

Investigation of attachment styles in adults and its relationship with the Sanitary attitude and behaviorsMaryam Radmehr¹, Ahmad T Ezadi², Leyla Neisi^{3*}¹. Instructor, MSc of nursing, Department of Nursing and Midwifery, Dezful, Iran.². Assistant professor, Education Center of Imam Hussein University³. Instructor, MSc of nursing, Department of Nursing and Midwifery, Dezful, Iran.

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Abstract: Healthy sanitary attitude and behaviors are the most important factors in order to prevent and treat diseases. The "Theory of attachment" is an important contemporary notion for anticipating the social behaviors and psychichealth in adults affecting the general health, attitude, and healthy sanitary behaviors of people in adulthood, according to its effect on the preliminary personality of children. This study was a descriptive correlation assay. 300 bank clerks and instructors of Literacy Movement were asked to fill out the questionnaires. The supplementary questionnaire of revised adult attachment (RAS) coefficient and self-made questionnaire of healthy attitude and behavior were used for data collection. 69.3% of people who were asked in this study were men and 30.7% were women with the average age of 33.61 ± 7.2 . 80% were married and half of them had a bachelor's degree or higher. The results indicated that whereas 87% of the respondents showed a healthy sanitary attitude, majority of them were reported to have weak healthy sanitary behaviors, and no significant relationship between the healthy sanitary attitude and behaviors with personal traits was observed. The frequency of attachment style in 64% of samples was safe and in 28.3% was unsafe. There was no significant relationship between attachment style of people and their healthy sanitary attitude and behavior, but a significant, negative relationship between the average values of healthy sanitary attitude and behavior with those of avoidance style was found. The results also showed a significant relationship between the styles of attachment with marital status and the age of samples. This study showed that the type of the sanitary attitude and behaviors in adults cannot be easily predicted with some personal traits and/ or conditions, and more extensive studies should be performed in order to assess and detect effective factors which cause unhealthy sanitary behaviors. Although no significant relationship between attachment style with sanitary attitude and behaviors in adults was confirmed in this study, the negative, significant relationship between the average values of avoidance style with those of the healthy sanitary attitude and behavior can be a trigger for more research, by modified method data collection and analysis, on this subject.

[Maryam Radmehr, Ahmad T Ezadi, Leyla Neisi. **Investigation of attachment styles in adults and its relationship with the sanitary attitude and behaviors.** *J Am Sci* 2012;8(8):319-324]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 49

Keywords: attachment styles, sanitary attitude and behaviors

1. Introduction

The sanitary attitude and behaviors are the most important factors in prevention and treatment of diseases. Lack of awareness and indifference to this due to some social and economic factors, personal traits, and physical and psychic inabilities can jeopardize the bases of health in a society. Malnutrition, inadequate mobility and rest, maladaptation to tension, aggression, smoking and using drugs, and risky sexual behaviors are the main causes of the outbreak of diseases especially chronic ones. Increase in prevalence of these diseases such as disorders related to heart has made the following questions in.

1.1. Researchers' minds:

Why don't some people follow the healthy sanitary behaviors? What factors are effective on these behaviors? Can a positive sanitary attitude change this situation? Researchers have tested possible factors and tried to find multiple

relationships between them to anticipate, prevent, and change these behaviors. Lantz *et al.*, (1998) observed a significant relationship between risky sanitary behaviors with social and economic differences of people. They stressed that personal traits such as personality characteristics, social and psychic attitudes, and also other effective factors like relatives, school, cultural background, and so on should be taken into account for evaluation of these behaviors [Lantz P, et al.1998]. Kulbok & Cox (2002) showed that measured variables in the study of sanitary behaviors should be differently investigated according to age, gender, race, and religion.[Kulbok P,cox C.2002]. Over the past three decades, the theory of "attachment styles" has been one of the most effective new developed emotional-social theories for anticipation of social behaviors. Many clinical studies have been carried out in order to cover the subjects related to attachment styles more extensively [Davaji R, valizadeh, Nikamal

M.2010]. Researchers believe in recognition of "attachment theory" and theoretical and practical guidelines by new experimental findings about attachment, increased comprehensiveness, and usefulness of hypothesis [Besharat M. 2000]. Many studies have shown that behaviors originated from attachment styles are an inevitable aspect of everyday life. Although these behaviors are extensively formed during the early years of life, they can affect the future behaviors of people in society and their communication with others [Davaji R, valizadeh, Nikamal M.2010]. Some studies have shown that attachment can highly be involved in adjusting the biological-psychic phenomena including social performance, adaptation,

Reacting to tension, psychic health, sanitary behaviors, and diseases. So, the styles and aspects of attachment deserve to be investigated in research on physical and psychic disorders [Ravitz P, et al.2010] According to the effectiveness of this theory for anticipation of social behaviors and various studies on psychic-social aspects of it, this question has been made in researchers' mind whether the styles of attachment and its aspects can be effective for anticipation of healthy attitude and healthy sanitary behaviors or not. Attachment is defined as an emotional bond with another person. John Bowlby was the first who presented a theory about attachment. He believed that early connections which form between children and their mothers or nannies have a great influence on children's communication with others throughout the life. According to Bowlby, the styles of attachment always exist and actively affect our jobs and social relationships [Bowlby. J.1969.]. some researchers reported that attachment style in a child can change by different conditions. In fact, attachment style like personality traits do not vary from childhood to adulthood unless a person undergoes significant changes during the life [Moayedfar H. 2005]. The main principle of "attachment theory" is the feeling of safety in children which is made by Mothers.

Children know that their mothers or nannies are dependable and this help them to know the surrounding world. Mary Ainsworth, a famous psychologist, developed the findings of Bowlby in 1978. He described the main three styles of attachment including safe attachment, anxious unsafe attachment, and avoidance unsafe attachment [Moayedfar H. 2005. Although these triple styles of attachment have been proved efficient, Bartholomew & Horowitz presented a quadruple pattern based on anxiety and Avoidance. They believe that there are two types of avoidance different from intimacy avoidance originated from the fear of others and avoidance originated from the denial of others. The

word "avoidance" was replaced by two words of "scary" and "negator", and the word "anxious" was substituted by "disconsolate" in this pattern [Mirhashemi M,Nikkho M.2007]. People who are safe attached show positive relational traits, lower levels of depression;those who have the unsafe avoidance style of attachment show a lower level of intimacy and commitment; and those with the anxious unsafe style of attachment have frenzy, excitement, and mental occupation about relationship accompanied by low satisfaction about interpersonal relationships [Davaji R, valizadeh, Nikamal M.2010, Moayedfar H. 2005]. The unsafe style of attachment is less likely to lead to addiction, aggressive or anti-social behaviors, and risky sexual activities in adulthood [Davaji R, valizadeh Nikamal M.2010].

In a study on the students of a high school in Yazd province, a significant relationship between the safe styles of attachment with successful personality was observed. On the other hand, the anxious style of attachment, with a confidence level of 95%, predicted an unstable personality [Agostini A.et al. 2010]. The results of a study carried out by Besharat showed that the safe style of attachment in infertile couples results in more desired indices of psychic health, healthy psychic behaviors, and interpersonal affection [Besharat M. 2000]. Agostini *et al.*, (2010) reported that the unsafe style of attachment is dominant in people suffering Crown disease. Their findings also suggested a primary relationship between the unsafe style of attachment with the chronic form of disease [Bartley M,Head J,stansfeld S.2007]. The expression "passage of long shadows in the future" shows the preliminary experience of a child in the formation of attachment styles and its great effect on health and well-being feeling during adulthood. "Indirect selection of health" also indicates the social and health condition in adulthood which is formed under the influence of the primary styles of attachment during childhood. These experiences can be effective on social situation, sanitary behavior, and the general health of people in adulthood through affecting the primary features of personality in childhood [Kaya N.2010]. Many studies have been done on the styles and their relationship with personal traits such as marital status, gender, age, and also education. Some of these studies have confirmed this relationship and some others not [Besharat M. 2000, Mirhashemi M,Nikkho M.2007, Demirs , 2003, Saymaz, I, 2003]. According to the results of other research, we decided to carry out a study on different styles of attachment in adults and their relationship with the sanitary attitude and Behaviors.

2.1. Hypotheses:

- There is a connection between the attachment styles and some personal traits.
- There is a relationship between the sanitary attitude and behaviors of adults with their personal traits.
- There is a relationship between the attachment styles with the sanitary attitude and Behaviors of adults.
- The attachment styles can anticipate the sanitary attitudes and behaviors.

2. Material and Methods

This study was a descriptive correlation assay. 300 bank clerks and instructors of Literacy Movement were asked to fill out the questionnaires. The questionnaire of revised adult attachment scales (RAAS), developed by Collins & Read, and was applied in order to determine the styles of attachment. This questionnaire consisted of 18 terms that respondents stressed their opinions about each of them. Triple subscales of it were intimacy, attachment, and anxiety which have the reported Cronbach alpha coefficient of 0.81, 0.78, and 0.85 respectively. The dual scale of this questionnaire also consisted of the scores of avoidance and anxiety styles. The information obtained from these questionnaires was analyzed according to its structure and suggestions of its developer, and 4 styles including safe, disconsolate, negator, and avoidance were described. Collins believes that those who gain moderate scores of subscales are likely to lean toward a specific style of attachment. Basically, these individuals might be reported as "lost" in the list of samples and account for 7% of all respondents. Therefore, the style of attachment was not detected in 7.7% of our samples.

Self-made questionnaire consisting of 17 items was used for investigation of the sanitary attitude and behaviors. Cronbach alpha coefficient in the first 20 samples and others was 0.64% and 0.75% respectively. Data were analyzed by SPSS software using descriptive and deductive statistics including independent and binary T-test, one-way analysis of variance.

1.2. Moral consideration:

All questionnaires were filled out voluntarily and anonymously by the respondents. They were asked to answer the questions sincerely and assured that their answers will be used for scientific purposes.

3. Result:

50% of people who were asked in this study aged 30-39 and 30% aged 20-29 with the average of 33.61 ± 7.2 . 82.9% of them were married and 17.3% were single. 50% of them had a bachelor's or master's degree. The results of this study showed that although majority of samples had a high sanitary attitude, their healthy sanitary behavior was mostly weak. The

average scores obtained from the healthy sanitary attitude and behaviors were analyzed by one-way analysis of variance and multivariable analysis and no significant difference was observed. In other words, education level had no effect on the average scores of the healthy sanitary attitude and behaviors. The results of T-test showed that the average scores of the healthy sanitary attitude and behavior were equal in men and women. Analysis of variance and . Test indicated that the average scores of the healthy sanitary behavior were higher in the samples aged 20-29 compared with those aged 30-39 ($p= 0.031$). No significant difference was found in the average scores of the healthy sanitary attitude and behavior between the married and the single by T-test. This suggests that marital status has no effect on the sanitary attitude and behavior of the respondents. Data obtained from RAS questionnaire showed that 64% of samples had the safe style attachment and 28.3% had the unsafe one (12.7% anxious, 8% scary, 7.7% negator, and 15.7 avoidance).test showed that the frequency of the unsafe style of attachment (avoidance and anxious) was significantly more in the single samples compared with the married ones. ($p=0.021$).

Table 1: The relationship of attachment with marital status

Chi-Square Tests				Total	marital status		Attachment style
Pearson Chi-Square	Value	Df	Asymp. Sig. (2-sided)		Married	single	
		7.707 ^a	2	.021	182	158	24
				4	2	2	Anxious
				24	17	7	Avoidance

In Table 1 One-way analysis of variance indicated a significant relationship between age and the unsafe style of attachment ($p=0.048$), and the average age of samples who had the safe style was higher than those with the unsafe style. In Table 2 shows a significant relationship between style and the scores of subscales with education level and profession of samples was found by test and one-way analysis of variance. One-way analysis of variance also indicated no significant difference between attachment style of samples and the average scores of their sanitary attitude and behaviors, but a negative, significant relationship between the average scores of the avoidance style with the healthy sanitary attitude and behaviors was observed in the scores of subscales of attachment styles. In fact, those who had higher scores in Subscales of the avoidance style were reported to have an unhealthier sanitary attitude and behavior. The following model was obtained

using the linear regression for anticipation of the healthy sanitary attitude and behavior.

Table 2: The relationship of attachment style with age

Levene Statistic	df1	df2	Test of Homogeneity of Variances			Average	Attachment Style
			Sig.				
.005	1	275	.946			34.22	Safe
						32.36	Unsafe
						33.66	Total
ANOVA							
Age	Sum of Squares	Df	Mean Square	F	Sig.		
Between Groups	201.096	1	201.096	3.946	.048		
Within Groups	14015.323	275	50.965				
Total	14216.419	276					

Table 3: The relationship between the scores of avoidance style with the scores of the healthy sanitary attitude and behavior.

		scores of the healthy sanitary attitude and behavior	scores of the avoidane style
scores of the healthy sanitary attitude and behavior	Pearson Correlation	1	-.155**
	Sig. (2-tailed)		.007
	N	300	300
scores of the avoidane style	Pearson Correlation	-.155**	1
	Sig. (2-tailed)	.007	
	N	300	300

** . Correlation is significant at the 0.01 level (2-tailed).

4. Discussions

Attachment is one of the most prominent concepts of the contemporary psychology. This process implies the formation and the breakup of emotional bonds. Currently, the theory of attachment is helpful for anticipation of many psychic disorders and personal differences [Demir's , 2003]. The style attachment is an important part of personality in adults, which plays a great role not only in the relationships based on intimacy but also in a large area of personal functions [Kaya N.2010]. The effective factors on the unhealthy sanitary attitude and behaviors and the outbreak of chronic physical and psychic diseases have been attributed to the social and economic differences in many studies. In a study by Lantz *et al.*, (1998) some psychosocial variables for anticipation of disabilities and diseases originated from the unhealthy sanitary behaviors, specific personality traits such as the lack of social relationships and support, low self-confidence, pessimism, and more-than-usual anger were reported [Kulbok P,cox C.2002].

The results of a study conducted by Shahar *et al.* (2008) showed that even doctors, dieticians, nurses, and others whose jobs are related to sanitation don't meet the expectations for the healthy sanitary behaviors. Researchers attribute this to personal and social features and differences. Even after a course on the healthy sanitary style, changes in sanitary behaviors were reported [Shahar D,et al. 2009].

Kulbok & Cox (2002) also mentioned the personal differences in unhealthy sanitary behaviors especially in specific age groups [Lantz P, et al.1998]. Although in the present study more than 80% of samples has showed a healthy sanitary attitude, majority of them reported to have unhealthy sanitary behaviors. The level of education, gender, and marital status had no effect on the sanitary attitude and behaviors. The respondents aged 20-29 gained significantly higher scores than those aged 30-39. According to the findings of the present study and other research, scientists believe that more extensive studies about the anticipation of sanitary attitude and behaviors by the personal and social factors are needed. The frequency of the safe and the unsafe styles of attachment was 60.9% and 39.1% respectively in a study by Besharat in Iran that is approximately similar to the results of our research. In studies conducted by Kaya and pril in the U.S. the frequency of the safe style was 33.9% and 50% and the frequency of the unsafe style was 39.1% and 66.1% respectively. The frequency of the unsafe style in these studies is more than our results [Besharat M. 2000, Agostini A.et al. 2010, Demirs , 2003]. Mirhashemi found a significant relationship between attachment styles and marital status of samples [Mirhashemi M,Nikkho M.2007]. But Bartley *et al.* (2007) showed that the safe style of attachment was more than the unsafe style in the married [Kaya N.2010]. Ozmen & Atik (2010) reported that the styles of attachment can predict the length of marriage life [Ozmen O,Atik G. 2010]. Similarly to our study, they found a significant relationship between marital status and the frequency of the safe style. Many references attributed this relationship to flexibility and sense of confidence, which are Essential for a successful marriage. People with the unsafe style of attachment rarely ask others for help and prefer to bear the tension alone. They show lower levels of selfesteem, commitment, and attachment. Also the lack of social gratification has been observed in this group more than those with the safe style of attachment in some studies [Davaji R, valizadeh , Nikamal M.2010, Bowlby. J.1969]. these characteristics prevent people with the unsafe style of attachment from having an appropriate emotional bond with the opposite sex. This can also decrease the frequency of marriage or the length of marriage life. Demir (2003) stated that older respondents had higher average scores of the safe style compared with the younger. There was also a significant, negative relationship between the scary style and age [Bowlby. J.1969]. Saims (2003) reported that the average score of the safe style in 22-year-old or older university students was higher than those aged 17-19 years old [Arslan E,Ari R.2010]. These results are

consistent with the findings of the present study indicating more occurrence of the safe style in older individuals.

Experiencing important changes and facing different conditions during the life can greatly change the styles of attachment [Saymaz, I, 2003]. It seems that aging, facing different situations, and the increase of experience lead to a safer attachment. According to Dogan (2010), performing a series of economic and moral programs for the youth can significantly increase the average scores of the safe style. He suggests that these experiences can be used for prevention and modification of the unsafe styles of attachment in youth [Dogan T.2010]. In different studies conducted by Arsalan & Ari (2010), Gezer (2001), and Besharat (2000) no significant relationship between the style of attachment and gender was observed. By contrast, Saims (2003) found that the frequency of the safe style of attachment in male students and the frequency of the scary style in female students was significantly more than in the opposite sex [Arslan E, Ari R.2010]. Mirhashemi and Nikkhoo (2007) reported that the avoidance style in women is more than in men [Mirhashemi M, Nikkho M.2007]. However, the comparison of the above-mentioned studies to the present paper cannot precisely confirm or deny a relationship between these styles of attachment with gender and some other factors might indirectly affect this relationship. In this study no significant relationship was found between the level of education and the style of attachment. In other research there is also no evidence of confirmation or denial of this relationship. According to Bowlby, the main principle of attachment theory is the primary experiences of children and a kind of safety sense from their mothers or nannies, which transfer by an effective psychic pattern, to the others and can affect their personality traits and their communication with others [Bowlby. J.1969].

Although the average score of nursing students significantly increased after graduation, the level of education has no effect on the primary experiences in childhood and facing different conditions is effective in majority of cases [Demir's, 200]. Although the main hypotheses of the present study were not confirmed and no relationship between the style of attachment with the sanitary attitude and behaviors was observed, a negative, significant relationship between the average scores of the avoidance style with those of the healthy sanitary attitude and behavior suggests more research in this area. The results of a study by Bartley *et al.*, (2007) showed that middle-aged men who do not have the avoidance and the anxious styles of attachment can manage their problems and improve their health more

successfully [Kaya N.2010]. Mikulincor & Florian reported that high average of the safe style can help a person as an internal source to have a more positive performance and feel healthier.

The results of a study conducted. Kati *et al.*, (2001) showed that there is a significant relationship between the styles of attachment, educational programs, and risk factors for heart diseases. They suggested considering the styles of attachment when the educational programs are conducted for sick individuals [priell B, Mitrany D, shahar G.1998].

1.4. Limits:

According to Lantz *et al.* (1998), the investigation of the sanitary attitude and behaviors is mainly based on the answers of the respondents and it has shown that they don't answer all questions sincerely especially about unhealthy behaviors [Kulbok P,cox C.2002]. On the other hand, the detection of attachment style of those who have moderate scores in more than two styles is another problem for data analysis.

5. Conclusion:

Psychologists believe that the early relationships of children from the base of their personality. The theory of attachment is one of the most prominent concepts of contemporary psychology. Attachment is formed from childhood and by a rather steady bond between children and their mothers or nannies. Currently, this theory is used for anticipation of social attitude and behaviors in adults and especially their relationship with others. Determining the sanitary attitude and behaviors is one of the most important issues and according to role of attachment styles in psychic and social condition of people we can use this theory for evaluation of physical and psychic health of them. In this paper the unhealthy sanitary behaviors were observed in more than 70% percent of samples, half of whom had a bachelor's or a master's degree, although most of them showed a highly positive sanitary attitude. This indicates more extensive research for anticipation of these behaviors, according to persona and social or other factors are required. Although in current studies no relationship between the sanitary attitude and behavior with the style of attachment was determined, confirmation of a significant, negative relationship between the average scores of avoidance style with those of healthy sanitary attitude and behavior can pave the way for more specialized research on this area. If this relationship is confirmed, the change of attachment styles through implementation of special programs in different situation will be feasible. Realizing the contrasts in obtained results from the relationship of attachment styles with personal traits can indicate the

presence of indirect factors which affect the styles of attachment and their symbolic behaviors.

Acknowledgements:

The authors wish to thank the management and all bank clerks and the instructors of Literacy Movement in Shoosh who helped us sincerely.

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7/1/2012