ORIGINAL ARTICLE

PREDICTIVE RELATIONSHIP AMONG ATTACHMENT STYLES, PSYCHOSEXUAL AND MENTAL HEALTH PROBLEMS IN MARRIED FEMALES.

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ABSTRACT

OBJECTIVE
To investigate the relationship between partner attachment style, psychosexual and mental health problems in married females.

STUDY DESIGN
Cross sectional study design

PLACE AND DURATION OF STUDY
Different hospitals and gyne clinics of city Lahore, the study was carried out during the period of October, 2015 to September, 2016.

SUBJECTS AND METHODS
A sample of 160 married females with age range 20 – 35years (M= 28.22, SD= 3.40) was approached for data collection by using purposive sampling strategy and they were given three measures were including Attachment Pattern Questionnaire for Adults (AQA), Female Psychosexual Problems Scale (FPSPS) and Depression Anxiety Stress Scale (DASS).

RESULTS
A significant positive correlation was found between psychosexual and mental health problems in females. The results of hierarchal regression analysis revealed that low maternal education level, avoidant attachment style with their partner, and having high psychosexual problems score were the significant positive predictors of mental health problems.

CONCLUSION
It can be concluded that married females who have less educated mothers, have insecure attachment style with their partners and experiencing more psychosexual problems suffer from more mental health problems in their lives.

KEY WORDS
Attachment styles, Psychosexual problems, Mental Health problems.

INTRODUCTION

A women tend to play different roles in society such as the role of a daughter, a fellow, a mother and greatest of altogether is the part of women as a companion or as a spouse. The spousal relation is considered as human association where partners make use of their excellent aptitudes and characteristic features to satisfy both physical and emotional desires[1]. According to the psychodynamic model, there are four fundamental psychological needs of an individual including attachment, independence, sexual individuality, and self-confidence[2]. These structures usually have a strong and an unchanging dependence on each other or shared association[3]. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences free of compulsion, judgment and strength[4]. One of the significant determinants of the healthy sexual relationship is the type of attachment the partners have with each other.

The attachment patterns may help us comprehend our assets and susceptibilities in a relationship. An attachment pattern is recognized in early childhood attachments and continues to purpose as a working model for relations in adulthood[3]. Attachment influences all; from the spousal selection to how well relations develop and to their unhappy ending. That is why recognizing the attachment pattern may help us to understand our strengths and susceptibilities in a relationship[5]. The model of attachment also explains that how every individual reacts to their needs and how they go around getting them met. When there is a secure attachment pattern between partners, they tend to feel self-assured and confident and are able to easily interconnect with others, meeting both their own and another's needs. However, anxious or avoidant attachment pattern can lead to distant, rigid and conflicting situation. Such persons avoid conflict, often lack assertiveness and blame partners or themselves when they are aggressive or controlling. They are less likely to express their wants and desires in the relationship and tend to feel lonely[6]. Several prevalence studies over the past few years revealed that female sexual problems are an important health concern which negatively effects women's quality of life and sexual satisfaction[7,8,9]. Psychosocial factors such as relationship satisfaction, communication with partner, and importance of sex were significantly related to sexual satisfaction in women[10].

In a biopsychosocial perspective biology (health and illness) was considered to be only one of three influences on sexual functioning. They revealed that psychological influences (knowledge, attitudes) and relationship characteristics (quality, satisfaction) are also important[11]. It was reported in a study that scores on an anxiety scale were related to sexual problems among both men and women. Increased anxiety was found to be associated with a lack of sexual interest in both men and women, with increased anorgasmia and lack of pleasure feelings [12]. It can be a vicious cycle where mental health influences sexual functioning in the later life years. A positive correlation was found between self-rating of mental health and problems in sexual functioning amongst women which lead to the conclusion that stress, a major contributor to anxiety and depression, may be a primary cause of reduced sexual functioning in their later life[13].

A plethora of literature is available in West on related to sexual problems in males and

females however there is a dearth of literature in Pakistan on this particular issue. Therefore, the current study aimed to identify impact of attachment patterns and psychosexual problems on the mental health of married females in our cultural context.

SUBJECTS AND METHODS

Participants

The sample of the research consisted of 160 married females with age range 20-35 years (M= 28.22, SD= 3.40). Purposive sample technique was used to select the samples from different hospitals, gyne clinics and workplace settings. Females having at least 1 year of duration of marriage and having no significant mental and physical illness were included in the study.

Measures

The current research included three measures; Adult Attachment Questioniar-3 items, Female Psychosexual Problem and the Depression Anxiety and Stress Scale-21 along with the demographic performa

Attachment Pattern Questionnaire for Adults (AQA).

Attachment pattern questionnaire was first quantitative tool to measure one's attachment style with their partner. The scale was based upon 3 items intended to measure partner's attachment style (Hazan & Shaver, 1987). It was based on three attachment styles with partners including secure, anxious and avoidant attachment

Female's Psychosexual Problem Scale (FPPS).

It was an indigenous developed scale by the researcher to find out the experience and expression of psychosexual problems in married females in Pakistani cultural context. FPPS was 32-item single factor measure with acceptable psychometric properties.

Depression, Anxiety, Stress Scale DASS-21 Urdu Version.

It was used to measure the severity level of symptoms that were common into both Depression and Anxiety (Lovibond & Lovibond, 1995). In implementation of DASS the person was essentially demonstrating the occurrence of symptoms more than last week. Every item was scored on a fur point rating scale. The purpose of DASS was to measure the severity of the core symptoms of depression, anxiety and stress.

Procedure

Institute's ethical committee approved the current research for any ethical concerns. An authority letter was issued from the Institute of Clinical Psychology University of Management and Technology Lahore, that explained the nature of the study. After seeking permission from hospital authority an informed consent was taken from the participants, they were told about the nature and the purpose of the research as well as they were also informed that the collected information will kept private and would only be used for the academic and research purpose. Keeping in view the sensitivity of the topic, researcher had to build a good rapport with the participants to get the required information and they were given the right to withdraw from research anytime. The research protocol consisting of demographic Performa and other scales of Attachment Questionnaire for adults, Psychosexual Problem Scale and Depression Stress Anxiety scale were given to the females to tick on one response option. This activity was done in individual setting; it took about 15 to 20 minutes to complete the forms. After gathering the data it was analyzed through SPSS.

RESULTS

The sample was consisted of 160 participants. Majority of the participants (52%) were age 28 or less. Most females who participated in this study were post graduate (43%). 56.3% of the female sample had 4-6 years of married life. More number of participants lived in join family system (51.9%) than nuclear family system (47.5%). Mostly females reported that they gave birth through normal delivery (65.6%) than through cesarean (33.1%). The highest percentage (48.1%) of spouse education category was post-graduation, majority of the participants' paternal education was of college level (42.5 %) and as far as maternal education is concerned the highest percentage (85%) was found for the category of "Matriculation".

Table 1
Frequencies and Percentages of the Demographic Characteristics of the Participants (N= 160)

Variables	*F*	*%*
Age		
20-28	84	52.20
29-35	76	47.50
Education		
Matric and below	37	23.10
College level	54	33.80
Post graduate	69	43.10
Years of Marriage		
1-3	70	43.81
4-6	90	56.31
Family system		
Nuclear	76	47.50
Join	83	51.90
Mode of delivery		
Caesarian	53	33.11
Normal	105	65.62
No of children		
0-1	52	32.51
2	55	34.41
Husband education		
Matric and below	35	21.91
College level	47	29.40
Post graduate	77	48.10
Father education		
Matric and below	65	20.60
College level	68	42.50
Post graduate	27	16.90

Note.f=Frequency, and %= Percentage

Table 2
Inter-c correlations, Mean and Standard Deviations of the Total Psychosexual Problems Scale (FPSPS) and Total of Depression, Anxiety, Stress Scale

Variables	FPSPS T	DASS Total
FPSPST	---	.84***
DASS Total	---	---
M	71.55	45.86
SD	19.80	10.91

*Note: p<0.001***, FPSPST = Females Psychosexual problem Scale Total, DASS = Depression, Anxiety, Stress Scale Total*

The inter correlation of two scales score indicated that they were highly correlated with each other that is increase in psychosexual problems in females is leading to increase of mental health problems in females.

Table 3
Hierarchical Regression Analysis or Predictors of Psychosexual Problems in Married Females (N=160

Variable	*SEB*	*B*	*t*	*p<*
Step 1				
($R=.165^a \Delta R^2=.092$)				
Mother education	1.81	-.26	2.16	.032*
Step II				
($R=.742^a, \Delta R^2=.717$)				
FPSPS	.02	.83	16.72	.001***
AQA	1.13	.50	.6.09	.001***

*Note. *p<0.05, **p<.001,ΔR2 = Adjusted R2, FPSPS = Female Psychosexual problem scale, AQA=Attachment Pattern Questionnaire. Only Significant Results are presented in Step I and Step II Step I, F (11, 1126) = 2.25, p<0.001, Step II, F (12, 125) = 5.75, p<0.001*

The results of Hierarchal Regression Analysis revealed that in the 1st step low maternal education of participants is found to be a positive predictor of mental health problems which showed that the females having low maternal education predicted to have more mental health problems. In the step II, Psychosexual Problem and anxious/ ambivalent attachment style are found to be positive predictors of mental health problems as those females who experience more psychosexual problems they may suffer from the more mental health problems. The results were not found to be significant for participant's age, education level, years of marriage, mode of birth of their child, family system and spousal education levels.

Table 4
One way Analysis of Variance of Three Factors of AQA and FPSPS Total (N=160)

	Secure (*n*=85)		Anxious (*n*=51)		Avoidant (*n*=24)			
FPSPST	***M***	***SD***	***M***	***SD***	***M***	***SD***	***f***	***p<***
	58.29	14.15	78.62	19.07	84.74	16.00	39.90	.001***

*Note. FPSPST = Females Psychosexual problem Scale Total p< 0.001*** between group df =2; within group df=157; groups total df=159*

The above table indicated there was significant mean difference among females having three different attachment styles. The pair wise comparison in Post Hoc Test using LSD revealed that females with avoidant attachment pattern had experienced more psychosexual problems.

DISCUSSION

Psychosexual problems have gained a significant importance in clinical and counseling psychology in the third world countries. This study showed a high positive correlation between psychosexual and mental health problems in females. In our society they are expected to play a submissive role in expression of their sexual desires and difficulties. Psychological causes include any kind of unhappiness, despair and anxiety that can stem from lack of cooperation and understanding between the partners[14]. Early marriages, use of poor sexual techniques, lack of education, awareness and misperceptions, gender discrimination in upbringing of children, cultural norms and expectations are few of the sociocultural factors for this high correlation. Lack of interest and desire due to the feelings of contamination and interference in religious obligations, child rearing pressures, over indulgence in domestic roles and responsibilities and loss or lack of care of physical attractiveness are few other reasons[15]. Results revealed that females with avoidant attachment style with their partner are likely to develop more psychosexual and mental health problems. The relationship where warmth or fondness is missing will cause distress in marital relationship resulting in separation or break ups Although a person insecurely attached with caregivers in childhood is able to form secure bond in future however; culture plays an underlying role in causing different social behaviors. A punitive socialization where parents respond harshly to their children's emotion can be a negative stable internal working model for forming relationships in adult life years[2].

In our study, low maternal education of participants was found to be a positive predictor of mental and psychosexual problems. Educated mothers can better equip their daughters in dealing with their psychosexual and mental health issues in their married lives. Quiet interestingly there was no difference in females having different education categories in the experience of psychosexual problems. Here the strength of culture speaks, where cultural norms, rules, expectations and values related to a female out weights other factors.

LIMITATIONS

Despite the novelty of the topic, the small size of sample collected from one city might not be representative of the problem at national level.

IMPLICATIONS

The study also gave understanding of attachment styles between partners and also helpful in identifying the problems in married females related to their sexual life with their partner. Early and appropriate identification of the psychosexual problems will also help in estimating the need for intervention and starting the management plan. Through this study emphasize can be given on sexual education as well as different tips regarding to the sexual

problems and their management can be given. Counseling can be provided to the females having these kinds of problems as well as workshops and awareness campaigns can be conducted at large. This study will be also helpful in further research investigation in the similar area.

CONCLUSION

Emotional intelligence is a significant positive predictor of perceived social support as it benefits people living with HIV to interact with other people in a more positive and effective manner and as a result they perceive and receive more social rewards. However, it is also evidenced by present study that perceived social support is helpful to control perceived stress so the social support is considered as a protective mechanism against stress. Finally, it is also specified that perceived social support mediate the negative relationship between emotional intelligence and perceived stress in HIV positive patients, this has highlighted the indirect effect of social support via EI in reducing the perceived stress level of HIV positive patients and thus proved advantageous in improving their general health.

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