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The Relationship Between Attachment Styles and Depression Among Lebanese Young Adults

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Walden University

College of Social and Behavioral Sciences

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Noor AlAssadi

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Walden University
2021

Abstract

The Relationship Between Attachment Styles and Depression Among Lebanese
Young Adults

By

Noor AlAssadi

MS, Walden University, 2017

BA, American University of Science and Technology, 2008

Dissertation Submitted in Fulfillment of Requirements for the Degree of Doctor of
Philosophy in Developmental Psychology

Walden University

November 2021

Abstract

Depression is a serious mental disorder that impacts the individual and community. It has social, economic, emotional, and physical outcomes. Many psychological studies found that testing and identifying the relationship between attachment styles and depression could help understand the development of depression. Existing literature also indicated that cultural norms could influence the relationship between attachment styles and major depression. The purpose of this quantitative survey study, grounded in bioecological theory, was to test the relationship between attachment styles and major depressive disorder among 69 young adults in a homogeneous Lebanese culture. Data were collected using the Revised Adult Attachment Scale, World Health Organization Scale for major depression, and demographic survey. A multiple regression analysis indicated a statistically significant adverse correlation between insecure attachment style (anxious and avoidant) and depression. Avoidant attachment styles could predict severe levels of depression. Results may be used to understand the common personality traits of people with major depression living in a particular Lebanese homogeneous culture. Moreover, this study is an initial step for further research that would help understand the environmental and cultural influences for major depression development, allowing future intervention and prevention plans leading to positive social change.

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Dedication

I would like to dedicate this dissertation to my kids, Bahaa and Abdul. They are so proud of me. They gave me strength during my dissertation journey. They used to cooperate with me though they are young. They used to join me at all my residencies and assist each other in my absence.

To my parents and siblings, I am so grateful for having you in my life. You have motivated me to keep going during this process. I honor you and thank you for your love and support.

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Chapter 1: Introduction to the Study

Introduction

Depression is a serious, common disorder with economic, social, emotional, and physical outcomes for individuals and communities. Previous researchers have found that attachment styles are personality characteristics that can help understand the development of major depressive disorder. Moussavi et al. (2018) confirmed the effect of cultural norms on attachment styles and major depressive disorder. The American Psychological Association (APA, 2013) found that young adults have the most prevalent rates in major depressive disorder. Because of the high rates of this disorder among this population, exploring the relationship between the three types of attachment and major depressive disorder among young adults in a homogenous Lebanese culture is an area worth of closer study. Conducting research on this issue among this group may be a step toward creating positive social change.

This chapter is an introduction to the study. I cover the research problem and study purpose, and the significance of the study will be explained. I will review the theoretical framework serving as the foundation for the study, and the research questions and hypotheses. I will define the major key terms used in the study, list the assumptions, and describe the nature of the study. Additionally, the limitations of the study, the ethical considerations, and the social change implications will be highlighted.

Background

Depression is a neurodevelopmental disorder, and incidence of this disorder is increasing dramatically. According to the World Health Organization (WHO, 2017), depression rates increased by 18.4% between 2005 and 2015. Wan et al. (2020) confirmed that 5% of the world population or 300 million people worldwide suffer

from depression. WHO (2017) claimed that 16% of the eastern Mediterranean region population are diagnosed with major depressive disorder. The most common type of depression is major depressive disorder, with 28.2% of the world population experiencing persistent depressive disorder (Vandeleur et al., 2017). According to De Mannior et al. (2016), Marek and Parks (2017), and Zhang et al. (2016), depression is the leading reason for global economic crises, as it may result in job loss, limitations of intellectual development, and demotivation to improve in various aspects of life.

Many researchers have found a relationship between adult depression and attachment styles. Attachment styles are the central characteristics of personality structure, which impact personal perspectives, emotions, defenses, and relationships (Beatriz et al., 2010). However, the existing study results into the relationships between the types of attachment and major depressive disorder vary based on cultural context (Gale, 2007). Cultural context could include beliefs, behavioral tendencies, and attitudes that could help individuals reach personal satisfaction and acceptance (Gale, 2007).

Many researchers have tested the relationship between attachment styles and depression and compared the results among different countries and cultures. For example, Mousavi et al. (2018) compared the results of the relationship between a mother's perception of attachment and beliefs in Iran, Iraq, and Afghanistan. Vatan and Pellitteri (2016) compared the results of the relationship between attachment styles, emotion regulation, and psychopathology symptoms in Turkish and U.S. students. Van Ijzendoorn and Kroonenberg (1988) confirmed that the types of attachment differ according to culture. Individualistic countries, such as Germany, have high anxious-avoidant levels, whereas collectivist countries, such as Japan, have high levels of ambivalent resistance (Van Ijzendoorn and Kroonenberg, 1988).

Because of these differences, it is important to test the relationship between attachment styles and depression within a specific region to determine if there is a relationship between the variables and the types of attachment, the common personality trait, related to depression in a homogeneous population. In this study, I focused on the relationship between variables among Lebanese people.

Lebanon is lacking official statistical data in major aspects, including demographics and people with mental disorders (Country Studies, n.d.). Lebanon has various religious sects and demographics are distributed according to religion. In other words, each religious sect has a geographic region. Moreover, most governmental laws are based on religious rules (Country Studies, n.d., Darwiche, n.d.). For example, shops in the Muslim area of Lebanon close every Friday, whereas shops in the Christian area close on Sundays. Each region in Lebanon has its own traditions, religions, cuisine, and cultural lifestyles (Azzam et al., 2013). Saida is the third-largest city in Lebanon with a majority Muslim-Sunna population and citizens there follow common social rules (Azzam et al., 2013).

Problem Statement

The development of attachment style varies according to cultural frames (van Ijzendoorn & Kronenberg, 1988). Attachment styles are personality traits formed through the emotional interactions between an individual and their caregiver, and then the individual and their community (Ainsworth & Bell, 1970, Bronfenbrenner, 1977). Knowing these personality traits could help in understanding the psychopathology, the development of emotions and social relationships, the development of therapeutic relationships, and the adherence to psychological intervention needed (Cooley et al., 2010, Hooper et al., 2016). The existing literature includes many scientific analyses of the relationship between attachment styles and depression (Cooley et al., 2010,

Hooper et al., 2016). However, researchers have also indicated that cultural norms significantly influence the development of different types of attachments and depressive levels (Mousavi et al., 2018).

According to Bowlby (1980), attachment patterns vary based on cultural frames of emotional interactions between the mother and the infant during early childhood and are maintained into adulthood. Attachment patterns impact an individual's mental health and behaviors, such as decision making, relationships, and emotional balance (Bowlby, 1980, Halberstadt & Lozada, 2011, Vatan & Pellitteri, 2016). Culture affects personality development and influences an individual's perspectives, decisions, reactions, emotions, defenses, and relationships (Beatriz et al., 2010, Cooley et al., 2010). Van Ijzendoorn and Kronenberg (1988) stated that the perception and interpretation of the individuals' behaviors within subcultures can differ significantly according to ethnicity, race, social class, religion, level of education, psychological-diagnostic criteria, child-rearing practices, and other personality traits.

Additionally, prior literature has confirmed that insecure attachment development can have a long-term depressive impact (Conradi et al., 2018, Dagan et al., 2018). Nevertheless, Dagan et al. (2018) suggested that future studies should be conducted to examine the mechanism that could affect attachment patterns across the lifespan and increase the vulnerability to depression in adulthood.

Lebanese regions, cities, and political ranks are distributed based on traditions and religions (Kiprop, 2018). Religion is merged in schools, laws, and cultural types (collectivism and individualism). Civil marriage is not allowed under Lebanese law (Darwiche, n.d.). Marriage between individuals of different religious sects or of similar genders cannot be registered in the Lebanese government. People who want to

marry under such circumstances must change their religion or travel to other countries to be married. Women are not allowed to give birth if they are not married. If a child's father is unknown, the child cannot be registered or have official papers. In addition to these countrywide traditions and cultural norms within Lebanon, each region has its own religion, cuisine, and other cultural practices (Darwiche, n.d.). The Lebanese capital, Beirut, has become more heterogeneous and Westernized in recent years, however, Saida, the third-largest city in Lebanon, has maintained a majority Muslim-Sunna population and has held its unique homogeneous traditions (Azzam et al., 2013). For example, Saida follows a strict code against the use of alcohol. There are no liquor stores, and no one is allowed to sell alcohol in markets or restaurants. Additionally, pubs and nightclubs are not available in Saida.

Few studies have been conducted into the relationship between attachment styles and depression in Lebanon. Obeid et al. (2019) tested the relationship in Lebanon between attachment styles and increased psychopathology risks in adulthood, including alcohol abuse, substance abuse, anxiety, depression, schizoid disorder, and alexithymia. The results of their study revealed that the preoccupied, dismissing, and fearful attachment styles, which share a negative self-model, were correlated with high levels of depression. Furthermore, Obeid et al. found a significant positive correlation between high suicidal ideation, elevated levels of depression and anxiety, and fearful and the preoccupied attachment styles. Although Obeid et al. explained that culture affects the individuals' approaches to form relationships and adult attachment styles, their study of attachment styles and depression did not concentrate on any specific Lebanese regions or age group. Thus, this proposed research study adds to the existing knowledge base regarding the relationship between different attachment styles and the level of depression. In this

study, I examined a specific population, young adults within a homogeneous Lebanese culture that maintains traditions related to religion, social norms, values, and beliefs.

Purpose Statement

This quantitative study was designed to test the relationship between the three types of attachment styles and major depressive disorder among young adults aged 18-29 in a homogeneous Lebanese culture. Lebanese regions are distributed based on ethnicity and religions, which maintain cultural and traditional norms. The independent variable is the three types of attachment: secure, avoidance-insecure, and anxious-insecure, which is measured by the revised version of Adult Attachment Scale. Attachment styles are an emotional bond that begins developing in childhood and maintain through experiences throughout the lifespan. The dependent variable is the level of depression, measured according to WHO-5. Depression is a neurodevelopmental emotional disorder with severe adverse effects on the individual's social, emotional, and occupational functioning. The participants were previously diagnosed with major depressive disorder and were between 18 and 29 years of age. Multiple regression analysis was used to examine the relationship between the independent variables (the three types of attachment styles) and the dependent variable (major depressive disorder).

Research Question and Hypotheses

RQ: What attachment styles relate to young adults (18-29 years) formally diagnosed with major depressive disorder within traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5?

Ho: There is no significant relationship between attachment styles and young adults (18-29 years) formally diagnosed with major depressive disorder's levels within

traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5.

H1: There is a significant relationship between attachment styles and young adults (18-29 years) formally diagnosed with major depressive disorder's levels within traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5.

Theoretical Framework

An essential component of quantitative research is to test the theory to answer research questions. Theories in quantitative research explain the relationship between the variables (Creswell, 2003). The bioecological approach, developed initially by Bronfenbrenner, was used in this study. The "bio" stands for biological influences, and ecological stands for habitation.

Based on ideas developed by Bronfenbrenner (1977), the individual development stages are interlaced nested systems. All systems influence the cognitive, physical, emotional, social, and mental development of an individual. Bronfenbrenner discussed the proximal concept, which emphasized the interactions between an individual and the surrounding, including faith, laws, rules, language, routines, ideologies, religion, objects, people, and traditions (Bronfenbrenner, 1977, Vélez-Agosto, et al. 2017). Culture is merged in all levels and aspects of a human's lifespan (Vélez-Agosto et al., 2017).

None of the scholarly articles that tested the relationship between attachment styles and major depressive disorder, relied on bioecological theory. Most studies that tested the relationship between attachment styles and major depressive disorder relied on attachment theory. I relied on bioecological theory because my study purpose was to test the relationship between the variables within a homogeneous culture, impacting

all individuals' developmental aspects. The bioecological theory served the study purpose and research questions because it highlights the importance of subcultural interaction with human development, including social, economic, occupational, emotional, physical, and cognitive development.

Nature of the study

This quantitative regression study helps to fill a significant gap in research regarding a homogeneous Lebanese culture. The independent variable is the three types of attachment styles, which are considered personality characteristics. Major depressive disorder is the dependent variable. The quantitative research tested the relationship between the independent variable (three types of attachment styles) and dependent variables (major depressive disorder) within a homogeneous culture. It focused on gathering numerical data that were analyzed through multiple regression. Multiple regression enables the researcher to evaluate how variables are related, compare sizes or slopes, and test the research hypotheses (Warner, 2013).

Definitions

Anxious insecure attachment is when the individual desires to be close to others but is concerned about others' responses (Kneough et al., 2018). See chapter 2

Attachment style is the human's ability to develop a bond and relationship with his/her surroundings. It is a personality characteristic (Bowlby, 1982). See chapter 2

Avoidant insecure attachment is when individuals have difficulties trusting and getting close to others (Dagnino et al., 2017). See chapter 2

Insecure attachment is initially developed when the child lacks closeness to a parent or caregiver. People with insecure attachment usually have difficulty establishing relationships with others and tend to be either anxious or avoidant (Dagnino et al., 2017). See Chapter 2

Major depressive disorder (MDD) is a common neurodevelopmental disorder, a leading cause of disabilities and diseases (APA, 2013, De Maninor et al. 2016, Zhang et al., 2016). See chapter 2

Secure attachment is universal with common positive outcomes in all diverse cultural contexts (Miconi et al., 2017, Zhu et al., 2016). See chapter 2

Statistical Assumptions

Multiple regression was used in the study. The analysis of the multiple regression should explain linearity (the relationship between independent and dependent variables), homoscedasticity (variance), independence (no relationship between variables), normality (distribution of the variables), or no measured errors (Franfort-Nachmias et al., 2015).

Statistical Assumption 1: The WHO-5 and Revised Adult Attachment Scale (RAAS) are reliable and valid tools that measure depression and attachment patterns among participants.

Statistical Assumption 2: Participants are honest when answering questions on the WHO-5, RAAS, and the demographic survey.

Statistical Assumption 3: Participants accurately reported their age and culture-related information, including the habitation region and religion.

Scope and Delimitations

External validity was addressed in this study as it takes place in the real world, not in a lab. Moreover, it includes a specific homogeneous geographic region because prior literature showed the influence of culture on the attachment styles and depression. I used the G*power to calculate the sample size required to detect a significant relationship between the variables if they exist. I chose the medium-range since a large population might cause difficulties in interpreting the usual tests of

significance and could expose more participants than necessary to any related risk. A small population may produce inconclusive results.

Internal validity was achieved in this study because the study was not longitudinal, had no comparison between control and experimental groups, was not influenced by time, nor examines a causal relationship. However, internal validity have been affected by the sample selected for participants. The participants were young adults, aged 18-29, diagnosed with major depressive disorder. They were also raised or currently living in Saida, Lebanon. Furthermore, the sample was limited to English-speaking individuals and those familiar with technology and the internet.

Limitations

This study has some limitations. First, some people with depression lack motivation during depressive episodes. Thus, some young people diagnosed with depression were not motivated to participate in the study. This limitation might be an undetectable difference in those who choose to participate compared to those who do not. Moreover, participants might not have carefully read and answered the questionnaires. Besides, there is a large population of Lebanese people who do not speak and/or read the English language. The RAAS is not translated into Arabic language. The survey was in English language, which might have created subtle differences in the participants' interpretation of the questions.

Furthermore, I used an online survey as a data collection tool. Thus, participants needed to be familiar with technology and the internet, and the study excluded those without access to online technology. I also relied on self-selection for participant recruitment and participants' self-report via online surveys. I was not able to validate that the participants had an official clinical diagnosis of major depressive disorder or respond accurately. Finally, I collected data from enough individuals that

those data mirror the specific population from which the sample was drawn. In other words, the results of this study are generalized for the individuals diagnosed with major depression in a specific homogeneous culture and age group.

Significance

The present study is a fundamental step in advancing research knowledge for many reasons. The study used a cultural lens to examine the relationship between attachment styles and depression. The cultural context in this particular study is shaped by a homogeneous Lebanese community that has commonly held traditions and religious norms. As a little-studied population, this study adds to the existing literature of Lebanese culture. The study enhanced the understanding of major depressive disorder among young adults in Lebanon. It is an initial step towards further understanding factors influencing depression so that effective intervention, prevention, and awareness plans can eventually be created and targeted to young adults with depression raised or living in culturally traditional Lebanese communities. This study is also important because it helps add to the paucity of research identified in previous studies that examine the related attachment patterns across the lifespan, which might increase the vulnerability to depression in adulthood (Dagan et al., 2018). By investigating these relationships, I filled in a gap in the literature, and specifically, in the literature related to Lebanese culture.

Social Change

The results of this study improve the understanding of different correlated variables with depressive psychopathology. The results highlight the essential personality trait among most young adults with depression and living in a homogeneous Lebanese region. APA (2013) stated that the prevalence of major depressive disorder among young adults 18-29 is three times more than the prevalence

among people aged 60 or older. Many young adults experience problems with depression that cause interpersonal issues such as self-esteem, self-image, and self-worth. Such difficulties may lead to economic, social, academic impairments. This study has a clearer vision of young adults with depression in this homogeneous Lebanese region. The study also fills a gap in the literature recommended by Dagan et al. (2018). Dagan et al. confirmed a strong relationship between insecure attachment styles and depression. Dagan et al. recommended further studies that discuss relationships between attachment styles and depression and the effects of treatment methods.

Summary

Depression is a serious and common neurodevelopmental disorder that can lead to several negative life impairments. Based on data from the APA (2013), the most prevalent rates of depression are among young adults. Previous studies have shown a correlation between attachment styles and major depressive disorder. However, the literature also confirmed that cultural context plays an essential role in the relationship between attachment styles and depression (Gale, 2007). I selected a homogeneous Lebanese region with common religion and traditions to examine the relationship between attachment styles and major depressive disorder within a culturally homogeneous group that has not been well examined.

In Chapter 2, the bioecological theory will explain the importance of examining the relationship between attachment styles and major depressive disorder among young adults within a homogenous culture. It will review the existing literature on attachment styles, major depressive disorder, and cultural influences. Chapter 2 will also discuss how previous research points to the need for this study.

Chapter 2: Literature Review

Introduction

This quantitative study tested the relationship between the independent variable, which is the types of attachment styles (secure attachment, insecure-anxious, and insecure avoidant) and the dependent variable, which is major depression among young adults (18-29 years old). The participants were those raised in a homogeneous community with common cultural traditions and religious norms. This homogeneous community, Saida, is distinct from more urban communities within Lebanon. Multiple regression analysis was used to examine the relationship between the independent variables (the three types of attachment styles) and the dependent variable (depression).

This chapter provides a review of bioecological theory and a critical overview of the peer-reviewed research that explores various attachment styles, major depressive disorder, and cultural influences. The search strategy will be discussed, then there will be a review of works on the symptoms of depression, risk factors, and effects, followed by an exploration of studies on the types of attachment, including emotional consequences and cultural effects. Moreover, there will be a discussion about the theoretical perspectives on the relationship between attachment and depression within a homogeneous cultural region. This chapter will also include a discussion of the study's research questions, along with a summary of related research.

Literature Search Strategy

The literature collected for this study was published between 2015 and 2020. I gathered information from Walden University's Library and used the EBSCO, PsycArticles, PsycInfo, PsycTests, Thoreau database system to find scholarly and

peer-viewed articles. Most databases were specific to the field of psychology, such as (a) Science Direct, (b) Elsevier, (c) American Psychological Association, (d) PMC, and (e) SAGE. The key terms and phrases used were attachment, attachment styles, depression, major depressive disorder, society, culture, cultural, ethnicity, race, religion, values, identity, young adult, and early adulthood. Bioecological theory was also reviewed. The literature review gives an overview of the theoretical framework, previous findings related to my topic, and the gaps that needed to be explored in future studies. There was only one known scholarly article related to attachment styles and mental disorders, including depression, within the Lebanese culture by Obeid et al. (2019).

Theoretical Framework

Bronfenbrenner (1977) developed the bioecological model to emphasize that it is a combination of nature and nurture factors that influence human development (see also Vélez-Agosto, et al. 2017). The bioecological theory explains complex developmental transformation within the interdependent systems (Vélez-Agosto, et al. 2017). The primary purpose of the bioecological theory is to understand an individuals' behaviors and development based on their interactions with the environment in which they live (Bronfenbrenner, 1977). According to Bronfenbrenner's theory, the individual developmental stages are interlaced nested systems. All systems influence the cognitive, physical, emotional, social, and mental development of an individual. Additionally, Bronfenbrenner discussed the proximal concept, which emphasizes the interactions between an individual and the surrounding, including faith, laws, rules, language, routines, ideologies, religion, objects, people, and traditions (Bronfenbrenner, 1977, Vélez-Agosto, et al. 2017).

Thus, culture is merged in all levels and aspects of a human's lifespan (Vélez-Agosto et al., 2017).

Bronfenbrenner (1977) classified human environmental systems into four structures. The first structure is the microsystem, which is the relationship between the individual and his or her immediate environment, including home, school, neighborhood, and workplace. The microsystem includes the genetic and biological influences as well as the individual's immediate settings, interactions, and behaviors (Bronfenbrenner, 1977, Vélez-Agosto, et al. 2017). The microsystem also suggests that people are engaged in everyday activities in certain roles for a particular period of time (Bronfenbrenner, 1977, Vélez-Agosto, et al. 2017). Bronfenbrenner used the term *activity* instead of behavior to emphasize that action plays an essential role within the microsystem. For example, the individual is a son/daughter, partner/husband/wife, employer/employee, or student/teacher depending on the activity and context throughout their day. The physical setting influences the behavior, interaction, reinforcement schedules, purpose of the task, and response rate.

The second layer is the mesosystem, which explains the interrelations among the primary settings within the microsystems. The mesosystem emphasizes the impact of direct social relationships (home, school, neighborhood, peers, etc.). The mesosystem includes two or more microsystems that affect an individual's development and is similar to the microsystem regarding developmental characteristics (Rosa & Tudge, 2013). However, the microsystem involves interpersonal roles happening in a single geographical setting (Rosa & Tudge, 2013). The third system is the exosystem, which is the extension of the mesosystem with specific social structures. The exosystem includes all significant institutions of the

society, whether direct or indirect, or formal and informal, such as work, neighborhood, mass media, governmental agencies, and informal social networks.

The macrosystem is the most fundamental part of the nested systems with mutual effects with all the previous systems. While Bronfenbrenner (1977) illustrated this system by merging the role of the cultures and subcultures in creating the individuals' activities. Culture has a mutual influence on human development through the daily practices of social communities, including families, schools, intelligence, memory, and communication (Bronfenbrenner, 1977, Vélez-Agosto, et al. 2017). Subcultures define the relationship between children and their caregivers such as duties or responsibilities of the caregivers toward their children and the interactions with a variety of environments, social networks, roles, activities, and interrelations (Bronfenbrenner, 1977). Bronfenbrenner described cultures and subcultures as school classrooms with similar looks and functions, but each setting and institution has its recorded laws, regulations, and rules. The culture and subculture are considered blueprints to construct the macrosystems. Economic, social, educational, legal, and political systems are elements of culture in which all other systems (mico-, meso-, and exo-) are involved. Thus, Bronfenbrenner indicated that culture is a product of human activity (Bronfenbrenner, 1977, Vélez-Agosto, et al. 2017).

Most studies that tested the relationship between attachment styles and major depressive disorder relied on attachment theory. However, I relied on the bioecological theory. My study tested the relationship between the three types of attachment and major depressive disorder in a homogeneous culture. Similar to attachment theory, bioecological theory illustrates the impact of direct surroundings on the individual's development, especially the parents and caregivers. Additionally, the cultural context plays an important role in my study to test the relationship

between variables. Thus, the bioecological theory was thought to be appropriate because it discusses the cultural effectives on interpersonal, social, emotional, occupational, and mental development (Vélez- Agosto et al., 2017).

Literature Review Related to Key Variables and/or Concepts

Attachment Styles

Definition of Attachment Styles

Defining what attachment styles means Attachment is the affectional tie between one individual and another specific person, place, or thing (Pallini et al., 2018, Troyer & Greitemeyer, 2018). It reflects how close the individual can be to obtain self-security and social support (Kawamoto, 2020). Attachment is the interactive regulation that affects the biological organisms, including the neurobiological systems (Nandam et al., 2020, Pallini et al., 2018). There are no gender differences among adults' attachment styles (Shu et al., 2017). Attachment styles strongly affect the career decision-making process and romantic partner selection and can predict the stability in human behavior, thinking, social relationships, and life progressing (Feeney & Fitzgerald, 2019, Kawamoto, 2020, Lucia et al., 2017, Pallini et al., 2018). Attachment classifications are the central to personality structure and internalization of the cognitive, expectations, and behavioral development (Cooley et al., 2010). Attachment styles affect the individual's networking, including child-mother relationship, child-father relationship, and child-teacher relationship as well as relationships with peers (Cowan et al., 2019).

Describing Attachment Styles—Secure and Insecure

Three main attachment styles are secure, anxious- ambivalent, and avoidant styles (Cooley et al., 2010). Individuals with secure attachment styles are close to others and sociable, have positive relationship development, effective regulation of emotions, and ability to express the need of social support, and usually show positive

treatment understanding, little difficulty in communication, good trust, and flexibility in repaired behaviors (Cooley et al., 2010, Hooper et al., 2016, Keough et al., 2018). People with secure attachments can face stressful events, be able to use adaptive emotional regulation strategies, and are resilient and have good well-being (Kawamoto, 2020). Further, the individual with secure attachment has flexible attention, which helps them focus, have direct attention, have better and optimistic perspective, and explore (Keough et al., 2018, Zhu et al., 2016). People with secure attachment styles develop an internal working model with positive images of self and others (Zhu et al., 2016). In contrast, individuals with insecure attachment might suffer from emotional imbalance, behavior problems, social maladjustment, social withdraw, social rejection, and cognitive incompetence (Janowska et al., 2015, Simpson & Rholes, 2017).

Continuing Description of Attachment Styles—Avoidant and Anxious

Furthermore, there are two dimensions of attachment insecurities (Dagnino et al. 2017), which are avoidant and anxious. First, individuals with avoidant attachment styles have difficulties trusting and getting close to others (Cooley et al., 2010, Dagnino et al. 2017). They misrepresent others (Kawamoto, 2020). Thus, they seek to have emotional distance from others and compulsive self-reliance. They are afraid of intimacy and feel discomfort with closeness and dependence. People with avoidant attachment styles also try to block normal emotions because they have problem-solving difficulties (Dagnino et al. 2017). Children who develop physical abuse or maltreatment are more likely to develop avoidant attachment style and depressive symptoms (Janowska et al., 2015, Schierholz et al., 2016, Wu et al., 2018).

Second, individuals with an anxious attachment style desire to be close to others but are concerned about others' responses. They seek to have excessive closeness, worry about relationship, and fear rejection and neglect (Cooley et al.,

2010, Hooper et al., 2016, Keough et al., 2018, Zhu et al., 2016). Unlike avoidant attachment, individuals with anxious insecure attachment styles misrepresent themselves (Kawamoto, 2020). People with anxious attachment develop a negative internal working model of self, which can lead to less efficacy and, in some cases, psychopathologies such as depressive disorders (Dagnino et al. 2017). They are self-criticizing and most vulnerable to depression and interpersonal impairments due to failure, stressful events, and lower social support (Dagnino et al. 2017). Children who suffer from neglect are more likely to develop anxious attachment styles (Janowska et al., 2015).

Various researchers have addressed the importance of attachment styles and the different influences on attachment styles. For example, Pallini et al. (2018) found that a secure attachment can develop a confident person as a result of the caregiver's availability and comfort, offering quality time, and support in distressful and fearful moments. Zhu et al. (2016) also tested the moderation effect of cultural orientation of adult attachment (perceived social support) depressive symptoms within two cross-cultural samples of college students recruited from China and the United States and showed that secure attachment style is universal with common positive outcomes in all diverse cultural contexts (see also Miconi et al., 2017). Talia et al. (2018) further discussed the importance of a secure base in psychotherapy as therapists with secure attachment are more nurturing and supportive than therapists with an insecure one. Moreover, therapists with secure attachments show better mentalizing abilities (Talia et al., 2018). Insecure attachment limits the attention and behaviors (Pallini et al., 2018).

Wrapping Up by Highlighting Importance of Parents' Influence on Attachment, Which Leads Into the Next Section

According to research, parents also have an important influence on attachment style and future behavior. Children depend on their mothers for emotional regulation. The physiological reaction to emotions and disorganized mother-infant attachment are risk factors for later psychopathology (Ludmer et al., 2018). Additionally, attachment styles, mothers' attributions to child behavior, and mothers' expectations vary according to region and culture (Mousavi, Mazaheri et al., 2018).

Parenting Styles and Attachment Styles

Fuchs and Taubner (2019) explored the effects of positive and negative attachment-related mood inductions on mentalizing performance with attachment styles as a moderating variable. The sample included 92 healthy adults with either positive, negative, or neutral attachment-related mood induction. Fuchs and Taubner (2019) confirmed that the systemic patterns help individuals react and regulate their emotions in stressful events. Thus, having positive attachment experiences with caregivers reinforce positive representations of the self-image and others (Fuchs & Taubner, 2019). They can recall positive memories, show improvement in cognitive performance, categorize and problem-solve, and have positive interactions. Whereas, parenting insensitivity, neglection, or rejection are reasons for insecure attachment that lead children to be threatened or unresponsive (Fuchs & Taubner, 2019). Negative family experiences form unstable emotional and social interactions. People with insecure attachment have cognitive, emotional, and interpersonal problems (Fuchs & Taubner, 2019). They are unable to solve problems. They worry about being rejected by others. They prefer to be isolated. All these problems are vulnerable to develop depression. Parents of children struggling with depression showed more anger and conflict, use of control, poor communication, overinvolvement, less

warmth, and less support. Families with depression are less cohesive and more disengaged.

Major Depressive Disorder

Worldwide Related Statistics of Major Depressive Disorder

Depression rates increased by 18.4% between 2005 and 2015 (WHO, 2017).

Around five percent of the world population or 300 million people worldwide suffer from depression (De Maninor et al. 2016, Nandam et al., 2020, Wan et al., 2020, WHO, 2012). 28.2% of persistent depressive disorders are major depressive disorder (Vandeleur et al., 2017). Eight hundred thousand people died every year due to depressive-suicidal actions (Wan et al., 2020). Depressive symptoms are the leading causes of disabilities and diseases (De Maninor et al. 2016, Zhang et al., 2016). By 2030, it will be the highest contributor to the global burden of disease (Nandam et al., 2020). De Mannior et al. (2016), Marek and Parks (2017), and Zhang et al. (2016) indicated that depression is a leading reason for the global economic crisis due to the loss of jobs, limitation of intellectual development, and limitation in motivation and knowledge-seeking.

Definition of Major Depressive Disorder

Major Depressive disorder (MDD) is a common neurodevelopmental disorder (APA, 2013, WHO, 2017, Li et al., 2015, Vandeleur et al., 2017, Wan et al., 2020, Zhang et al., 2016). 20% of adults might experience different depressive episodes during their lifetime. However, major depressive disorder (MDD) has a minimum of two weeks of a minimum of five symptoms (APA, 2013, Uher et al., 2014). The psychologist should ensure that these symptoms are not a side effect of a given medication or any substance abuse (APA, 2013, Uher et al., 2014). MDD is associated with irritable mood, loss of energy, change in weight or appetite, loss of pleasure or interest in all people or activities, emptiness, tearful appearance, sleeping problems,

lack of concentration, somatic and cognitive disabilities, lack of muscles coordination, loss of motivation, and lack of self-esteem and self-worth (APA, 2013, Fakhoury, 2015, Fuhr et al. 2017, Uher et al., 2014, WHO, 2017). A major depressive disorder is more prevalent among females than males. Based on APA (2013) and WHO (2017), females are twice as likely as males to suffer from depression. The most severe symptom of major depressive disorder is recurrent death or suicidal ideations and attempts (Boyda et al., 2018). Depression has long-lasting, consistent, recurrent, or substantial impairments that limit the individual's daily functions (WHO, 2017).

Causes of Major Depressive Disorder

Depression could be a result of both severe and non-severe incidents. People with depression might be depressed because of a severe accident, family illness, family violence, parental problems, or financial problems (Dagnino et al. 2017). On the other hand, depression could also occur when non-severe stressful events happen, such as receiving poor grade in school, arguing with a friend or family member, receiving criticism from a boss or teacher, or arguing with a partner (Dagnino et al. 2017).

In an overview of the role of genetic and environmental factors of the pathophysiology of MDD, Fakhoury (2015) described the structural changes in the brain of individuals with major depression. Fakhoury (2015) found that, during young adulthood, the major depression symptoms develop with greater severity, chronic, greater occurring of suicidal depressions, and worse social functioning (Fakhoury, 2015). The ages between 20 and 30 are mostly affected by major depressive disorder, especially women (APA, 2013, Fakhoury, 2015, Marek & Parks, 2017). The tendency of the onset of depressive disorder is higher in poverty, socioeconomic struggles, social incompetence, acculturative stress, discrimination, or immigration (Marek & Parks, 2017, Miconi et al., 2017, Sallis et al., 2017, WHO, 2017, Wan et al., 2020).

Common Interpersonal Characteristics Between People with Depression and Insecure Attachment

Interpersonal stressors affect depression and attachment styles. People with depression have difficulties disengaging from self-centered thoughts, have poor social understanding, and are dysregulated in their social behaviors (Koelkebeck et al., 2017). Therefore, they prefer social isolation (Koelkebeck et al., 2017). People with depression and/or insecure attachment worry about experiencing personal losses and rejection because they have previously experienced rejection, neglect, and discouragement (Dagnino et al. 2017). They are unable to regulate their emotions in order to control positive, negative, and neutral mood states. People with depression and/or insecure attachments do not recognize changes in emotions, thoughts, and moods (Zhang et al., 2016, Zhu et al., 2016). They directly tend to avoid or negatively react instead of problem-solving (Zhang et al., 2016), Zhu et al., 2016).

MDD Onset

The onset of major depressive disorder could begin in a gradual form in childhood or sudden in adolescents (Miconi et al., 2017). Goh and Wilkinson (2017) and Li et al. (2015) confirmed that adolescents are at risk of psychological maladjustment due to biological, cognitive, and social transformations. Most adults with depression confirm that they had symptoms in their late adolescence (Li et al., 2015). Nearly four to five percent of adolescents have depressive symptoms yearly (Li et al., 2015). These symptoms could develop to be a disorder in early adulthood and have significant risks, including suicidal behaviors (Li et al., 2015). Adolescents usually develop chronic and relapsing symptoms that could form a disorder in their early adulthood (Goh & Wilkinson, 2017, Sallis et al., 2017). According to APA (2013), the prevalence of major depressive disorder among young adults 18-29 is three times higher than the prevalence among individuals age 60 or older.

MDD Effects

MDD leads to impairment in social, occupational, emotional, physical, and cognitive functions that are important for the individual, his/her family, and society (APA, 2013). The major depressive disorder could include other adverse outcomes such as tobacco or substance abuse, suicidal behavior, school/university dropout, poor work functioning, and marital/ relationship problems. The APA (2013) found out that people with depression struggle with concentration and exhibit slowness of thought, and movement due to loss of interest in activities and loss of energy. These struggles can lead to intellectual, academic, or work dysfunction. People with depression could fail in nonverbal tasks that require attention, coordination, speed, and emotions or facial expressions. A severe level of MDD could lead to suicidal behaviors and thoughts (APA, 2013). Therefore, major depressive disorder has serious outcomes.

Treatment for Depression

Treatment for depression is behavioral therapy, cognitive therapy, cognitive-behavioral therapy, interpersonal psychotherapy for depression, recreation therapy, and medication (Lemmens et al., 2019, Nagata et al., 2020, Nandam et al., 2020, Oztekin & Karaoglu, 2019,). Bernecker et al. (2016) replicated a pervious study that showed that high attachment avoidance was associated with greater depression reduction in cognitive behavioral therapy (CBT) than interpersonal psychotherapy (IPT). The study included 69 adults with variety of severity of depression. The results showed equivalent in efficacy between CBT and IPT. Through behavioral therapy, the psychologist focuses on the positive reinforcement to increase behavioral motivations and reduce the guiltiness or self-punishment (Bernecker et al., 2016). Moreover, psychologists work on social and other coping skills. Cognitive therapy works on improving the self-awareness of thoughts, biased interpretations, guiltiness, and fear of failure (Bernecker et al., 2016). Cognitive-behavioral therapy is the most common

intervention that combines the above therapies (Bernecher et al., 2016, Lemmens et al., 2019). Through these therapies, the psychologist aims to change the negative views and thoughts to positive and optimistic ones (Reiner et al., 2016). The interpersonal psychotherapy involves the family and interpersonal interactions. The intervention's aims to improve the understanding of negative cognitive analysis and the effect of depression on self and others (Reiner et al., 2016). Moreover, it motivates the person to increase pleasant or positive activities with families and peers. Reactional therapies are built on motivation and assuming leadership roles in physical activity intervention (Nagata et al., 2019). Last but not least, medications control the mood disturbances and other related symptoms. They are called antidepressants or Selective Serotonin Reuptake Inhibitors (SSRIs) (Nandam et al., 2020). The psychotherapeutic intervention helped increase attachment security and decrease depressive symptoms (Reiner et al., 2016).

MDD and Ethnicity and Culture

According to WHO (2017), the prevalence of depression varies across cultures and regions. Few studies have tested the ethnic, racial, or cultural effects on people with major depressive disorder. Moreover, the findings of the few studies that exist are inconsistent.

Although major depressive disorder has genetic influences, the increase and the severity of the disorder have environmental risk factors (Kendler and Gardner, 2017). Hooper et al. (2016) had 237 participants to examine the predictive strength of depression, patient attachment style regarding medication treatment adherence, and mediation effect of attachment styles on the relationship between depression and medication treatment adherence. Halgunseth et al. (2019) and Hooper et al. (2016) suggested a deep understanding of the depression-related factors to create a better strategy as treatments for depression. Besides, Halgunseth et al. (2019) and Hooper et

al. (2016) believed that family has an important role in preventive and interventive treatments for depression. Families' behaviors and reactions are culturally related. Moreover, they are the basic influence of the development of various types of attachment.

Gale (2007) discussed the relationship of cultural context (sociotropy), individuality (autonomy), and depression. Gale (2007) believed that the combination of the beliefs, behavioral tendencies, and attitudes are based on the level of dependency on others to reach personal satisfaction. Therefore, people with high sociotropy have interpersonal interaction, such as relatedness, empathy, approval, affection, protection, guidance, and help. In contrast, people with autonomy emphasize individualization, uniqueness, physical functioning, and control. Both types of people with sociotropy or autonomy are at risk of depression (Gale, 2007). Thus, culture is essential element to test the relationship between major depressive disorder and attachment styles.

Genetic and Family Risk of MDD

Children with a parent who suffers from depression are 14 times more likely to become depressed (Fakhoury, 2015). Children with depression have gene-environment interactions of the depressive symptoms. There are specific genes that may increase or decrease the sensitivity to stress and brain reactions, such as neuroendocrine stress responses, autonomic activity, and reward sensitivity. Besides, MRI showed that people with depression could have abnormalities in the structure and function of the amygdala, cingulate, hippocampus, thalamus, prefrontal cortex, and limbic and striatal brain areas (Fakhoury, 2015). Although genetics play a vital role in the development of major depressive disorder, Fakhoury (2015) and Sallis et al. (2017) confirmed that the environmental factors have a significant role, including traumatic emotional experience, pharmacological or drug abuse, cerebellum damages,

malnutrition, lack of vitamins, high consumption of alcohol and nicotine, and changes in neurotransmitter activity.

Neurobiological Factors of MDD

Although people with depression's brains tend to be less active than usual regarding attention, executive functions, and sensory process, it is overactive in the amygdala and hippocampus in forming memories, social recognition, and interpersonal events. Funchs and Taubner (2019) described mentalization as an imaginative mental activity that leads to feelings, needs, beliefs, and reasons. After analyzing these mental activities concerning how the individual react or behave, Funchs and Taubner (2019) analyzed that the developmental processes of the attachment styles could affect the mentalization's dynamic ability, including automatic, controlled, affective, cognitive, self-related, other-related, external or internal focus. Opel et al. (2016) clarified the development of emotional disorder (depression) biologically. Opel et al. (2016) showed that brain structural alterations are highly heritable. Opel et al. (2016) also added that the grey matter reductions in areas suspected to be involved in emotion processing are apparent in subjects at high familial risk and early environmental stress.

Adams et al. (2020), Pighi et al. (2018), and Nandam et al. (2020) related major depressive disorder to hypothalamic-pituitary-adrenal axis (HPA) dysfunction, inflammatory processes, neurotransmitter systems dysfunction, dysregulation in the front-temporal-limbic network and elevated cortisol response to stress. Nandam et al. (2020) did a review to evaluate the relationship between HPA axis dysfunction and cortisol level in relation to MDD subtype, stress, gender, and treatment regime. Nandam et al. (2020) found that an elevated cortisol response to stress is associated with acute and severe, not mild, forms of MDD. Furthermore, major depressive disorder found to have abnormalities in brain regions such as the insula, thalamus, and

hippocampus (Zhang et al., 2016). In addition to gray-matter changes, altered white-matter integrity has also been reported in MDD using diffusion tensor imaging (DTI) (Zhang et al., 2016). People with major depressive disorder have an abnormality in the brain structure and neural activity, particularly in the regions related to affective and behavioral control (Zhang et al., 2016). Monoamine-deficiency and abnormal networks may underlie MDD (Zhang et al., 2016). These two structural systems may play reciprocal and mutual roles in the cognitive control of the affective state, and dysfunctions in both may underlie the onset and progression of MDD (Zhang et al., 2016).

Although major depressive disorder is one of the most common mental disorders, its neurobiological illustration is rarely explained. Dean and Keshavan (2017) reviewed all articles between 1955 to 2016 that relates biological and psychological influences of depression. Based on Dean and Keshavan (2017), the possible pathophysiological mechanisms of depression could include alerted neurotransmission, HPA axis abnormalities, chronic stress, inflammation, reduced neuroplasticity, and network dysfunction.

MDD and attachment

The personality and symptoms of major depressive disorder could develop through family-childhood environmental adversities (Kendler & Aggen, 2016). Boyda et al. (2018), Coradi et al. (2018), and Dagan et al. (2018) explained that there is a significant relationship between parenting rearing styles, career decision making, romantic relationships' styles, insecure attachment factors, long-impact of depressive symptoms, and suicidality due to parental psychopathology and parenting behaviors. Early life experiences are the basis that develop the individual's attachment and emotional balance in the interpersonal situation, which continues to grow through the lifespan (Adams et al., 2020). Attachment styles are based on the parental relationship

with their children and develop accordingly through the lifespan. If the parents fail to meet the children's needs, the children will have insecure attachment styles, which affect the self-worth, dependency, quality of love, self-concept, and other interpersonal factors. These emotional and personality struggles develop in which they affect the thinking process and behaviors in social relationships, including intimate relationships (Kawamoto, 2020).

Attachment styles are the central character of the personality structure that develop to affect the personal perspectives, emotions, defenses, achievement progression and relationships (Beatriz et al., 2010, Cooley et al., 2010, Nandam et al., 2020, Obeid et al., 2019). Therefore, when the individual has insecure attachment, he/she would have negative cognitions that could develop into symptoms of depression disorder (Huang et al., 2019). Insecure attachment cognitions are vulnerable to depression (Huang et al., 2019).

The reactions that show the attachment styles are based on the need to be safe and secure. Adams et al. (2020) illustrated that attachment has mental interactions and interpretations in the right hemisphere, combining the internal and external influences. Bernecher et al. (2016) also added that attachment styles could affect people's responses to depression during cognitive behavioral therapy and/ or interpersonal therapy.

The attachment styles have biological and behavioral consequences, which affect emotional regulation (Fakhoury, 2015, Fuchs et al., 2019, Fuhr et al., 2017). Janowska et al. (2015) confirmed that individuals with insecure attachment styles have difficulties developing social connections, emotional functioning, and self-concept. Janowska et al. (2015) added that the quality of attachment styles is linked to the individual's emotional regulation. Conradi et al. (2018), Dagan et al. (2018),

Mikic and Terradas (2018), and Widom et al. (2018) found out that long-term depression could be a result of insecure attachment disorder. In other words, the secure attachment style could help in controlling life stressors. Whereas those with insecure attachment could have more struggles in controlling their emotions and behaviors. Adams et al. (2020) relied on previous literature to confirm that individual attachment could lead to depression and impact the hypothalamic-pituitary-adrenal (HPA) axis. Moreover, Adams et al. (2020) highlight the physiological marker related to the attachment insecurity and depression risk is the cortisol awakening response.

Attachment style is formed in early childhood. It creates a template of interpersonal skills and abilities, including regulating emotions. Adam et al. (2020) and Gnilka et al. (2013) justified the relationship between insecure attachment styles and levels of depression. Adams et al. (2020) aimed to fill a gap by testing the cortisol awakening response in individuals with chronic depression with/without anxieties and controls. The researchers relied on two groups: Healthy group of participants were 57, and participants with depression were 63, and used structured clinical diagnostic interview (SCID-I), Beck Depression Inventory -II, and Experiences in Close Relationships Scale (ECR) (Adams et al., 2020). The participants also had salivary samples at four points, which could measure the cortisol level (Adams et al., 2020). The results showed a significant relationship between depression severity and attachment interaction and lower cortisol awaken response. There was also a positive significant relationship between attachment avoidance and cortisol levels (Adams et al., 2020). In conclusion to Adams et al.'s (2020) research results, depression is related to the reduction of cortisol awakening response regardless the comorbidity with anxiety disorder. Individuals with high insecure attachment style (avoidance and anxiety) have more cortisol awakening response blunting (Adams et al., 2020).

Adams et al. (2020) confirms that attachment anxiety can predict future depression severity.

Attachment Styles' Influences on the Treatment of Depression

The family and peers have a strong influence on the treatment of depression (Hooper et al., 2016, Opel et al., 2016). Families and peers' relationships are involved with traditions, religion, and culture. They are also involved in the development of attachment styles. Hooper et al. (2016) highlighted the importance of attachment styles in depression treatment. According to Hooper et al. (2016), attachment styles affect the patients' response to treatment recommendations, development of therapeutic relationships, trust, satisfaction, and adherence to medication and treatment.

Patients with a secure attachment style usually show positive treatment understanding, little difficulty in communication, good trust, flexibility in repaired behaviors (Hooper et al., 2016). The insecure-dismissing attachment style has difficulty with understanding and adapting the treatment plan, low desire in communication, distrust of the professionals, and reject to apply treatment recommendations (Hooper et al., 2016). Patients with insecure- preoccupied attachment have difficulties with medication treatment adherence, building a trustful image of the physician, responding to the needs and requests, and overcoming their frustration (Hooper et al., 2016). Patients with insecure-fearful attachment styles have poor treatment adherence, low desire for communication and adaptation to treatment recommendations, and infrequent medical visits (Hooper et al., 2016). Hooper et al. (2016) found that there is a strong relationship between depression and insecure dismissing attachment style.

Relationship Between Attachment Styles, Major Depression and Culture in Literature

Attachment Styles and Cultural Influences. Human development is based on human interaction and socialization (Bronfenbrenner, 1977). Cowan et al. (2019) and Zhu et al. (2016) illustrated that the individual observes the surroundings, interacts, and then reacts. One of the reactions is emotional reaction which includes emotional- behavioral responses such as sadness, anger, disagreement, and isolation. Moreover, the individual adjusts the reactions to adapt to the surrounding. Zhu et al. (2016) explained the importance of social support, including the utilization of supportive resources and stress coping strategies on the relationship between attachment style and mental health, including depression.

Jankowska et al. (2015) mentioned that children in foster care usually have impaired social adaptation and behavior problems. The maladaptive behavior is related to psychological and environmental factors, including life situations, multiple placement changes, and abuse and neglect experiences (Jankowska et al., 2015, Opel et al., 2016). These experiences develop a child's knowledge about him/herself, social expectations, and social relations (Jankowska et al., 2015). The individual learns from the surrounding cultural frames, which include the religion, individualistic or collectivistic features, traditions, and norms.

Ethnic identity is a commitment developed within a familial context (Halgunseth et al., 2019, Yoldas et al., 2020). The family plays an important role in transmitting the concepts and values, especially protective concepts (Opel et al., 2016). The ethnic identity commitment is called ethnic socialization in which the family transmits the values of their culture. The parenting, mother, in particular, practice ethnic socializing in order to help in creating the children's sense of self and

their ethnic identity (Yoldas et al., 2020). For example, Popa-Velea et al. (2018) found an association between higher levels of depression and insecure attachment styles among LGB. Popa-Velea et al. (2018) mentioned that the loss of the sense of belonging to the community, loneliness, and discrimination are all insecure attachment factors.

Insecure attachment style is associated with major depressive disorder in a large, high-risk community sample (Kwon et al., 2017). Hiebier- Ragger et al. (2020) confirmed that to explore the relationship between attachment styles and psychology (including depression), researchers should always interpret it within a framework of culture, religion, and personal beliefs. Culture affects the individual's development across the lifespan (Hiebier- Ragger et al., 2020). The individuals' attitudes about self and others are adapted from the community they are surrounded in (Hiebier- Ragger et al., 2020). Parenting techniques and methods could also be influenced by the type of culture they live in (Hiebier- Ragger et al., 2020, Opel et al., 2016). Social context plays an important role in triggering depressive episodes and attachment insecurities (Dagnino et al. 2017).

Kown et al. (2017) mentioned that no known research studies were able to generally differentiate between the two types of insecure attachment styles based on their relationship with depression (Kown et al., 2017). The relationship between the attachment insecurities classifications and depression vary according to cultural context (Dagnino et al., 2017, Hiebier- Ragger et al., 2020). Although few articles merge culture in exploring the attachment styles and depression relationship, many researchers recommended examining them in different cultures and nations (Li et al., 2015). Zhu et al. (2016) recommended further cross-cultural attachment relationships' studies.

Zhu et al. (2016) confirmed the importance of cultural factors on the functioning of attachment constructs, especially the effect of attachment insecurity on psychological distress in terms of social support, cultural background, and cultural orientation. Zhu et al. (2016) mentioned different scholarly articles with different results of the type of attachment styles related to depression based on social support context. Thus, one of the studies showed that avoidant attachment has a stronger relationship with depression than an anxious attachment. On the other hand, some studies found a link between attachment anxiety and not avoidance. Zhu et al. (2016) suggested further research to clarify the differences based on cultural contexts. Zhu et al. (2016) relied on Van Ijzendoorn & Sagi-Schwartz (2008) and Bowlby (1969) to emphasize the need for cross-cultural variation in specific expressions or functions of adult attachment.

Obeid et al. (2019) is the only known study that tried to explore the relationship between attachment styles and mental disorders in Lebanon. Obeid et al. (2019) highlighted the critical effect of culture on the relationship between attachment styles and mental disorders, including depression. Although Obeid et al. (2019) considered Lebanon a common geographical area, Lebanese regions are distributed according to religions, socioeconomic status, traditions, and values. Besides, Obeid et al. (2019) did not concentrate on a specific age group. Thus, I need to explore the relationship between attachment styles with major depressive disorder in specific homogeneous community in Lebanon and among the most prevalent age group, between 18 to 29 years old.

Depression and Cultural Influences. Depression is a result of nature (genetic) and nurture (biological and environmental) psychopathology. Depression could result from a lack of secure social-environmental bonds and support (Dagnino et al. 2017, Opel et al., 2016). Dagnino et al. (2017) found that both insecure attachment styles: avoidant and anxiety are negatively related to social support. People with attachment anxiety, perfectionism, and self-criticism, tend to have a more limited social network and experience less pleasure in social interactions. People with avoidant attachment style, dependent and relatedness, feel helpless, and fear separation and rejection (Dagnino et al. 2017).

Lebanese Culture. In 2017, WHO stated that 16 % of the Mediterranean population are with major depressive disorder. There are no known or reliable statistics or data in Lebanon (WHO, 2010, Chahine & Chemali, 2009). WHO (2010) confirmed that there is little research concerning mental health topics and data in Lebanon. According to WHO (2010), Lebanon has a five percent budget for mental health that does not include free medications or clinical consultations. Besides, there is no mental health policy in Lebanon. Nevertheless, there is a high consumption of mental health medications, including antipsychotics, anxiolytics, antidepressants, mood stabilizers, and antiepileptic drugs (WHO, 2010). The lack of mental health services affects the minor social changes, including suicide, domestic violence, substance abuse, and childhood and adolescence mental health (Chahine & Chemali, 2009).

WHO (2010) confirmed that ethnic, religious, and cultural backgrounds are important factors in Lebanese composition. WHO (2010) confirmed that Lebanon is the 4th highest prevalence of any mental disorder among 15 countries survived. Chahine and Chemali (2009) also illustrated that Lebanon is an unstable country due

to civil war, political, social, and economical distribution of the regions within the country. Although people might know that they need to visit a psychologist/psychiatrist, most patients worry about social stigma, somatization, lack of human resources, medication, and cost of the care (Chahine & Chemali, 2009). Chahine and Chemali (2009) recommended more education and awareness campaigns for the public, more training of mental health specialists, controlled therapeutic medication/drug policy, more mental health centers and services, and more prevention and intervention plans.

Saida's Culture. Saida is a Lebanese city with homogeneous culture with majority of Muslim Sunna (Kiprop, 2018). The Lebanese Prime Minister, Saed Hariri, is originally from Saida and a Sunni Muslim (Kiprop, 2018). According to Darwiche (n.d.), religious affiliations define the Lebanese communities and their cultural and geographical boundaries. In 1975, Lebanon witnessed a civil war, which was political- religious based war (Darwiche, n.d., Kiprop, 2018). Lebanon is small country, where cities lack space. So, most of Saida population live in apartments (Darwiche, n.d., Kiprop, 2018).

Saida follows religious based culture. Thus, pork and alcohol are forbidden in Saida due to Islamic law (Darwiche, n.d., Kiprop, 2018). All red meat and chicken are Halal. Saida follows a strict code against the use of alcohol. There are no liquor stores, and no one is allowed to sell alcohol in markets or restaurants. Pubs and nightclubs are not available in Saida. Homosexuality is rejected.

Moreover, Saida has its traditions in Islamic occasions, such as Ramadan. During Ramadan, all stores closes at the sunset. No restaurants will be open before sunset during Ramadan. Malls, shopping centers, festivals, coffee shops, and

restaurants open all night during the holy month (Ramadan). Streets are occasionally decorated based on Islamic celebrations.

Previously, Saida used to be famous with citrus food (oranges, lemons, etc.). However, due to the unorganized development, Saida lost most of its orchards and agricultural lands. It is rarely found a green land in Saida.

Saida is the third-largest city in Lebanon and has held its unique homogeneous traditions (Azzam et al., 2013). Economic status, jobs, marriage, and infant care are example of gender status discriminations. Since there is no civil marriage law in Lebanon, Saida follows Islamic marriage law, in which women are not allowed to have kids without marriage, should be married to a Muslim man, have parental approval, and follow the husbands' rules. If she is for any reason wants to divorce, she will be deprived from her children unless the husband accepts to give her the children. Intimacy before marriage is a shame.

Women's professions or jobs are limited. Not because law don't accept her working, but culturally, she will be rejected. Thus, most working women are secretaries, clothes shop owners, teachers, chefs, or beauty spas. On the other hand, it is not acceptable that men do home chores such as cleaning, cooking, tidying up, baby-sitting, or taking care of his own children.

High education is highly encouraged for all genders. However, if the lady was married before accomplishing her high school, she will be automatically kicked out of school and not allowed to continue any of her education. It is uncommon to find ladies continuing their education after marriage.

Strengths and Weakness of Previous Studies

Previous literature relied on Bowlby's attachment theory to figure out the relationship between attachment styles and depression. Beginning with Brennan et al. (1998) who relied on Bowlby's attachment theory to classify attachment styles. The

participants were 1086 male and female between the ages 16 and 50. The study resulted in classifying the avoidant and anxious types of adults' attachment styles.

Brennan, Clark and Shaver (1998) had extended Bowlby and Ainsworth's attachment theory, where they classified four adults' attachment styles: secure, anxious-preoccupied, dismissive-avoidant, and fearful- avoidant.

Dagan et al. (2018) referred to attachment theory to define the depression causes and conditions. Dagan et al. (2018) confirmed the strong relationship between insecure and disorganized attachment and depression. Dagan et al. (2018) relied on scholarly references from basic databases such as PsycINFO, MEDLINE, and ProQuest. Moreover, Dagan et al.'s (2018) study included 4,386 participants, whom applied well validated self-report or clinical diagnostic measure of depression and attachment using the Adult Attachment Interview. The results confirmed higher levels of depression among adults with insecure attachment experiences than secured individuals (Dagan et al., 2018). Future studies should discuss the specific relationship between attachment and depression, and effects of treatment methods (Dagan et al., 2018).

Furthermore, literature showed importance of culture in framing the attachment styles. Mousavi, Mazaheri, Aslafi, Khalighi and Poorganji, (2018) assessed and compared the attachment styles including the mothers' perception of desirable and undesirable characteristics, mothers' attributions to child behavior in attachment situation, and mothers' expectations regarding maternal responsiveness among different cultural contexts, including Iranian, Iraq and Afghan mothers. Mousavi, Mazaheri, Aslafi, Khalighi and Poorganji, (2018) found out that the attachment styles, mothers' attributions to a child behavior, and mothers' expectations vary according to region and culture.

Literature Review of the Relationship Between Attachment Styles and Depression in Lebanon

There was only one known scholarly study done in Lebanon that examines the relationship between attachment styles and mental disorders, including depression, in general Lebanese culture. The study was for all adults above 18 that did not have any mental problems. The questionnaires were filled with trained personnel. The purpose of the study is to test the relationship of the four types of attachment styles and lifelong psychopathology, including alcohol, substance abuse, anxiety, depression, schizoid, and alexithymia. Obeid et al. (2019) relied on previous studies that found a relationship between insecure attachment and levels of depressive symptomology and level of clinical forms. Furthermore, some studies predicted the relationship between depressive symptoms and anxious styles such as preoccupied, fearful, or avoidant styles. Besides, Obeid et al. (2019) explained the relationship between types of attachment styles and anxiety disorder, job burnout, alexithymia, self-esteem. Obeid et al. (2019) also relied on Bowlby and Leyendecker et al. theories to explain the bond of attachment that is influenced by the cultural environment and values.

Obeid et al. (2019) confirmed that the basic formation of attachment style varies based on culture and context. The data was gathered from November 2017 to March 2018 (almost 4 months). The participants were 789 enrolled as community dwelling participants selected in a proportional random sample. Obeid et al. (2019) had defined the community as a common geographical area. The results showed a significant relationship between fearful, preoccupied, and dismissing attachment styles with higher alcohol use disorder, with increased alexithymia, depression, anxiety, stress, burnout, and suicidal ideation, whereas emotional management was associated with a secure attachment style. People with more alcohol use disorder are significantly more likely to show insecure attachment styles (fearful, dismissive, and

preoccupied styles) than nonalcoholics, and therefore are significantly less able to show a secure attachment style. There is a negative association between alexithymia and secure attachment style and a positive association with the insecure style. The analysis of the relationship between attachment style and depression revealed that preoccupied, dismissing- and fearful-attachment styles, which share a negative self-model, present a high level of depression and anxiety. Furthermore, a positive and significant correlation was shown between high suicidal ideation, high depression and anxiety with avoidance (dismissed) and anxiety (fearful and preoccupied attachment styles). The limitations of the study were that the questionnaires were in simple translated Arabic versions, evaluations were bias, and the answers were self-reported.

As previously mentioned in this chapter, existing literature discussed the relationship between attachment and depression. Moreover, literature revealed the influence of cultural context on the relationship between attachment styles and depression. The cultural classifications, including collectivism or individualism, affects the descriptions of attachment styles, and the relationship between attachment styles and depression disorder. For example, Obeid et al. (2019) found out the insecure attachment styles are related to depression without classifying what type of insecure attachment is the most related to depression.

Thus, this study will test the types of attachment styles that relate to major depressive disorder among young adults raised or currently living in a homogeneous culture and region in Lebanon. The independent variable is the types of attachment styles, including secure attachment, avoidant insecure attachment, and anxious insecure attachment. The dependent variable is levels of major depressive disorder. The study is going to take place in a homogeneous culture and geographic region in Lebanon. Furthermore, the demographic information is important part of this research

study, because Lebanon lacks enough data, regarding prevalent gender with depression, prevalent socioeconomic status, educational level, and if one or both parents struggle with depression.

Strengths and Limitations

This research study explores unknown statistical information about a homogeneous culture and geographical region. Moreover, it is concentrating on a specific age group. The statistical data will serve the community in different aspects, including the number of young adults with depression, prevalent gender with depression, prevalent educational level, related attachment style. It will also help the social workers and psychologists to have a better view and background of the young adults struggling with depression. Moreover, it will help local clinical psychologists to work on innovative preventive and intervening plans for depression.

One of the limitations of the study is that not all Lebanese individuals speak the English language, and the sample will be limited to only English-speaking individuals. The data collection will be conducted online, which might limit the access to only include young adults who have access to, are familiar with using technology and the internet. Besides, because I am relying on self-selection for participant recruitment and participants' self-report via online surveys. I will not be able to validate that the participants have an official clinical diagnosis of major depressive disorder.

Summary

The bioecological theory provides a psychological and developmental framework that offers an understanding the cultural influence in the relationship between types of attachment styles and major depressive disorder. Depression is a serious neurodevelopmental disorder that is prevalent in most countries around the

world. Lebanon has poor reliable data about the number of its population and statistics related to people with major depressive disorders. Although many research studies discussed the relationship between attachment styles and major depressive disorder, there is only one known scholarly article in Lebanon, confirming the relationship between the attachment styles and depression in Lebanese culture. The literature review showed a variation in the relationship between attachment classifications and depression based on cultural variations. Bernecker et al. (2016) failed to replicate the study showing that attachment avoidance type is strongly related to depression. Van Ijzendoorn and Kroonenberg (1988) believed that sub-cultures vary according to their way of rearing their children, ethnicity, races, social classes, religion, traditions, etc. Moreover, the literature showed that depressive disorder's onset is in early adulthood.

On the other hand, many research studies suggested future research to explore the relationship between attachment styles and depression within one homogeneous community to understand the personal traits. Only one Lebanese scholarly reference was found related to attachment styles and mental disorders, including depression. Obeid et al. (2019) found that anxious attachment is strongly related to depression in Lebanese culture. However, Obeid et al. (2019) study included general population, religions, and Lebanese regions. It is unknown the specific type of attachment style that is strongly related to depression among young adults in a homogeneous region in Lebanon.

Chapter 3: Methodology

Introduction

This quantitative study explored the relationship between various types of attachment and depression in a homogeneous Lebanese culture. Examining the relationships between the variables can add to our understanding of how adult attachment styles might relate to depression among young adults, viewed through the cultural lens. The participants are young adults between the ages of 18-29 who are diagnosed with MDD. The independent variables are the three types of attachment styles, secure, avoidance-insecure, anxious-insecure attachment. The dependent variable is the level of depression.

This chapter will present the research method and the specific procedures used in the study. The key components of the study are reviewed in this chapter, including the research design and approach, the research setting and participant sample, the study procedures, the data collection instruments, data collection process, the proposed data analysis, threats to validity, and the ethical considerations for participants' protection.

Research Questions and Hypothesis

RQ: What attachment styles relate to young adults (18-29 years) formally diagnosed with major depressive disorder within culturally traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5?

Ho: There is no significant relationship between attachment styles and young adults (18-29 years) formally diagnosed with major depressive disorder's levels within culturally traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5.

H1: There is a significant relationship between attachment styles and young adults (18-29 years) formally diagnosed with major depressive disorder's levels within

culturally traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5.

Research Design and Approach

The research design was grounded on the bioecological theory and measurement known as quantitative research. Quantitative research was the best design for this research because it tested the attachment styles and major depressive disorder relationships and confirmed their cultural influences. The study used multiple regression. This quantitative research gathered numerical data about the relationship between types of attachment styles and depression. The independent variable has three types of attachment: secure attachment, anxious-insecure attachment, and avoidance-insecure attachment. The dependent variable is major depressive disorder. The study was virtual. The participants are raised or living in this homogeneous area.

The design is a quantitative survey study to fill the gaps of inadequate data resources. So, the first step was exploring whether there is a relationship between attachment styles and depression in this region. The second step was to determine what type of attachment is related to depression in this homogeneous culture. Using qualitative study methods helps a researcher understand the participants' in-depth experiences and relies on the researcher's data interpretation. However, given that this study was designed to examine the relationships between variables, qualitative methods were not appropriate for the study's purpose. Quantitative research methods were the best methods for answering the research question and addressing the problem statement.

The constraints of the present study are the participants and sample. I couldn't assure that all participants were diagnosed with major depressive disorder.

The research design sample can be generalized within a specific culture, Saida, but cannot be generalized for all regions in Lebanon. Besides, I used SurveyMonkey and the English version of the questionnaires. Therefore, the second constraint is not all people can read and understand the English language in Lebanon since the native language is Arabic. Additionally, the participants were also limited to those are familiar with technology because it was an online survey.

Methodology

The participants were young adults who were diagnosed with major depressive disorder. Their age was 18-29. They were raised or currently living in the targeted homogenous area, which is Saida, Lebanon. They were English and technology proficient.

Saida's population is 109,926 (World Population Review, 2020, Bawji, 2020). There are around 6949 young adults with depression in Saida (Bawji, 2020). Based on Mr. Ezzeddine Bawji from Run to Win NGO (2020), Table 1 is the recent number of young adults with depression. Table 2 shows the number of all the population living in Saida City (homogeneous culture in Lebanon). Bawji (2020) mentioned that psychologists tried to diagnose people through their words, behaviors, and expressions. Bawji (2020) used interviews and questionnaires for data collection. A total of 6949 young adults with major depression are not clinically diagnosed because most of them cannot afford psychological diagnostic tests or consultations (Bawji, 2020).

Table 1

Number of Young Adults with Depression Per Age Group in Saida City as a Homogeneous Culture in Lebanon

Young adults with depression

Table 2

Number of Populations in Saida City's Districts as a Homogeneous Culture in Lebanon.

Districts	Population
Man	
ay	
an	
Al Arbeen	
ayetini	
icola	
El Abid	
eel	
setani	
riaa	
hik	
hieh	
ay	
	6

A power analysis using GPower3 software was conducted to determine the study's appropriate size (G*Power3.1). Assuming a moderate effect size ($f=.15$),

$\alpha=.05$ indicated that a minimum sample of 68 participants must achieve a power of .80 with a number of predictors 2. Therefore, I sought 68 participants for the study.

I used stratified-probability sampling methods for this quantitative research because I divided the population into subgroups based on geographic region, age, and mental disorder. Individuals participating in the present research study needed to be young adults, diagnosed with major depressive disorder (MDD), and been raised or currently living in the specific homogeneous region in Lebanon. The participants were young adults aged 18 to 29 from one geographic region or cultural background and raised or currently living in Saida for several years. Any individual who did not meeting these requirements was not eligible for this study. It is important to note that the study results cannot be generalized beyond the targeted population and cultural region. I launched a flier on social media, such as Facebook and Instagram. I added the survey's link so people who were interested could access to the survey's page.

The city's characteristics from which the participants were selected are common religion, tradition, beliefs, and geographic region. According to the World Population Review (2020), Saida is the third biggest city in Lebanon with common ethnic, religious, and cultural backgrounds.

Before data collection, I posted the informed consent. I assured the participants that they had the right to withdraw from participation at any time. Informed consent was a written form accepted by the participants.

Participants ensured that their participation is voluntary. The consent form was obtained from the participants prior to their participation. Participants were notified in writing that they would not be paid or compensated for their participation. Once informed consent by the participants was obtained, the participants had to press

on “Next” tab to see the research questionnaires. The participants were asked to complete the RAAS, WHO-5, and demographic questionnaires. I added the religion, gender, age, and educational level, as classical demographic questions to serve the study. The data collected are saved in a secured file that has password protection.

Instrumentation

I used three surveys in this study, including the RAAS and WHO-5, and a demographic survey. Surveys might have had some errors due to the participants’ low motivation and concentration levels. Besides, participants might not have been honest or fail to respond to an item.

Revised Adult Attachment Scale

The RAAS was developed by Hazen and Shaver (1987). Then, it was edited by Levy and Davis (1988). The Adult Attachment Scale (AAS) was officially built in 1990 by Collins and Read. Collins and Read released a revised AAS version in 1996. Collins (2008) published global permission to use the AAS in research studies. Collins (2008) also permits to translate the questionnaire to different languages. The ASS is free of charge (Collins, 2008). Wu et al. (2004) confirmed the cultural influence on attachment styles’ relationships.

The RAAS, which consists of 18 items and uses a 5-point Likert-type scale, will determine participants’ attachment style. The attachment styles measured by the scale are secure, anxious, and avoidant. Some of the questions have reverse scores, including Questions 2, 7, 8, 13, 16, 17, and 18. Questions 1, 6, 8, 12, 13, and 17 indicate closeness. Conversely, Questions 2, 5, 7, 14, 16, 18 are for dependence. Questions 3, 4, 9, 10, 11, and 15 indicate anxiety. The secure attachment style is measured by high scores on the closeness and dependence subscales and low scores on the anxiety subscale. The anxious attachment style is established by high scores on the anxiety subscale and moderate scores on the dependence and closeness subscales.

The avoidant attachment style is established by low scores on closeness, dependence, and anxiety subscales.

The RAAS has been considered a reliable and valid tool. Research studies have been conducted to determine the validity and reliability of the RAAS. According to Wu et al. (2004), it is used for young adults, and it is a reliable instrument that has been tested by several researchers. The instrument has mostly been used in examining relationships of attachment styles and other dependent variables in mental health centers. Various sample studies have been used to determine the reliability of the instrument. For example, Wu et al. conducted a study to evaluate the revised version of the AAS by Collins. The results showed consistency in different aspects. They showed that its Cronbach's Alpha Coefficients in the standard group are higher than 0.7 (Wu et al., 2004). However, Wu et al. recommended further revisions within different cultures.

Similarly, Ravitz et al. (2010) examined 29 instruments for Adult Attachment, including AAS. Ravitz et al. (2010) confirmed the AAS's validity, reliability, and feasibility. Ravitz et al. (2010) recommended focusing on other aspects besides the validity and reliability, including relationship focus, attachment constructs, dimensions or categories of interest, and the time required for training, administration, and scoring.

World Health Organization- Five Well Being Index (WHO-5)

The WHO-5 was first published in 1998 by Gill and Feinstein (Topp et al., 2015, Sibai et al., 2009). The WHO-5 is a self-reported measure of current mental wellbeing. It is a short questionnaire that can be completed by children and young people in various settings. The WHO-5 is a close-ended questionnaire consisting of five statements. The better wellbeing will have the highest score, and the worst wellbeing will have the lowest score. The response rate is between zero to five in

relation to the past 2 weeks. The points are in an increasing order to indicate at no time, some of the time, less than half of the time, more than half of the time, and most of the time. The total raw score ranging from zero to 25 should be multiplied by 4 to give the final score. The total range is between zero, representing the worst imaginable well-being, and a hundred, representing the best imaginable well-being. Based on Eser et al. (2019) and Sibai et al. (2009), WHO-5 is reliable and valid to screen for depression in 30 languages, including Arabic and English. The WHO-5 is free of charge and does not require permission to use (WHO, 1998, Topp et al., 2015)

Several researchers have stated that WHO-5 is reliable and valid for younger and older people (Dadfar et al., 2018, Eser et al., 2019, Sibai et al., 2009). The instrument has mostly been used in assessing subjective psychological well-being. WHO-5 is suitable for children aged 9 and above. The instrument has mostly been used in multi-languages and cultures. The focus of this instrument is to measure depression and mental well-being (Eser et al., 2019, Dadfar et al., 2018, Sibai et al., 2009). The researchers examined the WHO-5 in PubMed and PsycINFO in accordance with the PRISMA guidelines (Topp et al., 2015).

WHO-5 can balance the wanted and unwanted relationships with depression (Topp et al., 2015). Furuya et al. (2013) compared the validity of the two-questions tool and WHO-5 performance among 153 patients with diabetes. The two-question instrument had 67.7% specificity, whereas the WHO-5 instruments had 82.5% specificity (Furuya et al., 2013). According to Topp et al. (2015), the Cronbach's Alpha Coefficients is very high. The WHO-5 proved to have acceptable psychometric parameters, internal consistency, and proper measurement capacity that could also be used in a clinical context (Dadfar et al., 2018; Eser et al., 2019).

The Demographic Survey

The demographic survey collected personal, family, and socio-economic background information from the participants. The survey consists of six elements: gender, religion/sect, age, educational level, profession, and marital status. This part of the survey highlighted some cultural aspects.

Data Collection

Specific research questions have been formulated in order to determine any relationship between the variables. The research questions being addressed in this study include: Do attachment styles relate to major depression disorder among young adults within a homogeneous culture? What are the specific types of attachment styles (secure, anxious-insecure, or avoidance-insecure) related to major depression among young adults within a homogeneous culture? The research questions guide data collection.

Surveys were used as data collection instruments. I used SurveyMonkey for creating the survey and collecting the needed data. The survey was short and close-ended, so the participants maintained their concentration and patience. Moreover, survey had reliable and valid instruments that were popularly used in literature. The data collected by the surveys could provide easy ways for data interpretation and analysis.

Data Analysis

I used SPSS software, version 27, to analyze the data collected through multiple regression. Multiple regression analyzes the relationships between variables. It enables the researcher to evaluate how variables are related, compare sizes or slopes, and test the research hypotheses (Warner, 2013).

Multiple regression analyzed the relationship between the three types of attachment styles as independent variables and depression, the dependent variable.

Lorenzo-Seva et al. (2010) and Liu et al. (2017) illustrated the importance of multiple regression in behavioral science research. Multiple regression aims for prediction and explanation (Liu et al., 2017, Lorenzo-Seva, 2010). The standardized regression coefficients, also known as beta weights, test the hypothesis (Lorenzo-Seva et al., 2010, 2011). When the study relies on a theory, quantitative explanation-based studies are essential to determine the variables' usefulness and relativity (Lorenzo-Seva et al., 2010, 2011, Burks et al., 2019). Multiple regression is useful to identify other predictors that might nearly be equivalent. In this study, cultural components and classical demographic information, such as age group, educational level, gender, and religion, will be included in the analysis.

Lorenzo-Seva et al. (2010) pinpointed on three different purposes of multiple regression. Multiple regression will explain the most variance. It might also be to classify the unique variance through the largest beta weight. Moreover, multiple regression analyzes the changing scale (increment) of the relativity (R square). Thus, multiple regression indexes or measurements are important because they could answer different research questions (Lorenzo-Seva et al., 2010).

SPSS is a reliable and valid program for interpreting multiple regression results (Lorenzo-Seva et al., 2010). Moreover, it computes the 95th percentile confidence intervals for all measures using the bootstrap approach (Lorenzo-Seva et al., 2010). The multiple regression results in a weight range from 0 to 1 (Lorenzo-Seva et al., 2010). Relative weights are percentages (Lorenzo-Seva et al., 2010). As in any research study, there is a presence of measurement error correlations (Lorenzo-Seva et al., 2010).

Through the SPSS program, I computed the duplex algorithm that splitted data into subsamples (three types of attachment styles) and subsample (level, age, the

gender of people with depression). R-square is the percentage of variation. The higher the R-square value, the better model fits the data. It could be between 0% and 100%. R-square and its significance test computed in the estimation sample. If the R-square is nonsignificant, there is no analysis. If the R-square show significance, bootstrap 95% and 99% confidence intervals could be defined.

Additionally, I used the Bonferroni post hoc mean comparison tests to compare the number of participants related to different groups (types) of attachment styles. I determined whether the relationship exists between each attachment style and depression by evaluating the significance by comparing the p-value for each term. If the term's coefficient is equal to zero, then there is no relationship between attachment styles and major depression among young adults within a homogeneous culture. However, if the significance level is 0.05, there is an association between attachment styles and depression among young adults within a homogeneous culture.

Furthermore, tests of between-subjects' effects are to test the different groups' levels of statistical significance. The interaction of the groups and the covariant should be significant to reject the null hypothesis.

Cronbach's Alpha is a standard measure used to test internal consistency or reliability. It is usually used when the researcher has multiple questions within a survey or questionnaire. The multiple questions create a scale (Laureate Education, 2017p). The researcher should always make sure that the scale is reliable (Laureate Education, 2017p).

The survey included a mixture of three questionnaires: Adult Attachment Scale, WHO-5, and demography. The scales showed if there is a relationship between attachment styles and depression. If yes, the scale would pinpoint the attachment style related to the level of major depression. I used Cronbach's Alpha to test the validity

and reliability of the scale formed. I also tested the fit indexes of competing models. The two-factor model will estimate the correlation.

Threats to Statistical Conclusion Validity

I was not conducting an experiment or artificial lab setting, and I was using the real world, which means that threats to internal validity were not applicable. I did not have a causal relationship, time influence, testing consistency, comparison between control or experimental group, longitudinal study to worry about participants dropouts, second measures, a change in how the dependent variable is measured, and social interaction.

Threats to statistical conclusion validity might have occurred as error rates when rejecting the null hypothesis. Another threat was the sample size. The determination of the appropriate sample size was critical. If the sample size were too large, I would waste time. Whereas, if it was small, I won't generalize, and I will have inaccurate results.

The internal validity of the study could be affected by the sample selected. The participants are young adults, aged 18-29, diagnosed with major depressive disorder. They must also be raised or lived in Saida. Furthermore, the sample will be limited to English-speaking individuals and familiar with using technology and the internet.

Ethical Procedures

According to NIH (2008), justice is a basic part of the research that ensures fairness and equitably in the way of interaction with participants in terms of bearing burdens and receiving the research benefits. I made sure that the participants fully understood the research purpose, benefits, and limits.

All participants were treated fairly, and their answers remained confidential because they could not view one another's survey responses. Their names and

answers remained confidential. The data were securely stored on my password-protected computer. These records and responses were going to be stored for five years and then destroyed. The study procedures ensured that participant identities would not be directly or indirectly disclosed. Besides, I asked every participant to sign the confidentiality agreements. I considered the participants' major depressive disorder as a risk factor for being vulnerable. The study addressed this concern by using instruments that were not likely to bring up distressing experiences or thoughts that triggered a depressive episode. Despite the minimal risk of psychological or other harm to participants, a resource that was free, or very low cost, to participants was available for those who might become distressed.

I encouraged participants to know their rights, benefits of the research, and tendencies of harmful side effects within the consent forms. The consent form was understandable to potential participants. It included criteria in such a way the participant understood the research purpose and data collection. It also included the time of participation (10 minutes). I confirmed that the research study did not risk the participants psychologically, economically/professionally, physically, or other risks. I followed the ethical limitations and non-personalized the data. I considered the participants' major depressive disorder is a reason of vulnerability at minimal risk. The online surveys were about personality characteristics (attachment style) and emotional struggle (major depression).

There was not any kind of abuse during data collection. However, I assured that I notified IRB if any mandatory reporting of abuse occurs. Moreover, I confirmed that the participants were the decision-makers, and could withdraw their participation any time they want.

I did not have any conflicts of interest because I had no relationship or job position in any Lebanese organization with a subjective perspective of the research study's results. The "new knowledge" or the research study was effectively addressing a real gap in the literature, which was the first step in understanding the culture and finding the effective professional practice to improve the Lebanese society. I excluded participants originally from Saida, Lebanon, but had not lived there.

Summary

The research method and design used in the study examined the relationship between attachment styles and major depression among young adults within a homogeneous culture. The participants were ages 18 to 29 and had already been diagnosed with major depression. They also had to be raised or lived in Saida. This quantitative research design aimed to utilize 68 participants. Surveys identified the participant's type of attachment style and measured the level of major depression to determine the relationship between the variables. Multiple regression was used to analyze the data in the study via SPSS statistical software. The multiple regression had been selected because it showed and compared the relationship between each of the three independent variables (three types of attachment) and depression, the dependent variable. Ethical risks were considered, and the study were designed to minimize risks to participants.

Chapter 4: Results

Introduction

The chapter presents the results of this study, in which I examined the relationship between three attachment styles and major depression among young Lebanese adults in a homogeneous culture. This chapter includes the research questions and hypotheses, descriptive statistics, evaluation of the assumptions for an analysis of variance, and the results of multiple regression. All statistical procedures used for this study are discussed and evaluated.

In this study, I used WHO-5 scores to analyze major depression level. I also used the RAAS to analyze attachment styles. Then, I tested whether there was a statistically significant relationship between the three attachment styles and major depression. The three attachment styles, secure, avoidant, and anxious attachment, were the independent variables. The dependent variable was the level of major depression.

My goal in this primary data was to test the relationship between the three attachment styles and WHO-5 scores for major depression. Second, if there was a relationship between the independent and dependent variable, I aimed to specify which type(s) of attachment styles could correlate or predict the dependent variable (major depression).

Research Questions and Hypotheses

Research Question 1: What attachment styles relate to young adults (18-29 years) formally diagnosed with major depressive disorder living in a culturally traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5?

Null Hypothesis 1: There is no significant relationship between attachment styles and young adults (18-29 years) formally diagnosed with major depressive disorder living in a culturally traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5.

Hypothesis 1: There is a significant relationship between attachment styles and young adults (18-29 years) formally diagnosed with major depressive disorder living in a culturally traditional, homogeneous culture in Saida, Lebanon, as measured through the Adult Attachment Scale and WHO-5.

Descriptive Statistics for Data Collection

On April 2, 2021, I launched the IRB-approved flier as advertisement for the survey. On April 5, 2021, I also spread a video as advertisement that contained the same language written in the flier. Participants for the study were recruited online. I posted the flier via Facebook, Instagram, and WhatsApp. I did not meet the participants. The surveys were anonymous. The participants self-identified with major depression.

The fliers and the video had the link to the survey. The first page of the survey included informed consent. The participants were required to read and accept the informed consent to proceed to the questionnaires. In 48 hours, I received 88 surveys. However, there was difficulty obtaining the right age group and reaching the targeted number of participants. I had to keep posting the flier and a video saying exact words in the IRB-approved flier in the Arabic language with English subtitles at the bottom. After 8 days, 69 participants of the targeted population, 133 surveys in total, participated in the research study.

Sixty-nine participants met the needed criteria (44 women and 25 men). The study included participants between the ages of 18 and 29 years old. All the

participants lived or are living in Saida. Sixty-five participants lived/are living in Saida for more than 5 years. Table 3 summarizes the demographic characteristics in the study sample.

Table 3

Demographic Characteristics of the Study Sample (N=69)

Characteristic	n	%
Gender		
Female	44	64%
Male	25	36%
Age		
18-22 years	36	52%
23-26 years	19	28%
27-30 years	14	20%
Nationality		
Lebanese	44	64%
Palestinian refugee	25	36%
Education		
less than high school diploma	2	3%
high school or equivalent	16	23%
Bachelor's degree	36	52%
Master's degree	13	19%
Doctorate	2	3%
Employment		
Full time	19	28%
Part time	12	17%
Unemployed	9	13%
Student	23	33%
Self employed	5	7%

Unable to work	1	1%
Household income		
No income	7	10%
Below the minimum wage 675,000 LL	15	22%
600,000-5,000,000 LLL	33	48%
5,000,001-10,000,000 LL	6	9%
Above 10,000,000 LL	8	12%
Location		
In Saida	54	78%
Outside Saida	15	22%
Marital Status		
Single	56	81%
Married	11	16%
Divorced	1	1%
Religion		
Sunni	56	81%
Ismaili	9	13%
Shi'a	3	4%
Born in Saida		
Yes	60	87%
No	9	13%

All participants were placed in categories based on the independent variables: secure, avoidant, and anxious attachment styles (Table 5), and the dependent variable, levels of major depression (Table 4). Nine participants had mild levels of depression, 30 participants had moderate levels of major depression, and 29 participants had severe levels of major depression according to WHO-5. Nine participants had a secure

attachment style, 32 participants had avoidant attachment style, and 27 participants had anxious attachment style.

Table 4

Descriptive Percentages of Dependent Variables

Levels of major depression		
Mild	8	12%
Moderate	16	23%
Severe	43	62%

5

Descriptive Percentages of Independent Variable

Attachment styles		
Secure	20	29%
Avoidant	34	49%
Anxious	15	22%

Statistical Conclusion Validity

Evaluation of Assumptions

Multiple regression was used in the study. The analysis of the multiple regression explains linearity (the relationship between independent and dependent variables), homoscedasticity (variance), independence (no relationship between variables), normality (distribution of the variables), or no measured errors (Franfort-Nachmias et al., 2015).

Statistical Assumption 1: The dependent variable is measured on a continuous scale from 0-100.

Statistical Assumption 2: The three independent variables are nominal.

Statistical Assumption 3: Durbin-Waston Statistic is used to test the independence of observations (independence residuals).

Statistical Assumption 4: The data should show homoscedasticity, which is where the variances along the line of best fit remain similar along the line.

Reliability Analysis

6

Descriptive Statistics for Dependent Variable

		Bootstrap				
		Statistic	Error	Confidence interval		
				Lower	Upper	Upper
5 Scores		42.33	0.11	2.55	37.43	47.58
	Standard deviation	20.78	-0.13	1.75	17.05	24.17
		67	0	0	67	67
Attachment style		0.28	0.001	0.05	0.18	0.39
	Standard deviation	0.45	-0.003	0.03	0.39	0.49
		67	0	0	67	67
Attachment style		0.21	-0.002	0.05	0.12	0.31
	Standard deviation	0.41	-0.006	0.36	0.33	0.47
		67	0	0	67	67
Attachment style		0.51	5E-04	0.06	0.39	0.63
	Standard deviation	0.5	-0.004	0.005	0.48	0.5
		67	0	0	67	67

In Table 6, descriptive statistics for a dependent variable were computed. The mean for WHO5 scores (major depression) was 42.33, with a standard deviation of 20.79. The mean for the secure attachment style is 0.28, with a standard deviation of 0.45. The mean for anxious attachment style is 0.21, with a standard deviation of 0.41. The mean of avoidant attachment style is 0.51, with a standard deviation of 0.5.

Results

Table 7

Correlations Between Independent /Dependent Variables

	1	2	3	4
Secure attachment				
Anxious attachment style	0.31			
Avoidant attachment style	-0.065***	-0.323***		
WHO5 scores	-0.225***	-0.0639***	-0.522***	

N=67

5, **p<.01, ***.001

Table 7 shows the relationship of each independent variable, secure, anxious, and avoidant, with WHO5 scores for major depressive disorder that is the dependent variable. The p-value of the relationship between secure attachment style and WHO5 scores is equal to 0.31 >0.05, which means no significant relationship between secure attachment style and WHO5 scores. However, the p-value of the relationship between anxious attachment style and WHO5 is equal to -0.065 <0.05, which indicates a significant adverse relationship between the anxious attachment style and WHO5. Moreover, the p-value of the relationship between avoidant attachment style and WHO5 is equal to -0.225 <0.05, which also means that there is a significant adverse relationship between avoidant attachment style and WHO5. Therefore, there is no significant relationship between secure attachment styles and depression (WHO5 scores). At the same time, there is a significant adverse relationship between WHO5

and both independent styles: anxious and avoidant. In other words, the anxious or avoidant attachment styles are more frequent when the WHO5 scores are lower.

Table 8

Model Summary

Model	Sum of Squares	df	Mean Square	F	Sig.	Adjusted R Square	Change in Statistics	Wald		
1	0.31	0.096	0.068	20.1	0.096	3.4	2	64	0.039	1.329

Dependent Variable: WHO5 Scores
 Predictors: (Constant), Attachment_Style=Avoidant, Attachment_Style=Anxious

In Table 8, the “R” column represents the value of R, the multiple correlation coefficient. R is one of the measures used to predict the dependent variable, WHO5 scores for major depression. A value of 0.3 indicates a weak level of prediction. The “R square” represents the coefficient of determination, which is the proportion of variance in the dependent variable that the independent variables could explain. In Table 8, the R square is 0.068. Thus, the independent variable explains 6.8% of the variability of the dependent variable. The significant F change is $0.039 < 0.05$. Thus, I reject the null hypothesis.

There is a significant relationship between the independent and dependent variables.

Table 8

ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
1	0.31	0.096	0.068	20.1	0.096
Total	2739.2	2	1369.585	3.4	0.04
Corrected Total	25778	64	402.775		

28517 66

dependent variable: WHO5 Scores
 predictors: (Constant), Attachment_ Style=Avoidant, Attachment_ Style=Anxious

An ANOVA was used to analyze the data for this quantitative research study. In Table 10, the F-ratio in the ANOVA table tests whether the overall regression model is a good fit for the data. The table shows that the independent variables statistically significantly correlate the dependent variable, $F(2,64) = 3.4$, $p\text{-value} = 0.039 < 0.05$. Thus, ANOVA also confirms a relationship between attachment styles and major depression among young adults in homogeneous culture in Saida, Lebanon.

Table 9*Coefficients*

	Unstandardized coefficients	Standardized coefficients			Confidence interval for B			Correlations	
		B	beta	partial	Lower bound	Upper bound	Order	Order	
Constant	52.4	4.6	11.38	11	0	43.22	61.619		
Attachment style=Avoidant	-13	7.06	-0.25	-2	0.77	-26.82	1.41	-0.07	-0.22 -0.214
Attachment style=Anxious	-15	5.7	-0.355	-3	0.13	-26.14	-3.17	-0.23	-0.3 -0.303

dependent Variable: WHO5 Scores

In Table 10, the unstandardized coefficients indicate the variation of the dependent variable with an independent variable when all other independent variables are held constant. Thus, the B value of anxious attachment style is equal to -12.7. The B value of avoidant attachment style is equal to -14.65, which means there is a negative (adverse) relationship between attachment styles and WHO-5 scores. The “t” and “Sig” coefficients show that the variables are statistically significant for avoidant attachment style ($p\text{-value}=0.013<0.05$). However, the p-value for anxious attachment style is $0.07>0.05$. Thus, the multiple regression predicts WHO5 scores from the avoidant attachment style. The avoidant attachment style variable could statistically and significantly predict the WHO5 dependent variable, $F(2,64)= 3.4$, $p\text{-value} <0.05$

Figure 1

Histogram of Abnormal Distribution of Anxious Attachment Style

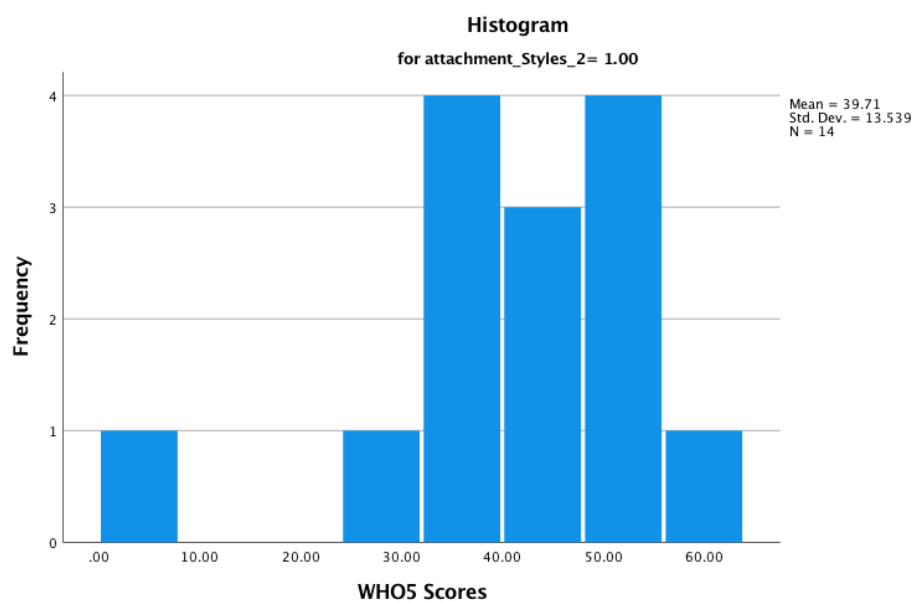
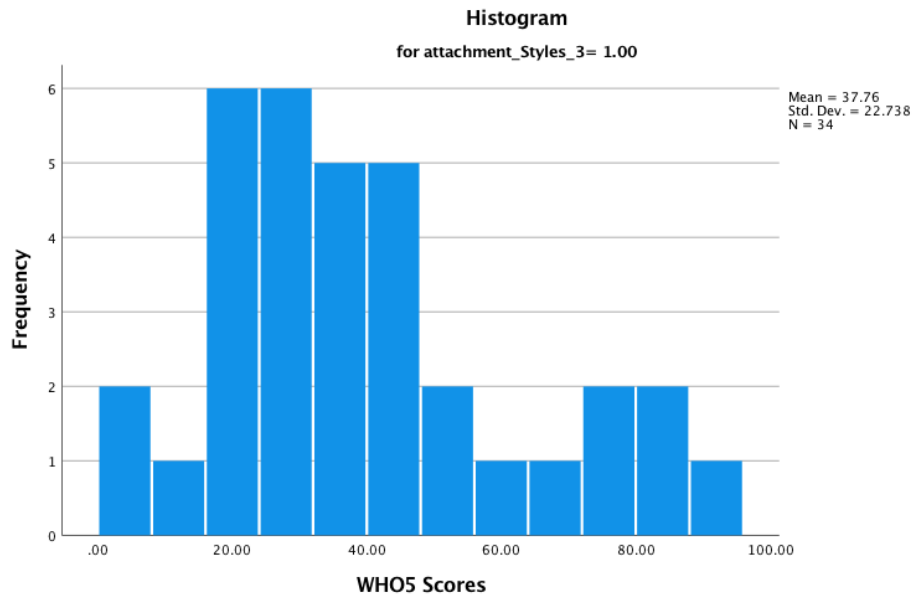


Figure 2

Histogram of Abnormal Distribution of Avoidant Attachment Style



10

Reliability Statistics for RAAS

	Cronbach's alpha	if item is deleted	Number of items
Cronbach's alpha	0.521	0.517	18

In Table 11, Cronbach’s alpha provides the overall reliability coefficient for the set of RAAS questions. Cronbach’s alpha is 0.521, which indicates a medium level of internal consistency for the given scale with this specific sample.

12

Reliability Statistics for WHO5

Cronbach's alpha	Cronbach's alpha based on standardized items	Number of items
0.835	0.837	5

In Table 12, Cronbach's alpha provides the overall reliability coefficient for the set of WHO5 questions. Cronbach's alpha is 0.835, which indicates a high level of internal consistency for the given scale with this specific sample.

An Overview of the Findings

The study tested the relationship between attachment styles and depression among young Lebanese adults. In order to participate in the study, the participant had to have major depression, be between 18-29 years of age, currently or previously reside in Saida (homogeneous culture), and be English and technology proficient. Overall, there were 69 participants for the study.

The descriptive tables showed that 81 % of the participants were Muslims-Sunni, and 62% had severe major depression. The majority of the participants were between 18 and 22 years, and had a bachelor's degree or higher (52%). The avoidant attachment style was most prevalent (49%).

There is no statistically significant relationship between secure attachment style and major depression. However, there is a statistically significant adverse correlation between anxious attachment style and WHO-5 scores for major depression, $p\text{-value} = -0.65 < 0.05$, and between avoidant attachment style and WHO-5 scores for major depression, $p\text{-value} = -0.225 < 0.05$. ANOVA confirms a relationship

between attachment styles and major depression among young adults in homogeneous culture in Saida, Lebanon ($F(2,64)= 3.4$, $p\text{-value}= 0.039 < 0.05$). Furthermore, Table 11 shows that the avoidant attachment style variable could statistically and significantly predict the WHO5 dependent variable, $F(2,64) = 3.4$, $p\text{-value} < 0.05$. Besides, RAAS had moderate reliability, and WHO-5 had high reliability.

Summary

The study tested the relationship between the three attachment styles and major depression. I circulated a flier on social media and via WhatsApp to promote the research study. The flier was approved by the IRB and Walden University committee members. To ensure that all participants understood the research requirements, I shot a video repeating the language of the flier in Arabic with English translation at the bottom. The participants had to read and accept the consent form before participating in the survey.

Although 133 participants responded to the study, only 69 participants met the needed requirements. The participants ranged between 18 and 29 years. They are living or lived in Saida, Lebanon. They had major depressive disorder. There were 44 women and 25 men. The majority had severe levels of major depression and ranged between the ages of 18 and 22.

Multiple regression was used to analyze the study. The Pearson's correlation table showed a significant correlation between WHO5 scores for major depression and anxious and avoidant attachment styles. However, there was no statistically significant relationship between WHO5 scores and secure attachment styles. The results of the coefficients showed that the avoidant attachment style can predict WHO 5 scores for major depression.

A reliability analysis confirmed that RAAS and WHO5 are reliable instruments used in this study. The RAAS was used to determine the attachment styles. The WHO 5 was used to determine the scores of major depressive disorder. RAAS had moderate reliability, and WHO-5 had high reliability. Thus, the reliability analysis determined that both tools are reliable for testing the relationship between attachment styles and major depressive disorder.

In Chapter 5, I will interpret the research findings, discuss the limitations of the study, and address implications for further research studies. A summary will be provided on the strength and weaknesses of this study. Lastly, I will discuss regarding further research on depression among young adults in a homogeneous culture.

Chapter 5: Discussion

Introduction

The objective of this quantitative study was to test the relationship between the three attachment styles and major depression among young Lebanese adults. The bioecological approach focuses on the influence of culture and the surrounding environments on the individual's mental health and development, including major depressive disorder. In this study, the relationship between the attachment styles and major depression was tested among young adults living in a homogeneous environment. The objective was to add to the existing literature and fill in the gap regarding the specific types of attachments that correlates with major depression in a specific homogeneous culture.

The participants for this study had to have a major depressive disorder, live or be currently living in Saida, Lebanon, ranging between 18 and 29 years. There were 69 participants in this study, including 44 women and 25 men. The participants had to answer three questionnaires, including demographic, RAAS, and WHO-5. The fliers were posted online. The survey was anonymous. In this chapter, concerns associated with the sample in this study are discussed.

Interpretation of the Findings

The RAAS was used to determine the attachment style. WHO 5 was used to determine the level of major depression. At the same time, the demographic questionnaire was used to confirm that the participants meet specific categories, including the geographical location and age group.

The results of the study confirm the relationship between attachment styles and major depression. Multiple regression was used to test attachment styles related to major depression. Pearson's evaluation table indicates no statistical significance between secure attachment style and major depression. However, it shows an adverse

relationship between insecure attachment styles, anxious and avoidance, and major depression (see Table 5). Thus, as the WHO5 scores drop, the attachment style is more likely to be insecure, anxious or avoidance. ANOVA was used to confirm the relationship between the independent variables and the dependent variable (see Table 9). The coefficients' table determined that only avoidant attachment style could predict major depression, $F(2,64)= 3.4$, $p\text{-value} < 0.05$ (see Table 10).

The findings of this study support previous literature. Previous literature and this study confirm the relationship between insecure attachment styles and major depression. Moreover, this study confirmed Obeid et al. 's (2019) study results that there is a relationship between insecure attachment styles and major depression among Lebanese population. However, Obeid et al. findings found that anxious attachment style is simultaneously and strongly linked to anxiety and depression. However, this study confirms that the avoidant attachment style is dominant among young adults with depression living in homogeneous culture in Lebanon. Therefore, this study is also congruent with previous literature, including that of Obeid et al. that confirm the formation of attachment style varies based on culture and context.

Furthermore, the results of this study supported the bioecological theory. The bioecological theory discusses the influences of individual development stages. All systems interfere in an individual's cognitive, physical, emotional, social, and mental development (Bronfenbrenner, 1977). The study's results support the bioecological theory because it proved that culture could affect the relationship between attachment styles and major depression. Therefore, culture could affect social relationships, personality traits, and mental health.

Limitations

Many participants were motivated to participate in the survey because they considered it unique and could be helpful to society, since Lebanon lacks statistical data. However, some challenges were faced because the study's link was online. Participants were not limited to a specific age group. I had to filter the targeted group required for the study. Moreover, I had difficulty assuring that the participants had major depression because the online survey was 100% anonymous. However, the WHO5 scores confirmed the major depression presence.

Furthermore, there were additional challenges. The study was in the English language. Thus, the survey was limited to English language speakers, knowing many Lebanese citizens are illiterate, Arabic, or French-educated. Moreover, since the survey was online, participants were limited to those familiar with the technology.

Strengths and Weaknesses of the Study

A significant strength of this study was that it is first to be done in this specific geographic region. Lebanon lacks a statistical database. Moreover, the study verified the reliability of RAAS and WHO5 questionnaires. Reliability analysis was conducted to determine the reliability of the instruments. The RAAS yielded a coefficient alpha of 0.521 (see Table 14), and the WHO5 yielded a coefficient alpha of 0.835 (see Table 15). The study sample has a medium range that was essential in analyzing the results. The weakness was that the study was limited to participants who were English and technology proficient.

Social Change Implications

Depression is a serious neurodevelopmental disorder with economic, professional/academic, social, and emotional impact. Researchers pointed out that depression could lead to suicide, drug use, family and relationship dysfunction, and developmental problems (WHO, 2017). Depression is most prevalent among young

adults (APA, 2013). According to APA (2013), untreated, persistent depressive symptoms during young adulthood could lead to serious and life-threatening incidents during older adulthood (APA, 2013, WHO, 2017). The objective of this study was to address several different risk factors associated with young adults' depression development.

The study supported previous research that confirmed there is a correlation between major depression and insecure attachment styles. Psychologists should be aware of attachment style as a personality trait when they work on an intervention for young adults with major depression. Attachment styles and major depression influence the young adults' self-image, communication skills, academic and professional performance, and emotional-behavioral responses such as sadness, anger, disagreement, and isolation (Zhu et al., 2016).

Recommendations for Action

Psychologists, treatment programs, and other social organizations must be aware of the study results in this specific area. The study highlighted an important correlation between avoidant attachment style and major depression. This study suggests that psychologists and treatment programmers should take steps to assist people with major depression with different tools that get along with their personality traits.

Recommendation for Future Studies

Future studies would benefit from addressing the relationship between avoidant and anxious attachment styles and major depression. This study supported the bioecological theory that confirms that human development is based on human interaction, socialization, and cultural influences (Bronfenbrenner, 1977). Additional studies should be done in various geographical regions in Lebanon to test whether

there is a relationship between attachment styles and major depression. If yes, they need to investigate the specific attachment style that could correlate with attachment style. Furthermore, treatment programmers and psychologists should create and then test group prevention and/ or intervention programs that could help improve personality traits, social communication skills, and self-images.

Conclusion

This research study tested the relationship between attachment styles and major depression among young adults in a homogeneous culture in Lebanon. The findings from this study concluded that insecure attachment styles are correlated with major depression. Avoidant attachment style could predict major depressive disorder. There is no relationship between major depression and secure attachment style.

This research study supports the existing research and bioecological theory. The study's result serves the previous literature. There is a relationship between insecure attachment styles and major depression. Moreover, the study revealed that a specific type of insecure attachment is dominant with major depression in this specific geographic – homogeneous culture. Further, the study reinforces the bioecological theory based on human interaction and socialization within specific cultural frames (Bronfenbrenner, 1977). Mental health problems correlate with personality traits (Obeid et al., 2019).

Further studies needed to be done in different homogeneous Lebanese cultures to investigate the specific attachment styles that correlate with major depression, if any. Besides, more studies should be done to discover effective interventions and prevention programs that enhance the personality traits to avoid major depression. Moreover, future studies should test the effectiveness of group

prevention or intervention plans with common cultural backgrounds and personality traits.

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