetic and biological factors that play some role in the higher prevalence of depressive and anxiety among women (WHO, 2002). Negative social and economic repercussions arise direct and indirect from the burden of psychological illness amongst females. Direct influence include disability, decreased life expectancy, and poverty could have more influence on female than male elderly. Women's psychological health is shaped by structural inequalities of wealth and power. The determinants of psychological illness can have significant influence on both male and female; however, female at higher risk when experience these determinants. First, social inequalities: poverty, social exclusion, racism and geography. Second, adverse life experiences: intergenerational trauma, racism, and violence, and abuse. Third, gender expectations (Duggan, 2016). Research reveals some social explanations for gender inequalities in mental health outcomes in later life, including socio-economic factors (such as financial resources) and psycho-social factors (such as critical life events and social support) ( Hamilton et al., 2021). However, mental health problems in the elderly are the result of a complex interaction of social, psychological, and biological factors(Abdul Manaf et al., 2016).

**Part IV: Association between attachment style and older adults' marital status**

The findings of the recent study highlighted a significant association between attachment style and the marital status of elderly. Married individuals are usually show more ambivalent attachment than divorce or unmarried. The importance of attachment pattern in relations is emphasized via many aspects of relation functioning with which it is connected. Perhaps, the most important aspect of relation functioning is relation satisfaction. Increasing research studies have propose that among persons living with partner , attachment pattern is a significant predictor of relation satisfaction.

Secured individuals described their partner relations as especially happy, friendly, and trustworthy; avoidant individuals were characterized via a afraid from romantic relations; and ambivalent individuals experienced obsession relation, affective highs and lows, and intense sexual desire (Novak et al., 2017). Secured attached of married adult rates their life experiences as joyful, trustworthy, and emphasizing being supportive and accepting of their partners.

Attachment styles have been related to husbands' and wives' self-reported marital satisfaction(Meyers and Sarha , 2002). Researches seem to propose that attachment pattern of the persons play a crucial role in marital relations. In marriage, securely attached person tend to report greater levels of marital satisfaction than adults with insecure attached (Özmen & Atik, 2010). A married person's self-evaluation, partner-evaluation, and the relation planes in his mind vary depending on the attachment patterns formed in child and babyhood and carried into adolescent and puberty. Attachment patterns can impact on the relation between marital adjustment and mental symptoms via acting as a moderator variable in this relation (Koruk, 2017).

Attachment style is a major factor in creating a healthy and strong marriage relationship with a high level of marital satisfaction (Hongo, 2019). Researchers believe that attachment theory is a significant and prominent theory for the realization of intimate relations of adults including the relations between spouses (Farnoush et al., 2018). Attachment styles are one of the effective factors in marital adjustment. They predict marital quality and attitude toward intimate relationships (Sivandian & Besharat, 2019). Safe attachment patterns predict availability, reliability, and a corresponding increase in marital satisfaction, while attachment-linked insecurity leads to increased relationship dissatisfaction (Teal, 2018).

# *Chapter Six*

## *Conclusion & Recommendation*

## **Chapter Six**

### **Conclusion & Recommendations**

#### **6.1. Conclusion**

1- Despite that the recent findings did not show statistical relationship between attachment styles and psychological health.

2-The results indicate that very low percentage of older adults had secured attachment and low percentage had good psychological health. This results can draw a conclusion that aging has negative influence on both attachment style and the psychological health of elderly people.

3-Moreover, the attachment style of both, male and female elderly, is influence equally by their age; however.

4-female elderly are more likely to be at higher risk for poor psychological health compared to male elderly.

#### **6.2. Recommendation**

1. Improve communication between elderly and their families to enhance their emotional and psychological health.

2. Effective Psychoeducational programs to maximize the ability of elderly to cope with attachment-related stress and anxiety.

3. Train nurses to provide age-appropriate nursing care services to minimize the risks of mental health of elderly in primary health care centers and nursing college.

4. Future research focus on the factors related to the psychological health of older adults.

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# *Appendices*

## Appendix: A

### Content Experts

ت	الاسم	الدرجة العلمية	عدد سنوات الخدمة	مكان العمل	الاختصاص الدقيق
1.	د. سجاد هاشم محمد	أستاذ متمرس	41 سنة	جامعة بابل / كلية التمريض	تمريض الصحة النفسية والعقلية
2.	د. امين عجيل ياسر	أستاذ	30 سنة	جامعة بابل/ كلية التمريض	تمريض صحة الاسرة والمجتمع
3.	د. حسن علوان بيعي	استاذ	38 سنة	كلية الحلة الجامعة	طب الاسرة والمجتمع
4.	د. سلمى كاظم جهاد	أستاذ	38 سنة	جامعة بابل/ كلية التمريض	تمريض صحة الأسرة والمجتمع
5.	د. عبد المهدي عبد الرضا	أستاذ	41 سنة	جامعة بابل/ كلية التمريض	تمريض الصحة النفسية والعقلية
6.	د. حسين جاسم محمد	استاذ	29 سنة	جامعة بابل/ كلية التمريض	تمريض صحة الاسرة والمجتمع
7.	د. حسن علي حسين	أستاذ مساعد	13 سنة	جامعة بغداد/كلية التمريض	تمريض الصحة النفسية والعقلية
8.	د. قحطان قاسم محمد	استاذ مساعد	12 سنة	جامعة بغداد/كلية التمريض	تمريض الصحة النفسية والعقلية
9.	د. ناجي ياسر سعدون	استاذ مساعد	33 سنة	جامعة بابل/كلية التمريض	تمريض صحة الاسرة والمجتمع
10.	د. صافي داخل نوام	استاذ مساعد	15 سنة	جامعة كربلاء/كلية التمريض	تمريض الصحة النفسية والعقلية
11.	د. كوثر سلمان داوود	مدرس	14 سنة	المعهد الطبي التقني/ بغداد	تمريض الصحة النفسية والعقلية
12.	د. علي احمد الحطاب	مدرس	10 سنة	جامعة بابل/ كلية التمريض	تمريض الصحة النفسية و العقلية
13.	د. ازهر عباس العلاق	طبيب اختصاص	33 سنة	دائرة صحة بابل/ مركز التأهيل	علم نفس
14.	د. بيداء عبد الكريم اسماعيل	دكتوراه تمريض	29 سنة	مدينة الطب	تمريض الصحة النفسية والعقلية

## Appendix: B

### Study Instrument

تحية طيبة:

المشاركين الكرام: تحية طيبة

يروم الباحث الى دراسة تأثير نمط التعلق على الصحة النفسية للبالغين، لذلك التمس منكم المشاركة في مليء الاستمارة الاستبائية المرفقة والتي تحتوي على اسئلة تتعلق بموضوع الدراسة. الرجاء قراءة المعلومات بدقة والاجابة على جميع فقرات الاستمارة، علما ان مشاركتكم في مليء الاستمارة طوعية ويمكنكم الانسحاب من المشاركة في الدراسة في اي وقت.

**ملاحظة:** هذه الاستمارة الاستبائية اعدت فقط لاغراض البحث العلمي ولاحتوي على اسم للمحافظة على خصوصية المشارك.

#### الجزء الاول: المعلومات الشخصية

الجنس:  ذكر  انثى

المهنة: .....

العمر: .....

الحالة الزوجية:  متزوج  اعزب  ارمل  مطلق

السكن:  حضر  الريف

الحالة الاقتصادية:  يكفي  يكفي الى حد ما  لا يكفي

#### الجزء الثاني: مقياس نمط التعلق

لطفا قراءة العبارات التالية لتحدد أي منها تعبر عن شعورك تجاه نفسك او الاخرين و بماذا تشعر بشكل عام.

ت	الفقرات	لا اوافق بشدة	لا اوافق	لا اعلم	اوافق	اوافق بشدة
1	اواجه صعوبة بان اكون قريب من الاخرين					
2	لا اشعر بالتردد او الحرج من مناقشة مشاكلي مع الاخرين					
3	انا قلق من احتمالية ان اكون وحيدا					
4	ليس من اهتماماتي التعلق بالآخرين					

					5	من السهل علي أن أكون قريبا عاطفيا من الآخرين
					6	في بعض الأحيان أشعر بأنني قريب من الآخرين ولكن بعد ذلك شيء ما يبعدني عنهم
					7	لا افضل ان يقترب الناس مني
					8	اجد انه من السهل جدا الاعتماد على الآخرين
					9	اشعر بالقلق من تخلي الآخرين عني
					10	لا اهتم اذا لم يتقبلني الآخرين
					11	افضل التعبير عن ما أشعر به للآخرين
					12	أشعر بالضيق عندما يكون الناس غير موجودين عندما احتجهم
					13	اسحب نفسي كي لا أكون قريب جدا من الآخرين
					14	اجد الناس جديرين بالثقة
					15	اشعر بالاكتئاب اذا كان الشخص القريب مني غير موجود عند الحاجة اليه
					16	عادة ما أكون غير راغب في الاقتراب من الناس
					17	عادة ما اناقش مشاكلي مع اقاربي و اصدقائي
					18	اقلق إذا أهملني الآخرون
					19	في اللحظة التي يبدأ فيها شخص ما في الاقتراب مني ، أجد نفسي أبتعد عنه
					20	اتشارك كل شيء تقريبا مع الاشخاص القريبين مني
					21	اشعر بالاكتئاب عندما لا يكون اقربائي حولي بقدر ما أرغب
					22	لا اهتم اذا كان الاشخاص القريبين مني يودونني ام لا
					23	اجد من السهولة بان اكون قريب من الآخرين
					24	اشعر بالقلق في بعض الاحيان من انني سوف اتأذى اذا سمحت لنفسي بالاقتراب كثيرا من الآخرين
					25	اشعر بالراحة بغض النظر من وجود الناس معي أم لا
					26	أشعر بالخجل من مشاركة اشياي مع الآخرين
					27	اتضايق او انزعج في حال الاحتفاظ بعلاقتي مع الآخرين

### الجزء الثالث : مقياس الصحة النفسية

تتمحور الاسئلة التالية حول ماشعرت به وكيف كانت الامور بالنسبة اليك خلال الاسابيع الاربعة الماضية، الرجاء الاجابة على جميع الاسئلة باختيار الاجابة التي تنطبق عليك اكثر من غيرها قراءة العبارات بشكل جيد والاجابة بعلامة (✓) امام الخيارات التي تنطبق اكثر مع ماشعرت به خلال الاربعة اسابيع الماضية

ت	الفقرات	كل الوقت	اغلب الاحيان	بعض الاحيان	ابدا
1.	هل كانت حياتك اليومية مليئة بالاحداث المثيرة للاهتمام بالنسبة لك؟				
2.	هل شعرت بالاكئاب؟				
3.	هل شعرت بانك شخص محبوب او مرغوب فيه؟				
4.	هل كنت شخصا "عصبي جدا؟				
5.	هل كانت لديك سيطرة تامة على سلوكك وأفكارك وعواطفك او مشاعرك؟				
6.	هل شعرت بالتوتر؟				
7.	هل شعرت بالهدوء والطمأنينة؟				
8.	هل شعرت بالاستقرار العاطفي او النفسي؟				
9.	هل شعرت بانك مشغول البال وحزين؟				
10.	هل كانت لديك القدرة على الاسترخاء بدون صعوبة؟				
11.	هل شعرت بالاضطراب او التملل او الجزع؟				
12.	هل كان مزاجك متقلبا او غير مستقرا تجاه الاشياء؟				
13.	هل شعرت بالبهجة او مرتاح البال؟				
14.	هل كانت معنوياتك متدنية منخفضة جدا؟				
15.	هل كنت شخصا سعيدا؟				
16.	هل شعرت بانه لا يوجد لديك اي شيء تتشوق اليه او تتطلع الى تحقيقه؟				
17.	هل شعرت بالاحباط لدرجة لا شيء يمكن ان يرفع معنوياتك؟				
18.	هل شعرت بالقلق او الخوف؟				

## Appendix: C

### Approval of Research Ethics Committee

University of Babylon

College of Nursing

Research Ethics Committee

Issue No: 20

Date: 16 / 2 / 2021



جامعة بابل  
مجلسية التمريض  
لجنة الاخلاقيات البحث العلمي

### Approval Letter

To,

*Weli Hatif Mohammed*

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled "**Effects of Attachment Styles on the Psychological Health of Older Adults.**"

The Following documents have been reviewed and approved:

1. Research protocol
2. Research Instrument/s
3. Participant informed consent

#### Committee Decision.

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

*Dr. A*

Prof. Dr. Salma K. Jehad  
Chair Committee  
College of Nursing  
Research Ethical Committee  
/ / 2021

# Appendix: D

## Linguists Certification



Ref. No.:

Date: / /



كلية التربية الاساسية  
شعبة الموارد البشرية  
الاصدارية

العدد: ٨١٠٥

التاريخ: ٢٠٢١/٩/١٤

الى/ جامعة بابل/ كلية التمريض/ لجنة الدراسات العليا

نهديكم أطيب التحيات ...

م/ تقويم لغوي

كتابكم ذو العدد ٢٦٨٩ في ٢٠٢١/٩/١٤، نعيد اليكم رسالة طالب الدراسات العليا/ الماجستير (ولي هاتف محمد) والموسومة بـ (اثر انماط التعلق على الصحة النفسية لكبار السن) بعد تقويمها لغوياً واسلوبياً من قبل (م.د.احمد روضان سلمان) وهي صالحة للمناقشة بعد الأخذ بالملاحظات المثبتة على متنها.  
للتفضل بالتسلم ... مع الاحترام

// المرافقات //

- رسالة ماجستير.
- إقرار المقوم للغوي.

أ.د. أسامة عبد الكاظم مهدي  
معاون العميد للشؤون العلمية

٢٠٢١/٩/١٤

الدراة  
حسام عباس داود  
معاون العميد لشؤون المسير  
نسخة منه الى //

- مكتب السيد العميد المحترم ... للتفضل بالاطلاع مع الاحترام.
- م.د.احمد روضان سلمان .. للعلم لطفاً.
- الشؤون العلمية.
- الصادرة.

## الخلاصة:

**المقدمة:** التعلق هو رابطة عاطفية تربط شخص بأخر، حيث تم تحديد ثلاثة أنماط للتعلق وهم التعلق الآمن و نمط التعلق المتجنب والتعلق القلق او المتناقض، كذلك أظهرت الدراسات السابقة أن أنماط التعلق هي جوانب مهمة للرفاه النفسي للمسنين ونوعية علاقاتهم مع الآخرين.

**أهداف الدراسة:** تهدف هذه الدراسة إلى قياس العلاقة بين أنماط التعلق والصحة النفسية لكبار السن

**منهجية البحث:** تم استخدام تصميم دراسة وصفي ارتباطي لتحديد انواع انماط التعلق عند كبار السن ولايجاد العلاقة مع صحتهم النفسية، حيث تم استخدام عينة ملائمة من ( 150 ) مشاركا من كبار السن نك جمعهم من مستشفيات بابل التعليمية وتم استخدام مقياسين منفصلين لتحقيق أهداف الدراسة هما مقياس انماط التعلق المتكون من 27 فقرة و مقياس الصحة العقلية المتكون من 18 فقرة (MHI-18).

**نتائج الدراسة:** نتائج الدراسة توصلت إلى أن (88%) من كبار السن لديهم أسلوب ارتباط متناقض، وأن الغالبية يتمتعون بصحة نفسية وسط حوالي (67%)، فيما يتعلق بالمقياس الفرعي للصحة النفسية ، كان لدى معظم كبار السن مستوى معتدل من (القلق ، والاكتئاب ، والتحكم السلوكي ، والتأثير الإيجابي). لم تظهر النتائج علاقة إحصائية بين نمط التعلق والصحة النفسية.

**الاستنتاجات والتوصيات:** على الرغم من ان نسبة قليلة من كبار السن يعانون من ضعف في الصحة النفسية ولكن اشارت النتائج أيضا إلى أن كبار السن هم أكثر عرضة لامتلاك نمط تعلق غير الآمن، مما قد يؤثر على الرفاه النفسي لكبار السن، لذلك يوصى بتحسين التواصل بين كبار السن وأسرهم لتعزيز صحتهم العاطفية والنفسية وتعظيم قدرتهم على التعامل مع الإجهاد النفسي المرتبط بالتعلق.



وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

## أثر أنماط التعلق على الصحة النفسية لكبار السن

رسالة مقدّمة

الى مجلس كلية التمريض في جامعة بابل  
كجزء من متطلبات نيل درجة الماجستير علوم في

التمريض

جامعة بابل

ولي هاتف محمد

باشراف

أ.م.د. حيدر حمزة علي

ربيع الثاني 1443

تشرين الثاني 2021