

Understanding the Role of Attachment Styles and Mental Well Being: A Study of University Students of Kolkata

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ABSTRACT

Background: Attachment style refers to the bonding styles that individuals pick up as children and use in their adult relationships. They are usually assumed to have their roots in the kind of care a child received during their early years. A mix of our feelings (such as emotions and life satisfaction) and our functioning (such as interpersonal relationships, self-control, purpose in life, and independence) can be referred to as mental wellbeing. The authors hypothesized that individuals with a more secure attachment style would experience better mental wellbeing compared to the insecure attachment styles.

Objectives: To find out the differences in the individuals who have Secure, Preoccupied, Dismissive or Fearful Attachment Styles and their mental well being and to find out the differences between the Gender (Males & Females) on the mental wellbeing of the university students.

Method: The sample comprised of 60 University students in the age range of 18 to 25 years. The participants completed the questionnaires of Relationship Scales Questionnaire developed by Griffin & Bartholomew (1994), and Warwick Edinburgh Mental Well-being Scale (WEMWBS) developed in 2007 by an expert panel consisting of members from psychiatry, social science and public health. Firstly, evaluation of Mean and Standard Deviation, have been done; secondly, the Univariate Analysis of Variance ANOVA has been incorporated to determine the relationship between Attachment Styles, Gender and its interaction effect on the mental well being. Furthermore, t-test for Equality of Means were done to reveal the significant difference of mean scores between the male and the female group involved in the study.

Results: The findings suggest that there exists a positive significant difference between Attachment Styles and Mental Well – being whereas no significant difference exists between Mental Well – being among the male and the female group.

Conclusions: There exists a positive significant relationship between Attachment styles and Mental Well – being, whereas no significant difference occurs in the Mental Well – being between Males and Females group respectively.

Keywords: Attachment Styles, Mental Well-being, Secure Style, Dismissive Style, Preoccupied Style, Fearful Style

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INTRODUCTION

Attachment is a clinical term used to explain "a long-lasting mental connectedness among people" (Bowlby, 1997). In precise, attachment theory highlights the importance of an infant's emotional bond with their primary caregivers. Disruption to or lack of this bond can have an effect on a child emotionally and

psychologically into maturity, and have an impact on their future relationships.

It is important that parents are attuned and conscious to their child's needs and are able to provide them with proper care and support. This includes, recognising if their child is hungry, feeling unwell or is in need of closeness and affection. The first two years of a child's life are most important and necessary for forming

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relationships. During this period, children develop an 'internal working model' that shapes the way they view relationships and function socially. This can have an effect on their sense of belief in others, self confidence and their confidence interacting with others.

Researchers Rudolph Schaffer and Peggy Emerson analyzed the number of attachment relationships that infants form in a longitudinal study with 60 infants. The infants were observed every 4 weeks, during their first year of life and then once when they were 18 months old. Based on their observations, Schaffer and Emerson found out 4 different phases of attachment including the Pre Attachment stage, Indiscriminate Attachment, Discriminate Attachment and Multiple Attachments.

In the pre attachment stage which is from birth to 3 months, infants do not show any particular attachment to a specific caregiver. The infant's signals, such as crying and fussing, clearly attract the attention of the caregiver and the baby's positive responses encourage the caregiver to stay close. In the indiscriminate Attachment which is usually from 6 weeks of age to 7 months, infants start to expose choices for primary and secondary caregivers. Infants broaden trust that the caregiver will respond to their needs and starts distinguishing between familiar and unfamiliar people, responding positively to the primary caregiver. During the Discriminate Attachment, which lasts from 7 to 11 months of age, infants display a strong sense of attachment for one specific individual and by the time they are in the multiple attachment phase which is from 9 months of age, children begin to form strong emotional connections with others beyond the primary caregiver which often includes a second parent, siblings or grandparents etc.

Some individuals are unattached and distant in a relationship, whereas some are clingy and need constant validation and reassurance from others. According to the attachment theory, it is because people have different attachment styles, which develops in the early childhood in response to their relation with the primary caregivers.

Attachment Style includes the manner in which we tend to respond emotionally to others, how we commonly engage with partners in relationships, and how we behave when it comes to relationships in general. There are 4 major attachment styles – Secure, anxious-preoccupied, dismissive-avoidant and fearful-avoidant.

Secure Attachment Style: An individual with secure attachment style, their primary caretaker were usually

able to stay involved with them as an infant, and effectively manage their own stress, soothe and calm the infant when they were upset because they had a secure attachment style. The neurological system became "securely attached" to them because they answered to the infants shifting needs, communicated with them through emotion, and made them feel safe and secure.

Naturally, no parent or caregiver can be completely present and attentive to an infant all the time, and no parent or care giver has to actually do that for an infant. In fact, an infant can develop a stable attachment without it. However, if the care giver didn't pick up on the nonverbal indications, they probably kept attempting to determine what the infant in order to keep you safe. People with this style of attachment needed can usually ask for help, communicate well and cope with being alone. In adulthood, these individuals can appreciate their own self worth and are able to be themselves in intimate relationships. They can maintain an emotional balance and seek healthy ways to manage the conflicts in close relationships. When they are faced with disappointments and setbacks, they have the ability to bounce back and have high resilience.

Preoccupied Attachment Style: Individuals with anxious-preoccupied attachment style are characterized by excessive neediness. As the labels imply, individuals with this attachment style frequently experience anxiety, uncertainty, and low self-esteem. Though they fear rejection from others, they want for emotional closeness. It's likely that the parent or primary care giver had an inconsistent parenting style, at times being involved and attending to the infants needs, at other times being unavailable or preoccupied. This discrepancy might have caused anxiety and doubt about whether the individual's needs in this "first" relationship would be satisfied, which would have served as a template for how they would behave in the later relationships. Individuals with this style of attachment crave feelings of closeness and intimacy with a significant other, but struggle to feel that they can trust rely on their partner. They feel anxious or jealous when away from their partner and may use guilt, controlling behaviour, or other manipulative tactics to keep them close. They need constant attention and reassurance from their partner, and often struggle to maintain close relationships as they tend to get extremely clingy.

Dismissive Attachment Style: Adults who have an avoidant-dismissive insecure attachment style, fear of

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intimacy which makes them want to keep their emotional distance from others. They would prefer not to be dependent on anyone else or to be dependent on others. An avoidant-dismissive attachment style is frequently the result of a parent who was unresponsive or unaccepting when they were an infant. They were compelled to emotionally remove themselves from the care giver and attempt self-soothe as their needs were never consistently or predictably addressed by them. This paved the way for a later-life need for independence and aversion to closeness, even when such traits create their own problems. Individuals with this style of attachment minimize or disregard their partner's feelings, keep secrets from them, engage in affairs, and even end relationships in order to regain their sense of freedom.

Fearful Attachment Style: Individuals with fearful-avoidant attachment styles have extreme fear, which is frequently the outcome of abuse, neglect, or trauma experienced as an infant. Adults who exhibit this type of insecure attachment frequently believe they are undeserving of affection or intimacy in a partnership. As an infant, the caregiver frequently served as a source of both comfort and anxiety, which contributed to the individual's state of confusion and disorientation towards relationships. In other situations, the care giver might have disregarded the infant's needs, or their unpredictable, uncontrollable actions might have scared or traumatized the infant. Individuals with fearful attachment style often swing between love and hate for a partner. They can be insensitive towards their partner, selfish, controlling, and untrusting, which can lead to explosive or even abusive behaviour. While they crave for safety and security of a meaningful relationship, they also feel unworthy of love and terrified of getting hurt again.

One factor that is associated with attachment styles is Mental well-being which is a mix of our feelings and functioning's. A state of psychological health that includes an individual's emotional, cognitive, and social facets of life is referred to as mental well-being. It is a complex idea that consists of emotional, cognitive, psychological and social well being.

The emotional well being component entails having the capacity to feel, communicate, and control emotions. It entails having a cheerful attitude on life, feeling content and happy, and knowing ways to manage stress and unpleasant feelings in a healthy way. The cognitive well being component refers to the functioning of cognitive

functions, including reasoning, thinking, and solving problems. It entails thinking clearly, staying focused, coming to wise conclusions, and maintaining a positive mental mindset. The psychological well being component includes aspects of emotional and cognitive well being, along with the aspects of self acceptance, personal growth, purpose in life and autonomy. The 4th component of mental well being namely social well being involves the quality of one's social relationships and interactions. The key aspects under the social well being domain are social support, social integration and positive relationships.

Mental well-being is a dynamic and holistic state that reflects the integration and balance of these emotional, cognitive, psychological, and social facets of life. Achieving mental well-being involves nurturing each of these dimensions to foster a healthy and fulfilling life.

Attachment styles and Mental Well-being are separate constructs, but they are interlinked in various ways. The significant connections between university students' attachment styles and mental well being is highlighted by recent research. Insecure attachment styles, which include preoccupied, dismissive, and fearful, are linked to a variety of psychological issues, whereas secure attachment is typically associated with better mental well-being.

A study on 'Attachment style and Mental Health in University students' done by Rachel M. Carter (2019) found that individuals with insecure attachment styles were more likely to experience depression, anxiety, and substance abuse whereas individuals with secure attachment style were associated with better mental well being and resilience.

Another study on Attachment Style and Emotional Regulation in University Students: A systematic review by Seganfredo, A. C. & Santos (2020) found that university students with insecure attachment styles had difficulty with emotional regulation, whereas individuals with secure attachment style were associated with better emotional regulation and well being.

A study on 'Attachment style and Mental Health in University Students: The Mediating Role of Social Support' by Katherine A. Kerns (2019) found that social support mediated the relationship between attachment style and mental health, with secure attachment style being associated with higher social support and integration, and better social relationships as compared to the individuals with insecure attachment style.

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Another done on ‘The impact of Attachment style on Cognitive Functioning in University Students’: A systematic review by Sophie C. Schneider (2020) found that the students with insecure attachment styles were associated with poorer cognitive functioning, including lower attention and memory performances, whereas individuals with secure attachment style were associated with better cognitive well being, including higher self esteem and life satisfaction.

The present study aims to explore and understand the relationship between Attachment Styles and Mental Well- being and the differences between the Gender (males & females) on the Mental Well- being of the University students of Kolkata.

MATERIALS AND METHOD

The study sample consisted of participants aged between 18-25 years of age. A total number of 60 participants were selected, where the number of females was 48 and the number of males was 12. The university students whose age range is not falling under 18-25 years and students with any history of psychological illness were excluded from the study. The stratified random sampling technique was used in the study. To conduct the study, after the introduction of the researcher and the topic to the participants, the university students were assured complete confidentiality and their consent was taken.

The Relationship Scales Questionnaire (RSQ) and Warwick Edinburgh Mental Well-being Scale (WEMWBS) developed in 2007 by an expert panel consisting of members from psychiatry, social science and public health was used as a measure of attachment style and mental well – being.

The RSQ developed by Griffin & Bartholomew (1994), had questions drawn from the major studies on attachment styles and covered statements on the different styles secure, fearful, preoccupied and dismissing. The RSQ contains 30 short statements and three items in the scale have reversed scoring. On a 5 point scale, participants rate the extent to which each statement best describes their characteristic style in close relationships , with response anchor ranging from 1 (Not at all like me) to 5 (Very much like me . Five statements contribute to the secure and dismissing attachment style, and four statements contribute to fearful and preoccupied attachment styles. Scores for each attachment pattern are derived by taking the total of the four or five items representing each attachment

style to classify participants into attachment patterns. It has high internal consistency reliability (Cronbach’s alpha: 0.80-0.90), and good test – retest reliability (0.70-0.85). It has high face validity, construct validity, criterion validity and convergent validity respectively.

The Warwick- Edinburgh Mental Well – being Scale (WEMWBS) has 14 items, each rated on a 5 point Likert scale with 1 score for (none of the time), 2 (rarely), 3 (some of the time), 4 (often) and 5 (all of the time). The scoring of the full 14 item scale is obtained by summing the score for each of the 14 items. The scoring range for each item is from 1 – 5 and the total score is from 14-70 respectively. The WEMWBS has high internal consistency and good test retest reliability (0.83- 0.88). It has high face validity, construct validity, criterion validity and cross- cultural validity respectively.

PROCEDURE

The participants were provided with the complete set of the booklet, consisting of the informed consent and the 2 different questionnaires of Attachment Style and Mental Well- being were given to them. At first, the participants were informed about the different measures that will be administered and about the objectives of the research. The participants took 10-15 minutes on an average to fill up the questionnaires. Once the data collection was done, the responses were scored according to the procedures given in the manual. The data was statistically analyzed. Computation of Mean, Standard Deviation, Univariate Analysis of Variance ANOVA, and t-test for Equality of Means was done and for analysis, 0.05 and 0.01 levels of significance were accepted.

RESULTS

The results obtained by the statistical computation have been mentioned in the following tables and have been discussed in details in the latter part of this paper.

Table I: Mean & Standard Deviation for mental well being

	Gender	N	Mean	Std. Deviation
Mental Well Being	FEMALE	48	40.8333	14.05965
	MALE	12	44.1667	10.43450

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correlated with psychological well-being, while avoidant and anxious attachment styles are negatively correlated. Another study conducted by Yahui Yang et al (2024) on exploring the association between adult attachment and mental health states highlights that secure attachment enhances coping skills, personal worth, and self-efficacy, thereby reducing anxiety and promoting positive strategies for dealing with environmental stressors.

A study conducted by Mane Kara (2024) on Attachment Styles and Mental well being found out that individuals with a fearful-avoidant attachment style had the poorest outcomes, exhibiting high levels of emotional distress and the lowest levels of well-being among all groups.

Table 3 revealed that there exists a significant positive difference between Attachment Styles and Mental well being, where the securely attached individuals have greater mental well being compared to the insecurely attached individuals. These results are consistent with the study of Panagiotis Parpottas (2023) which states that secure attachment was positively correlated with life satisfaction, while insecure attachment styles were associated with lower life satisfaction among university students.

Another study done by Jessica Morales (2024) on Anxiety and Avoidance in Attachment as predictors of Emotional Regulation Difficulties in University Students states that higher levels of attachment anxiety and avoidance are linked to poorer emotional well-being, whereas secure attachment is associated with better emotional health.

A study conducted by Sara Hossein et al (2024) examined the relationship between Attachment Style and Mental well being on university students and found that students with secure attachment styles reported higher mental well-being and better academic performance compared to those with insecure attachment styles.

These studies collectively highlight that individuals with secure attachment style have greater mental well being overall, compared to individuals with insecure attachment styles respectively.

Table 4 depicts that there is no significant difference in the mental well being between the male and female group in the study. The findings were supported by a study done on stress management among college students that found no significant gender differences in the use of problem-focused coping strategies. Both male and

female students employed action-oriented behaviours like planning to manage stress.

Although studies generally reveal some variations between males and females in terms of mental well-being, some studies have shown no apparent gender differences. The following are a few factors and grounds which could give confidence for this conclusion:

Evolving Social Norms - Changing Expectations: Social norms for males and females have become more flexible recently, giving them increased access to opportunities and support groups. As a result, demands to succeed academically, professionally, and personally may be equal for male and female university students.

Access to Mental Health Resources - Enhanced Awareness and Support: Mental health services are more easily accessible in modern university campuses. Peer support groups, counseling, and treatment are now equally accessible to male and female students, potentially leveling levels of opportunity for mental health.

Normalizing Mental Health Conversations - As mental health awareness grows, the stigma associated with getting treatment has decreased for both men and women, indicating that mental health issues are recognized and addressed equitably.

Cultural and Demographic Influences - Students from a wide range of socioeconomic, cultural, and ethnic origins attend universities, which are becoming more and more diverse. Given that students of both genders face mental health issues associated with discrimination, diversity, and cultural adjustment, these considerations may outweigh gender differences.

Changing Mental Health Research Landscape - In contrast to relying solely on gender, current research on mental health is becoming more holistic, highlighting individual variations including personality, coping mechanisms, and resilience. This can occasionally result in results that show little difference between males and females in terms of general mental health.

As universities are becoming more inclusive and mental health facilities are more widely available, these variables imply that there may be instances in which the differences in mental wellbeing between male and female university students are negligible or non-significant.

CONCLUSION

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The study aimed to explore the role of Attachment Styles and Mental Well being of the university students of Kolkata. Research finding shows a positive significant difference between Attachment Styles and Mental Well being. However, no significant difference was found between Gender and Mental Well being.

LIMITATIONS AND RECOMMENDATION

The major limitation of the study is the comparatively small number of data (N=60). The data was gathered from a single geographic location, and the ratio was not 1:1. It is advised that future research expand the sample size and incorporate individuals from other geographic locations in order to improve the data's validity. While it is impossible to totally eradicate the research's limits, it is possible to reduce errors, and the appropriate measures were taken to guarantee this during the data collection procedure. The validity and reliability of the scales used to gather the data were examined first. Second, the participants were asked to sign consent forms before to the data collecting procedure, and lastly, they were given the assurance regarding the confidentiality of the data and information they provided.

Despite limitations, two of the major implications of the study are that, by knowing about the attachment style of an individual, and then being able to find the link with Mental Well being, the results can serve as an empirical basis for developing healthy attachment styles with primary caregiver, and subsequently other relationships. These findings of the study might further help in devising intervention programs, emotion management, and treatment programs based on various psychological disorders caused due to poor attachment style and improvement in educating the children of this society. It can also be used in intervention programs that are suited for family, relationship, marital counselling and therapy.

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