

ATTACHMENT RELATIONSHIPS, NEGATIVE AUTOMATIC THOUGHTS AND PSYCHOLOGICAL PROBLEMS AMONG LATE ADOLESCENTS IN RAWALPINDI, PAKISTAN

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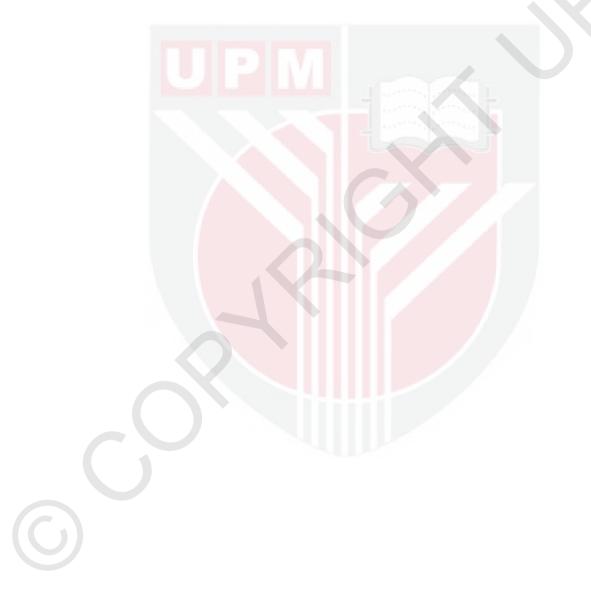


Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfilment of the Requirements for Degree of Doctor of Philosophy

November 2019

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Doctor of Philosophy

ATTACHMENT RELATIONSHIPS, NEGATIVE AUTOMATIC THOUGHTS AND PSYCHOLOGICAL PROBLEMS AMONG LATE ADOLESCENTS IN RAWALPINDI, PAKISTAN

By

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November 2019

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The foundations for a prospect of a healthy development are established during adolescence. Secure attachment relationships with parents and peer play a significant role in adolescent positive development. However, problems with attachment relationships may result in negative automatic thoughts and psychological problems among adolescents. Nevertheless, the mechanism through which attachment relationships predict psychological problems via negative automatic thoughts has seldom been investigated, specifically in the Pakistani context. Moreover, similar and distinct etiological factors for psychological problems among males and females remain understudied. This study thus, investigated the mediating effect of negative automatic thoughts in the association between attachment relationships (maternal, paternal and peer) and psychological problems (depressive and anxiety symptoms), and the moderating effect of sex among late adolescents in Pakistan. Bowlby's attachment theory and Beck's cognitive theory were integrated to understand such mechanism among the study variables. A total of 936 participants (males=423, females=513) aged 17 to 19 were identified from the government colleges of Rawalpindi, Pakistan through multistage cluster sampling. Self-administered questionnaires including the Inventory of Parent and Peer Attachment-Urdu (IPPA-Urdu; Zafar, 2009), Depression, Anxiety, Stress Scale-Urdu (DASS-Urdu; Zafar, 2014), and Automatic Thoughts Questionnaire (ATQ-Urdu: Hashmi, 2012) were used to assess perceptions about attachment relationships, symptoms of depression and anxiety, and level of negative automatic thoughts. The preliminary statistics of the constructs including the means, standard deviations, minimum, maximum, frequencies, correlation and t-test were reported. Structural equation modelling was applied (AMOS-23 software) to test the models



illustrating the hypothesised linkages. All the measures were validated through confirmatory factor analysis and measurement model. Results from the present study indicated that the direct and indirect models achieved appropriate goodness-of-fit. Paternal and peer attachment were found to be negatively related to depressive symptoms. In contrast, negative automatic thoughts were positively associated with depressive and anxiety symptoms. Further, maternal, paternal, and peer attachment were all negatively related to negative automatic thoughts. Bootstrap analysis showed that negative automatic thoughts fully mediating the associations of maternal and peer attachment with depressive and anxiety symptoms, paternal attachment with anxiety symptoms, whereas, partially mediated the link between paternal depressive attachment and symptoms. The multi-group analysis demonstrated the moderating effect of sex in the mediation model. Overall, the results show that, for males, paternal and peer attachment play a significant role in determining and maintaining their psychological health. While for females, insecure maternal, paternal and peer attachment trigger negative automatic thoughts, which in turn, bring about psychological problems. The study provides greater insight and understanding of the integration of attachment and cognitive theories. Additionally, the study advances understanding of the role of attachment relationships in the development of positive cognitions during late adolescence and underscores that secure attachment relationships with parents and peer are required for the psychological health of late adolescents in Pakistan. Thus, the findings of this study can be helpful to educator, policy makers, practitioner and clinician to develop better intervention and prevention plan for youngsters. The findings help adolescents and parents to improve mental health by improving their communication and interpersonal relationships.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

HUBUNGAN PERAPATAN, PEMIKIRAN AUTOMATIK NEGATIF DAN MASALAH PSIKOLOGI DI KALANGAN REMAJA DI RAWALPINDI, PAKISTAN

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Perubatan dan Sains Kesihatan

Asas prospek pembangunan yang sihat hendaklah dipupuk pada zaman remaja. Hubungan perapatan dengan ibu bapa dan rakan sebaya memainkan peranan signifikan dalam perkembangan positif remaja. Walaubagaimanapun, masalah dengan hubungan perapatan mungkin menyebabkan pemikiran automatik negatif dan masalah psikologi di kalangan remaja. Namun begitu, mekanisma hubungan perapatan meramalkan masalah psikologi melalui pemikiran automatik negatif kurang diteliti, khususnya dalam konteks Pakistan. Selain itu, faktor etiologi yang sama dan berbeza dalam masalah psikologi di kalangan lelaki dan perempuan masih belum dikaji dengan lebih mendalam. Oleh itu, kajian ini meneliti kesan perantaraan pemikiran automatik negatif dalam perhubungan antara hubungan perapatan (ibu, bapa dan rakan sebaya) dan masalah psikologi (gejala depresi dan kebimbangan), serta kesan perantaraan jantina di kalangan remaja di Pakistan. Teori perapatan Bowlby dan teori kognitif Beck diintegrasikan untuk memahami mekanisma dalam kalangan pembolehubah kajian. Seramai 936 peserta (lelaki = 423, perempuan = 513) berumur 17 hingga 19 tahun dikenalpasti dari kolej-kolej kerajaan di Rawalpindi, Pakistan melalui pensampelan kluster. Soal selidik yang diselia sendiri termasuklah Inventori Perapatan Ibubapa dan Rakan - Urdu (IPPA-Urdu; Zafar, 2009), Skala Depresi, Kebimbangan, dan Stress -Urdu" (DASS-Urdu; Zafar, 2014), dan Pemikiran Automatik (ATQ-Urdu; Hashmi, 2012) digunakan untuk menilai persepsi mengenai hubungan perapatan, gejala depresi dan kebimbangan, dan juga tahap pemikiran automatik negatif. Statistik awal konstruk termasuk purata, sisihan piawai, minima, maksima, frekuensi, korelasi dan ujian-t dilaporkan. Pemodelan persamaan berstruktur (perisian AMOS-23) digunakan untuk menguji model yang menggambarkan hubungan hipotesis. Semua langkah telah disahkan dengan menggunakan faktor analisis pengesahan dan model pengukuran. Keputusan dari kajian ini menunjukkan bahawa model langsung dan tidak langsung mencapai "goodness of fit". Perapatan bapa dan rakan sebaya didapati berhubung secara negatif terhadap gejala depresi. Sebaliknya, pemikiran automatik negatif adalah dikaitkan secara positif dengan gejala depresi dan kebimbangan. Selanjutnya, perapatan ibu, bapa dan rakan semuanya berkaitan secara negatif dengan pemikiran automatik negatif. Analisis Bootstrap menunjukkan bahawa pemikiran automatik negatif menjadi perantara sepenuhnya perhubungan di antara perapatan ibu dan rakan sebaya dengan gejala depresi dan kebimbangan, serta perapatan bapa dengan gejala kebimbangan. Namun begitu, analisis Bootstrap turut menunjukkan bahawa pemikiran automatik negatif sebagai perantara separa dalam hubungan antara perapatan bapa dan gejala depresi. Analisis multikelompok menunjukkan adanya perantaraan hubungan kesan jantina dalam model pengantaraan. Secara keseluruhannya, keputusan menunjukkan bahawa, dalam kalangan remaja lelaki, perapatan dengan bapa dan rakan sebaya memainkan peranan signifikan dalam menentukan dan mengekalkan kesihatan psikologi mereka. Manakala bagi remaja perempuan, perasaan tidak selamat terhadap ibu, bapa dan rakan sebaya mencetuskan pemikiran automatik negatif, yang membawa kepada masalah psikologi. Kajian ini memberikan pemahaman yang lebih mendalam terhadap integrasi perapatan dan teori kognitif. Selain itu, kajian ini juga meningkatkan kefahaman terhadap peranan hubungan perapatan dalam perkembangan kognisi positif sewaktu akhir remaja dan menggariskan bahawa hubungan perapatan yang selamat dengan ibu bapa dan rakan sebaya diperlukan untuk kesihatan psikologi di kalangan akhir remaja di Pakistan. Oleh itu, penemuan kajian ini dapat membantu pendidik, pembuat dasar, pengamal dan serta doktor untuk membangunkan pelan campur tangan dan pencegahan yang lebih baik untuk anak-anak muda. Penemuan ini juga diharapkan dapat membantu remaja dan ibu bapa untuk meningkatkan kesihatan mental dengan meningkatkan hubungan komunikasi dan interpersonal mereka.

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CHAPTER 1

INTRODUCTION

This chapter begins with the background of the current study which focuses on the psychological problems of late adolescents in Pakistan. The statement of the problem is presented next, followed by the theoretical background that guided this study and research questions. The succeeding sections present the conceptual framework, general and specific study objectives, as well as the hypotheses and hypothetical model. The chapter ends with the significance of the study and definitions of key terms.

1.1 Background of the Study

Depressive and anxiety symptoms are common psychological problems in most societies. According to the World Health Organization (2017), depression (7.5%) is the topmost contributor, while anxiety (3.4%) is the sixth largest contributor to worldwide mental disability. Depressive and anxiety symptoms are more prevalent among adolescents (Bhatia & Goyal, 2018; Twenge, Joiner, Rogers, & Martin, 2017). About 20% of adolescents are suffering from these psychological problems, which are among the leading causes of worldwide burden of disease for young individuals in the adolescence stage (United Nations International Children's Emergency Fund [UNICEF], 2011; World Health Organization [WHO], 2012). However, in South East Asian countries the situation is more problematic. Specifically, depressive and anxiety symptoms in these countries often remain untreated and undiagnosed during adolescence because of the limited access to psychiatry and psychological services; notwithstanding the societal stigma attached to these psychological health issues (WHO, 2017). This highlights the need to understand psychological problems among adolescents and their causal factors in Asian countries.

Adolescence is a critical developmental stage of life comprising the early. middle and late developmental stages. Among these, late adolescence, being a transitory period before adulthood, is important. During late physical and psycho-social changes are adolescence. rapid and simultaneously occurring (Marshall & Henderson, 2014; UNICEF, 2011). These metamorphoses are either positive or negative depending upon how adolescents acclimate with them. If adaptation is positive, then adolescents have high self-esteem and self-efficacy, positive identity development, good academic performance, and are well-adjusted psychologically and socially (Flueckiger, Lieb, Meyer, Mata, 2014; Hoyt, Chase-Lansdale, McDade, & Adam, 2012; Luan, Poorthuis, Hutteman, Denissen, van Aken, 2017; Topolewska-Siedzik, & Cieciuch, 2018). On the other hand, poor adaptation to these developmental changes may cause adolescents to remain in a state of confusion and worry that could later result in psychological problems such as depressive and anxiety symptoms (Berg, Kiviruusu, Karvonen, Rahkonen, & Huurre, 2017; Maughan, DPhil & Stringaris, 2013; Naicker et al., 2012). In addition, WHO (2016) reported that depressive and anxiety symptoms are among the major causes of disability-adjusted life years (DALYs) in late adolescents of all regions, particularly in developing countries.

Besides, epidemiological studies have estimated that symptoms of depression and anxiety often escalate during late adolescence (Baxter, Vos, Scott, Ferrari, & Whiteford, 2014; Hankin et al., 2015; Ohannessian, Milan, & Vannucci, 2017). The prevalence of depressive symptoms in late adolescents in different countries has been reported to be 5.67% in Greece (Magklara et al., 2015), 31.9% in India (Waghachavare et al., 2016), 18.4% in Iran (Masjedi, 2018), and 17.7% in Malaysia (Kaur et al., 2014). However, in Pakistan, statistical data on the population-based prevalence of mental health problems among late adolescents are scarce; though, studies have reported that the psychiatric morbidity of depressive symptoms among adolescents in different cities range from 26% to 72% (Alwani, Kanpurwala, Noori, & Punjwani, 2016; Khalid, 2014; Zubair & Ali, 2015). On the other hand, the prevalence rate of anxiety symptoms in late adolescents across different nations has been estimated to be 38.7% in India (Waghachavare et al., 2016), 2.3% to 24.4% in Iran (Mohammadi et al., 2019), 29% in Malaysia (Shamsuddin et al., 2013), 14.1% in China (Jin, He, Kang, Chen, Lu, Ren, et al., 2014), and 21% to 24.5% in Pakistan (Ahmad & Bano, 2013; Khalid, 2014). Indeed, these data underscore the high prevalence rates of depressive and anxiety symptoms in Asian societies particularly Pakistan, which call for an investigation of their causes within this region.

The high prevalence of depressive and anxiety symptoms among youngsters is debilitating to societies. Consequently, the WHO (2014) has advised nations to spend on adolescents to create a better society as they are important social actors. The present study thus focused on adolescents of Pakistan who are deemed important assets as they are expected to shape the future of the nation. Pakistan is the sixth most populous country (US Census Bureau, 2012), containing 41.3% youngsters under 30 years of age (Pakistan Bureau of Statistics [PBS], 2017). Additionally, 22% to 60% of the population in Pakistan is suffering from depression and anxiety (Ahmed et al. 2016). Although these psychological problems are prevalent among adolescents, influence their daily functioning and are among the leading causes of suicide, little work has been done in understanding the reasons for these problems (Araa, 2018; Naveed, Qadir, Afzaal, & Wagas, 2017; Qidwai, Ishague, Shah, & Rahim, 2010; Valika & Jalbani, 2004). The WHO Mental Health Atlas (2014) reported that Pakistan is spending 0.01 dollars per capita on mental health annually. Furthermore, there are only four child and adolescents psychiatrists available to address the needs of children and adolescents in the country (Younus, 2017). In the period 1993-2004, there were only 108 publications on psychological health (Irfan, 2011). Overall, these facts indicated poor mental health conditions in Pakistan. However, in order to prevent adolescents from developing depressive and anxiety symptom, it is deemed necessary to understand the underlying factors that contribute to psychological problems among Pakistani adolescents.

For the past two decades, numerous studies have been conducted to understand the etiology of depressive and anxiety symptoms among adolescents. Specifically, socio-economic status, parent-child relationship, poor educational performance, parental conflict, low parental education, parenting styles, ethnicity, religious affiliation, family environment, mental health of caretaker and attachment relationship (Kamberi, Hoxha, Shala, Shahini, & Vehapi, 2018; Kosutic et al., 2017; Sajjadi, Kamal, Rafiey, Vameghi, Forouzan, & Rezaei, 2013; Stratton et al., 2014) have been identified as some of the main risk factors for the psychological problems of adolescents. Recent developments suggest that most of adolescents' problems arise from their immediate environment such as parents and peers (Pan, Zhang, Liu, Ran, & Wang et al., 2016; Yap et al., 2016). Therefore, the need to study the associations between adolescents' attachment relationships and psychological problems must be addressed (Mikulincer & Shaver, 2012; WHO, 2014).

Attachment relationship is one of the substantial elements in the development of psychological problems among adolescents (Marshall & Henderson, 2014; Mikulincer & Shaver, 2012; Yap et al, 2014). During adolescence, attachment relationships mainly include parents and friends. Previously, parental attachment with adolescents was studied as a unitary concept (e.g. Jackoson & Horwood, 2012; Tambelli et al., 2012). However, recent studies have begun to examine the distinct characteristics of maternal and paternal attachment relationships (Keizer, Helmerhorst, & van Rijn-van Gelderen, 2019; Zulkefly & Wilkinson, 2015). There is an abundance of past studies (Brumariu, Kerns, & Seibert, 2012; Duchesne & Ratelle, 2014; McAndrew, 2017; Moreira, Gouveia, Carona, Silva, & Canavarro, 2014) on the attachment of mothers with their offspring, which has been ascribed as a determining factor for psychological problems. Nonetheless, literature reveals that father attachment is also a significant factor in maintaining psychological health and identity development of adolescents (Marshall & Henderson, 2014). Similarly, during late adolescence, attachment is extended to other autonomous relationships, specifically with peers. In this regard, strong associations have been found between peer attachment and low mood (Millingsa, Bucka, Montgomery, Spearsb, & Stallarda, 2012) as well as internalizing problems (Tambelli et al., 2013). Based on the aforementioned empirical literature, simultaneously investigating the three forms of attachment relationships (i.e., maternal, paternal, and peer) would provide better insights into the potential determinants of depressive and anxiety symptoms among late adolescents, including their underlying mechanisms.

Moreover, most studies on attachment relationships and psychological problems were conducted in Western societies (Brumariu et al., 2012; Marshall & Henderson, 2014; Tambelli et al., 2012; Umemura, Lacinová, Kraus, Horská, & Pivodová, 2018). In Pakistan, attachment relationships have been explored with identity development (Nawaz, 2011) and career decision-making (Nawaz & Gilani, 2011). An examination of electronic databases such as Science Direct, EBSCOhost, and Proquest revealed that there is limited published research on the associations between attachment relationships and psychological problems among late adolescents in Pakistan (Najam & Majeed, 2012; Haqqani, 2017; Irfan, Zulkefly, Tan, & Ismail, 2019). This highlights the need to study the associations among these variables in non-Western countries such as Pakistan.

Recently, scholars emphasized the mechanisms that link attachment relationships with psychological problems, instead of elaborating on the relationships between variables (DeKlyen, & Greenberg, 2016; Madigan, Brumariu, Villani, Atkinson, & Lyons-Ruth, 2016). In this respect, negative automatic thoughts have been identified as one of the possible cognitive mechanisms that act as an intervening variable between attachment relationships and psychological problems, particularly depressive and anxiety symptoms. Previous studies (Lee & Hankin, 2009; Roelofs, Lee, Ruijten & Lobbestael, 2011; Kamkar, Doyle, & Markiewicz, 2012; Roelofs, Onckels & Muris, 2013; Love & Murdock, 2011) examined the mediation role of coanitive processes through maladaptive schemas. self-esteem. dysfunctional attitudes, attribution styles and cognitive working models. Some studies (Love & Murdoke, 2014; Roelofs et al., 2013; Stikkelbroek, Bodden, Kleinjan, Reijnders, & van Baar, 2016) are available on the prediction of depressive symptoms by attachment relationships through cognitive variables. However, little is known about the role of faulty thinking patterns in predicting anxiety symptoms among adolescents (Koerner, Tallon, & Kusec, 2015). Nonetheless, only one study was found that examined the mediating role of cognitions, measured as negative cognitive styles, on the associations of attachment relationships with depressive and anxiety symptoms simultaneously (Safford, Alloy, Crossfield, Morocco, & Wang, 2004). By the same token, no research has explored the role of negative automatic thoughts in the connections of maternal, paternal and peer attachment with depression and anxiety concurrently (Cassidy et al., 2013; Irfan et al., 2019; Khalid 2015; Lee & Hankin, 2009).

Previous studies (Gorrese & Ruggieri, 2012; Guarnieri, Ponti & Tani, 2010; Kamkar et al., 2012; Li, Delvecchio, Miconi, Salcuni, Risco, 2014; Pace, Martini, & Zavattini, 2011; Van Eijck, Branje, Hale-III, & Meeus, 2012) have likewise observed that the associations of psychological problems (i.e., depressive and anxiety symptoms) with negative automatic thoughts and attachment relationships (maternal, paternal and peer) vary across sex. Researchers have constantly examined the moderating role of sex (Imtiaz & Nagvi, 2012; Nilsen, Eisemann & Kvernmo, 2013). Yet, Groh, Ijzendoorn,

Bakermans-Kranenburg and Fearon (2012) and Madigan et al (2016) observed in a meta-analysis some inconsistencies and variations in the moderating effect of sex on the relationship between poor attachment and internalizing problems. Gorrese (2015) suggested exploring the moderating role of adolescents' sex in this particular relationship in future studies.

The aforementioned facts and figures have elaborated that the etiology of psychological problems with reference to attachment relationships and negative automatic thoughts has been overlooked in Asian societies particularly in Pakistan. There are a large number of studies conducted in Western societies on the psychological problems of adolescents. These societies are constantly investing on adolescents in order to understand the etiology of their psychological problems; and the progress can be observed by the increasing number of publications. Hitherto, the examination of the interaction between attachment relationship and psychological problems outside Western cultures is still at the initial stages. To address the abovementioned gaps in literature, the present study investigated the interplay between attachment relationships and negative automatic thoughts as one of the etiological factors for the psychological problems of late adolescents in Pakistan.

1.2 Statement of the Problem

As noted earlier, depressive and anxiety symptoms are more prevalent in late adolescents, which may cause serious impairments in later life if not immediately dealt with (Baxter et al., 2014; Hankin et al., 2015; Waghachavare et al., 2016). In Pakistan, these psychological problems are the leading causes of suicide among youngsters (Araa, 2018; Valika & Jalbani, 2004). Further, the high prevalence of depressive and anxiety symptoms among Pakistani adolescents (Alwani et al., 2016; Ahmad & Bano, 2013; Khalid, 2014), the scant baseline research (Irfan, 2011; Ali, Mclachlan, Kanwar, & Randhawa, 2016), and deficiencies of rehabilitation centers (Tareen et al., 2009; World Bank, 2012; WHO Mental Health Atlas, 2014) create more problems and refute the call of the WHO (2014) to take better care of youngsters to create better societies. Therefore, the present study was designed to identify potential predictors of the psychological problems experienced by late adolescents in Pakistan, specifically, Rawalpindi by taking into account two significant factors, such as attachment relationships and negative automatic thoughts.

Two traditional theories, Bowlby's attachment model (1969) and Beck's cognitive framework (1967) were integrated to gain a better understanding on the linkages among the research variables. According to Beck (1967) negative automatic thoughts are biased thinking patterns which are the major risk factors for many psychological problems. In view of this, the Bowlby's attachment theory (1969, 1982) theorized that problems in attachment

relationships such as low trust and communication and high alienation with attachment figure, may lead to maladaptive internal working models which become blueprints for future relationships and interpretations of events. The integration of the attachment and cognitive models emphasize adolescents' psychological problems as a function of the interaction between attachment relationships and negative automatic thoughts. This integration of theories proposes that negative automatic thoughts, which are developed in the context of experiences with significant others particularly parents and peers, increase vulnerability towards psychological problems. A more detailed description of these theories will be given in a later section of this chapter.

On the basis of the Bowlby's attachment theory (1969) and Beck's cognitive model (1967), the study variables encompassed attachment relationships (i.e., maternal, paternal and peer), negative automatic thoughts and psychological problems (depressive and anxiety symptoms). Studying depressive and anxiety symptoms together provide information and clarification on the differences and similarities of the etiology of these psychological problems (Cummings, Caporino, & Kendall, 2013). In examining the etiology of these psychological problems, a large number of earlier studies focused on either maternal, paternal or peer attachment separately in relation to psychological problems (Kosutic et al., 2017; McAndrew, 2017; Rawatlal, Kliewer, & Pillay, 2015). However, the interacting contributions of maternal, paternal and peer attachment are deemed potent in identifying the common and separate etiological factors for depression and anxiety (Bögels & Phares 2008; Van Eijck, et al., 2012; Khalid, 2014; Lee & Hankins, 2009; Jackobsen, & Horwood, 2011; Tambelli et al., 2013). Nonetheless, such processes still remain understudied.

In addition, while some studies are available on the association between negative automatic thoughts and depressive symptoms, studies on the potential mediating role of negative automatic thoughts for both depressive and anxiety symptoms are scarce (Alsaleh, Lebreuilly, Lebreuilly, & Tostain, 2016; Irfan et al., 2019; Kleiman, & Riskind, 2012). Lastly, inconsistencies were observed in past studies on the role of sex as a moderator between attachment relationships, negative automatic thoughts and psychological problems (Nilsen et al., 2013; Groh et al., 2012). Thus, the present research sought to address the abovementioned gaps by studying maternal, paternal and peer attachment as independent variables, depressive and anxiety symptoms as dependent variables, negative automatic thoughts as a potential mediator and sex as a prospective moderator.

1.3 Research Questions

The present study attempted to answer the following research questions:

- 1. To what extent does adolescent's perception of attachment relationships (maternal, paternal and peer) and negative automatic thoughts influence psychological problems?
- 2. Does negative automatic thoughts mediate the associations between adolescents' attachment relationships (maternal, paternal and peer) and psychological problems (depressive and anxiety symptoms)?
- 3. Are the structural relations between adolescent's attachment relationships (maternal, paternal and peer), negative automatic thoughts and psychological problems (depressive and anxiety symptoms) stable across sex?

1.4 Theoretical Background

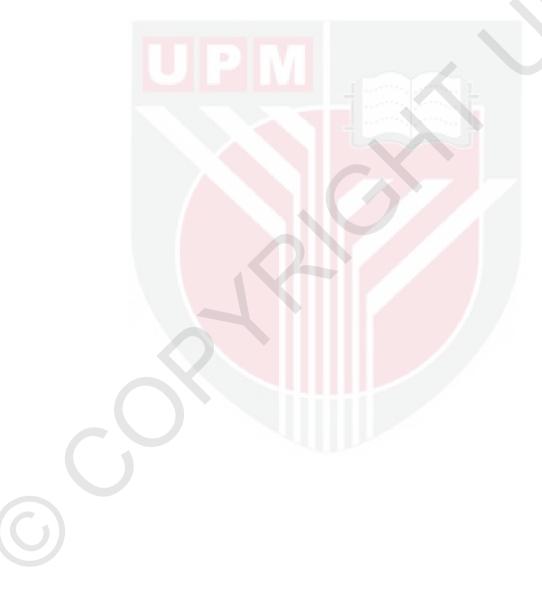
Based on past literature, Bowlby's attachment theory (1969) and Beck's cognitive theory (1967) were used to formulate the theoretical framework of the present study and to support the hypothesized associations among attachment relationships, negative automatic thoughts and psychological problems.

1.4.1 Bowlby's Attachment Theory

Attachment theory postulates that attachment is a bond between the infant and the primary caregiver, typically the mother (Bowlby, 1988). This bond is not only significant in maintaining general well-being (De Falco, Emer, Martini, Rigo, Pruner, & Venuti, 2014), but it also becomes a reference for all relationships across the life span (Winston, & Chicot, 2016; Young, Simpson, Griskevicius, Huelsnitz, & Fleck, 2017). The two components of attachment include normative and individual differences (see Figure 1). The normative component describes the basic growth of the child through different developmental stages of attachment systems and its association with other systems (Marvin, Britner, & Russell, 2016). In contrast, individual differences make up the developmental sequel of different patterns or styles of attachment and describe why each pattern or style should be "adaptive" in certain environments. Additionally, an internal working model (IWM) is an integral part of these components. It develops during the initial years of life, generally in the third phase of attachment development when information processing is established. The formation of IWM is explained in terms of neural paths, multi-models, developmental aspects, and relationship scripts. The first two (i.e., neural paths and multi-models) are biological perspectives of IWM construction; whereas, later two elucidate the role of attachment



figures (Bretherton & Munholland, 2016). A relationship script is one of the better approaches in explaining IWM, which is a systematized, multi-layered, partly hierarchal network of generalized event representations with different levels of generality (Bretherton & Munholland, 2008). These networks build higher-order general categories through habitual experiences, and relationship-specific scenarios. There are various IWMs for different relationships because, with the passage of time, an individual develops a hierarchy of working models (Howes & Spieker, 2016).



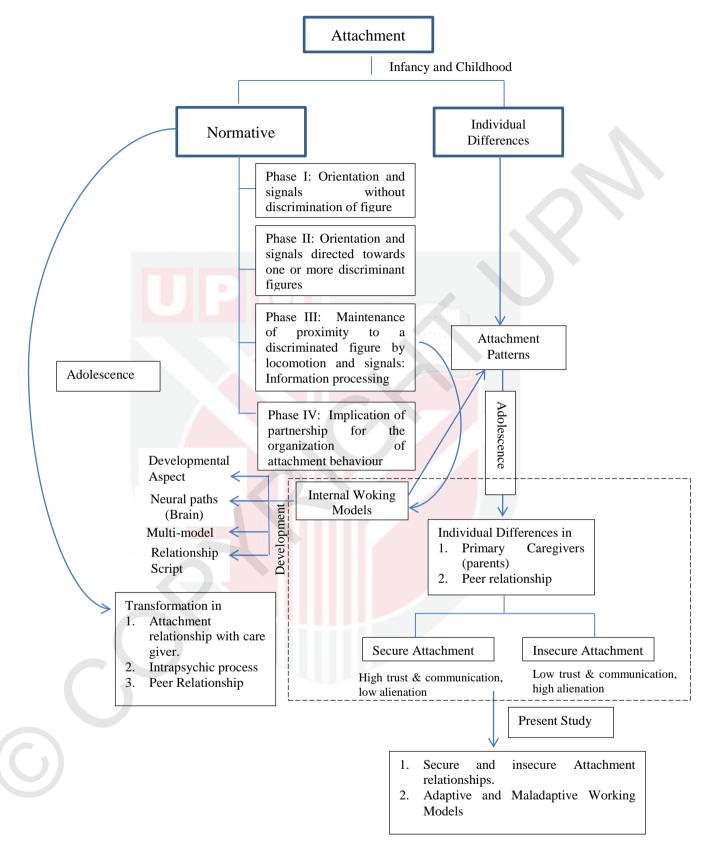


Figure 1 : Attachment Theory

(Source: Cassidy & Shaver, 2016)

During adolescence, attachment shifts to other relationships outside the family and the hierarchy of attachment directs the attachment behavior according to the experience with the principal attachment figure (Lucktong, Salisbury, & Chamratrithirong, 2017; Scharfe, Pitman, & Coled, 2017). In adolescence, the transformations in the attachment relationships, specifically that with parents and peer, involve changes in the affective, relational and behavioral elements (Allen & Tan, 2016). Moreover, individual differences in adolescents' attachment relationships arise because of the struggle between their desire to obtain autonomy and processes of attachment systems. Negotiations between autonomy and attachment system are difficult for families where adolescents have unhealthy communication, low level of trust and aggravated feeling of detachment with both or one of the parents (Allen & Tan, 2016). However, if the adolescents are positively attached with their parents then the adaptive IWMs is developed which would facilitate them to develop better relationships with their peers and other adults (Bowlby, 1969). Additionally, attachment with peers and parents remain important during adolescence and the quality of attachment depends upon the nature of the IWMs (Bowlby, 1969; Scharfe et al., 2017).

IWMs are the mental representations of the self and others that develop through early experiences with the primary caregiver, which become the basis for interpretation of events, future relationships and broader representations (Brethertons, 1991). The formation of either adaptive or maladaptive IWMs is based on experiences and communication with attachment relationships. A previous study conducted by Dykas and Cassidy (2011) found that if an individual has a history of secure attachment, he/she may positively process information by attending and tolerating an painful information. Thompson (2010) observed that individuals with secure attachment had positive representations of the self and others, and better social and emotional understanding. On the other hand, Dykas and Cassidy (2011) found that insecurely attached individuals often process information negatively. Similarly, the IWM is activated by attachment-related threats and stressors when the individual faces interpersonal problems, difficulties with emotion and self-regulation or decreased relationship satisfaction (Ainsworth, Blehar, Waters, & Wall, 1978; Bartholomew, 1990; Bowlby, 1969, 1973; Hazan & Shaver, 1987). Additionally, most psychopathology is an outgrowth of negative and maladaptive IWM (Bowlby, 1969, 1982, p.80), which needs to be investigated further. Therefore, in this study, the roles of parent and peer attachment were investigated in relation to the development of psychological problems among adolescents.

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1.4.2 Beck's Cognitive Theory

The Beck cognitive theory (1964, 1967) is one of the traditional models used by researchers, students and practitioners to understand the etiological factors of psychological problems, specifically the underlying cognitive determinants. The cognitive approach towards psychological problems and clinical disorders was initially developed on clinical observations of cognitive biases in depression (Beck, 1963). Beck (1964, 1967) assumed that beliefs are assimilated into schemas which play an important role in the development of depression and other disorders. In particular, cognitive styles, schemas, information-processing biases or maladaptive beliefs are vulnerability factors for psychological problems. Cognitive vulnerabilities increase the risk for the onset of symptoms and disorders whenever an individual is passing through stressful life events (Beck, 1967; Hamilton, Stange, Abramson, & Alloy, 2015).

Beck's theory (1967) postulated that the presence of cognitive errors increases the possibility of developing negative cognitive triads consisting of three types of depressive thinking patterns. The first is the negative view of the self, which is the belief that one is inadequate or unworthy. The second is the negative view about the world, in which an individual construes experiences of life as a defeat or disparagement. The third is the negative thinking about the future, such as, the perception that the difficulties will persist in the future and he/she cannot do anything to change it (Beck, 1964, 1967). This theory further elaborates that the development of the negative cognitive triad triggers the onset of depression.

The Beck cognitive theory (1967, 1974) affirms that psychological problems encompassing symptoms of depression and anxiety are accompanied by distortions in thinking, which are manifested as negative automatic thoughts. Such thoughts indicative of depressive symptoms includes negative views about the self, the world and the future. In anxiety, these thoughts reflect themes of danger and underestimation of coping (Beck & Haigh, 2014). Early negative experiences may facilitate the formation of negative beliefs, which may be activated by particular situations relevant to negative beliefs (Beck, 1967; Beck, Rush, Shaw, & Emery, 1979). Most studies examined the impact of negative automatic thoughts on the development of depressive symptoms (Choon et al., 2015; Nishikawa, Matsunaga, & Furutani, 2013; Wang et al., 2016). However, very few investigated the influence of negative beliefs on anxiety symptoms (Hjmedal et al., 2013; Hogendoorn et al., 2012; Răscol, 2014). In this study, the influence of negative automatic thought was explored for both depressive and anxiety symptoms.

1.4.3 Integration of Bowlby's Attachment Theory and Beck's Cognitive Theory

Recent trends recognize that psychological problems stem from early experiences of life and that a multilevel approach is required to understand the etiology of these problems (Cassidy & Shaver, 2016; Spruit, Goos, Weenink, Rodenburg, Niemeyer, Stams, Colonnesi, 2019). In this regard, two traditional theories such as Bowlby's attachment theory and Beck's cognitive theory, provides a better explanation about the etiology of depressive and anxiety symptoms. As described earlier, the attachment theory (Bowlby, 1969; Ainsworth et al., 1978) states that insensitive, unsupportive and unreliable caregivers may prompt individuals to view themselves as unworthy and the world as untrustworthy. This may elicit maladaptive internal working models of the self and others that act as cognitive filters (Shaw & Dallos, 2006; Lai & Carr, 2018). These filters then guide the interpretation of current experiences and formulate the ongoing expectations of the self and others (Bowlby, 1982; Lai, & Carr, 2018). Consequently, it can be said that the idea on maladaptive IWMs emphasized by the attachment theory can be explained through Beck's concept of negative automatic thoughts about the self, world and the future (Hwang & Lee, 2012; Pössel, 2017). Past studies (Beck, 1967; Passanisi, Gervasi, Madonia, Guzzo, & Greco, 2015) reported that poor attachment brings about a negative view of the self and others, which may increase vulnerability to depression. Scholars (Borelli, Brugnera, Zarbo, Rabboni, Bondi, Tasca, & Compare, 2018; Van Eijck et al., 2012) found that insecure attachment increases vulnerability towards the development of anxiety symptoms among adolescents.

Only two studies (i.e., Lee & Hakin, 2009; Safford et al., 2004) have been found that described the interplay of insecure attachment and negative thinking patterns in the development of depressive and anxiety symptoms simultaneously. Specifically, Safford et al. (2004) found that negative cognitive style did not mediate the associations of attachment relationships with depressive and anxiety symptoms. While, Lee and Hakin (2009) stated that the dysfunctional attitudes and low self-esteem mediated the associations of attachment styles with depression and anxiety (Lee & Hakin, 2009). The results of above mentioned studies are incongruent to each other, which highlighted a need to explore these relationships further. Nevertheless, a more recent study by Pascuzzo, Moss, and Cyr (2015) have examined link between maternal, paternal and peer attachment, internal working model and psychopathology during adolescence and adulthood. Pascuzzo and collegues (2015) noted that insecure attachment with significant others develop maladaptive internal working model which become a risk factor in the development of psychological problem among adolescents and emerging adults.

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Furthermore, Zimmer-Gembeck et al. (2015) in a recent systematic review suggested that the integration of attachment theory with other stress and coping theories would provide better insight in explaining the link between attachment and emotion regulation-related problems. Up to now, far too little attention has been paid to the integration of theories to explain the link problems between attachment relationships and psychological problems. Only one study (Sander, 2001) has been found which integrated cognitive (Beck, 1979) and attachment theories (Bowlby, 1969) and used the constructs from these two theories. In this study, Sander (2001) examined the relationships between attachment classifications, depressive self-schema content and depressive symptoms. Findings from this study revealed that high level of depressive symptoms were not linked to attachment status and depressive self-schema. Sander (2001) examined the linkages only on adult sample. However, the results can be different in other age groups. Sander (2001) has also suggested investigating these links further to understand the risk factors of psychological problems. Findings from these studies (Lee & Hakin, 2009; Pascuzzo et al., 2015; Safford et al., 2004; Sander, 2001) provide a strong ground to conceptualize a cognitive pathway to depressive and anxiety symptoms by using constructs based on Bowlby's attachment model and Beck's cognitive theory, and a foundation to integrate these two theories for a better understanding of psychological problems.

The current research thus proposed the integration of Bowlby's attachment theory and Beck's cognitive model which posits that attachment relationships shape the internal working models of the self, others and the future. These working models then cause biases in the perceptions of others' actions, influence behavior and establish the pattern of attachment which either reinforces or stabilizes these biases. If adolescents have high trust and healthy communication with their attachment figure, then the positive working model about the self and others is developed. However, if adolescents are emotionally detached from the attachment figure, feels attachment figure as insensitive towards their emotional needs and have negative verbal communication with them, then a negative working model is developed, subsequently strengthening the negative thinking pattern of self and others. This maladaptive internal working model thus, leads to the development of psychological problems among adolescents.

1.5 Conceptual Framework

As noted in the attachment theory, problems in attachment relationships give rise to maladaptive IWMs, which may result in a negatively-biased thinking about the self and others (Bowlby, 1969, 1982). Additionally, Beck's cognitive theory stipulates that negative automatic thoughts increase vulnerability to psychological problems, such as depressive and anxiety symptoms. In the present study, the integration of Bowlby's attachment theory and Beck's cognitive model postulate that poor attachment with parents and peers facilitates maladaptive IWMs of the self, others and the future, which subsequently foster psychological problems. Following past findings, negative automatic thought was considered as a mediator in the relations between attachment relationships (maternal, paternal and peer) and psychological problems (depressive and anxiety symptoms), whereas sex is the moderator that aimed to examine if the proposed model vary across sex of the respondent. Figure 2 illustrates the structural relations among the study variables as described for the present study. The hypotheses pertaining to each linkages are as outlined in Section 1.8 (p. 11-12).

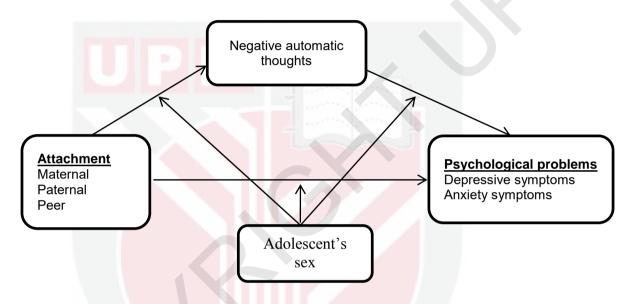


Figure 2 : Conceptual Framework for the Study

1.6 Research Objectives

Based on the conceptual framework, the overall aim of the study was to examine the associations between late adolescents' attachment relationships (maternal, paternal and peer) and psychological problems (depressive and anxiety symptoms). Additionally, the present study examined the potential mediating role of negative automatic thoughts and moderating role of adolescent's sex on these relationships. The specific objectives are as follows:

1. To determine the magnitude of the associations between attachment relationships (maternal, paternal, and peer) and psychological problems (depressive and anxiety symptoms) among late adolescents.

- 2. To determine the magnitude of the associations between negative automatic thoughts and psychological problems (depressive and anxiety symptoms) among late adolescents.
- 3. To determine the magnitude of the associations between attachment relationships (maternal, paternal, and peer) and negative automatic thoughts among late adolescents.
- To determine whether negative automatic thoughts mediate the associations between attachment relationships (maternal, paternal and peer) and psychological problems (depressive and anxiety symptoms) among late adolescents.
- 5. To determine whether the structural relations between attachment relationships (maternal, paternal and peer), negative automatic thoughts and psychological problems (depressive and anxiety symptoms) are stable across sex.

1.7 Hypothetical Model

As mentioned in the literature review, there is a need to develop a multivariate model to understand the mechanisms that link attachment relationships with the psychological problems of adolescents. Keeping this in view, the hypothetical model for the present study is as illustrated in Figure 3.

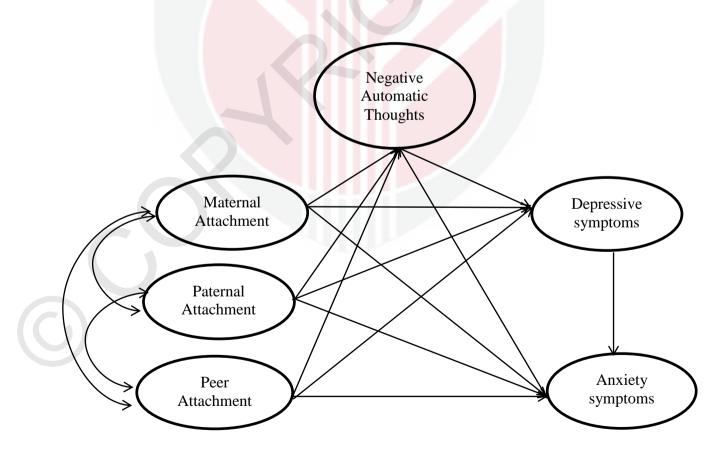


Figure 3 : Hypothetical Model

1.8 Hypotheses

Kline (2015) suggested that the development of hypotheses for the structural equation models should be based either on previously conducted research or theories. Accordingly, the hypotheses of the present study based on research question 1, 2 and 3 are as follows:

Research Question 1

The hypotheses based on the research question one are as follows:

- H1a: Secure maternal attachment will be negatively related to depressive symptoms among late adolescents.
- H1b: Secure maternal attachment will be negatively related to anxiety symptoms among late adolescents
- H1c: Secure paternal attachment will be negatively related to depressive symptoms among late adolescents.
- H1d: Secure paternal attachment will be negatively related to anxiety symptoms among late adolescents.
- H1e: Secure peer attachment will be negatively related to depressive symptoms among late adolescents.
- H1f: Secure peer attachment will be negatively related to anxiety symptoms among late adolescents.
- H1g: Negative automatic thoughts will be positively related to depressive symptoms among late adolescents.
- H1h: Negative automatic thoughts will be positively related to anxiety symptoms among late adolescents.
- H1i: Secure maternal attachment will be negatively related to negative automatic thoughts among late adolescents.
- H1j: Secure paternal attachment will be negatively related to negative automatic thoughts among late adolescents.
- H1k: Secure peer attachment will be negatively related to negative automatic thoughts among late adolescents.

For Research Question 2

The hypotheses corresponding to the second research question are as follows:

- H2a: Negative automatic thoughts will mediate the association between maternal attachment and depressive symptoms among late adolescents.
- H2b: Negative automatic thoughts will mediate the association between maternal attachment and anxiety symptoms among late adolescents.
- H2c: Negative automatic thoughts will mediate the association between paternal attachment and depressive symptoms among late adolescents.
- H2d: Negative automatic thoughts will mediate the association between paternal attachment and anxiety symptoms among late adolescents.
- H2e: Negative automatic thoughts will mediate the association between peer attachment and depressive symptoms among late adolescents.
- H2f: Negative automatic thoughts will mediate the association between peer attachment and anxiety symptoms among late adolescents.

For Research Question 3

The hypothesis based on the third research question is given as:

H3: The structural relations between attachment relationships (maternal, paternal and peer), negative automatic thoughts and psychological problems (depressive and anxiety symptoms) are stable across sex.

1.9 Significance of the Study

The present study may contribute significantly to knowledge in a number of ways. Firstly, it is an important step in understanding psychological problems among late adolescents of Pakistan and an attempt to generalize past findings in Asian societies. Secondly, it may add to existing literature by examining common and separate etiological factors for depressive and anxiety symptoms with reference to attachment relationships. Thirdly, most prior studies (e.g., Brumariu et al., 2012; Brumariu, Obsuth, & Lyons-Ruth, 2013; Love & Murdok, 2010; Natarajan, 2013; Roelofs et al., 2013; Roelof et al., 2011; Tambelli et al., 2012) applied the attachment theory to study the role of attachment in the development of depressive and anxiety symptoms. Nonetheless, the current research may contribute to extant literature by integrating Bowlby's attachment theory and Beck's cognitive theory to

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understand the linkages between attachment relationships and psychological problems. Fourth, most Western studies (e.g., Love & Murdock, 2011; Roelofs et al., 2011; Roelofs et al., 2011; Van Eijck et al., 2012) investigated the relationship of maternal attachment and psychological problems. However, maternal-adolescent relationship is understudied in Pakistan (Khalid, 2014). Furthermore, less attention has been paid on the importance of paternal and peer attachment during late adolescence. The present study thus attempted to fill the gap in literature about the influence of maternal, paternal and peer attachment on the psychological problems of late adolescents in Pakistan.

In addition, this study may add to existing literature by studying the roles of negative automatic thoughts and sex as potential mediator and moderator, respectively, in predicting adolescents' psychological problems. This may provide a foundation and baseline information for future longitudinal studies intending to establish causality among these variables in the Pakistani context. Sixth, it may also provide basic knowledge and guide for the development of training programs for parents on how to handle their children during late adolescence. Lastly, it is helpful in understanding the linkages between attachment relationship, negative automatic thoughts, and psychological problems, which may help policy makers in planning more effective prevention and intervention programs.

1.10 Definition of Terminologies

Some important key terms including the subjects of interest and key variables used in the present study are defined conceptually and operationally in this section.

Late Adolescents

Conceptual: The adolescence stage is often divided into early (10–13 years), middle (14–16 years) and late (17–19 years) adolescence (WHO, 2014).

Operational: Individuals aged 17-19 years old, attending a government college in Pakistan.

Psychological Problems

Conceptual: These are the difficulties and burdens which interfere with adolescent development and adversely affect their quality of emotional, social, and vocational life (Puwar, Yasobant, & Saxena, 2018).

Operational: These are the symptoms of depression and anxiety reported by late adolescents.

Depressive Symptoms

Conceptual: Symptoms of depression include feelings of sadness, loneliness, apathy with negative self-concept, alteration in activity level, regressive and self-punitive wishes (Beck, 1970)

Operational: Respondents' scores on the Depression Anxiety Stress Scale (DASS-Urdu; Zafar, 2014). The scores were rated as normal (00 - 09), mild to moderate depressive (10 - 13), moderate to severe (14 - 20), severe (21 - 27) or extreme (28 +).

Anxiety Symptoms

Conceptual: Symptoms of anxiety include excessive fear, worry, and physical changes associated with subjective distress and impairment (Clark & Beck, 2010).

Operational: Respondents' scores on the Depression Anxiety and Stress Scale (DASS-Urdu, 2014; Zafar). The scores were rated as normal (0-7), mild (8-9), moderate (10-14), severe (15-19), or extreme (20+).

Negative Automatic Thoughts

Conceptual: These are dysfunctional and irrational beliefs about the self, others and the future (Beck, 1976).

Operational: Respondents' scores on the 30-item automatic negative thought questionnaire (Hashmi, 2012) that measures the frequency of automatic negative statements about the self and the degree of belief of each of the items. Higher scores indicate elevated levels of automatic negative self-statements and greater believability in negative thoughts.

Attachment Relationships

Conceptual: An adolescent's perception of positive (secure) and negative (insecure) affective and cognitive dimensions of his/her relationship with

parents (mother and father) and peers, particularly, how well these figures serve as sources of psychological security (Armsden & Greenberg, 1987).

Operational: Respondents' scores on the IPPA-Urdu (Zafar, 2009) maternal, paternal and peer attachment scales comprising three subscales, namely, trust, communication, and alienation. Higher scores on the maternal, paternal and peer attachment scales of IPPA-Urdu indicate secure attachment while, low scores suggested insecure attachment with these figures.

1.11 Chapter Summary

This chapter initially provided descriptions of the background of the study and statement of the problem. Subsequently, the theoretical background and conceptual framework which guided the study were discussed. Then, the research objectives and hypotheses, along with the definitions of key terms of the study were presented. The next chapter will present the literature review on which the basic structure of the study was built.

1.12 Organization of the Thesis

This thesis comprises six chapters, which are further divided into sections and subsections. The descriptions of the thesis chapters are as follows:

Chapter 1: Introduction- This chapter provides the background of the study, followed by the statement of the problem. The subsequent section elaborates the theoretical background that directed this study as well as the conceptual model. Then, the ensuing sections focus on the research questions, objectives and hypotheses, significance of the study and the operational definition of the study variables.

Chapter 2: Literature Review- This chapter covers a detailed and critical review of past studies concerning the topic of interest. This chapter further explains the impact of extant literature on the present study.

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Chapter 3: Methodology-This chapter describes the research design, location, details of sample selection, sample size, and sample characteristics. The subsequent sections concisely describe the measures, pilot study, data collection procedure, ethical considerations, and strategies for the data analysis.

Chapter 4: Results- This section reports the findings of the study based on the research question and objectives, primarily in the form of tables and figures.

Chapter 5: Discussion-In this section, the findings of the study are discussed with reference to previous studies, followed by the theoretical and practical implications of the findings.

Chapter 6: Summary, Conclusion, Limitations, and Recommendations -This chapter encompasses summary of the findings, conclusion, and limitations, followed by the recommendations for further research.



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