

RESEARCH ARTICLE

ATTACHMENT STYLES AND DEATH ANXIETY AMONG PREGNANT WOMEN IN PAKISTAN

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Abstract

The present study was designed to investigate the attachment styles and death anxiety among pregnant women. In order to meet the study objectives sample of ($n=62$) was recruited from hospitals of Rawalpindi (*i.e.*, Maryam Memorial and Cantonment Hospital) and Islamabad (*i.e.*, Shifa Medicine Hospital and Poly Clinic). Age range of the sample was 18 to 45 years. Attachment styles were assessed by Experience in Close Relationship Revised-Questionnaire (ECR-R) and death anxiety was assessed with Death Anxiety Scale. The findings revealed that there was significant positive correlation between attachment styles and death anxiety ($p<0.05$) and it was found that pregnant women scored low on secure attachment style. Younger pregnant women were high on preoccupied, fearful and dismissing attachment style as compare to older age pregnant women. Women with first pregnancy scored high on anxious, dismissing, and fearful attachment style as compare to women with second and third pregnancy. Pregnant women had pregnancy loss feel more death anxiety as compare to pregnant women with no history of pregnancy loss. *ASEAN Journal of Psychiatry, Vol. 22 (2): March 2021: 1-10.*

Keywords: Death Anxiety, Attachment Styles, Fearful Attachment, Preoccupied Attachment, Dismissing Attachment, Secure Attachment.

Introduction

The secure attachment style is directly related with better relationship loyalty, trust and dependence upon each other. Attachment styles are systematic patterns of relational expectations, emotions and behavior [1]. Bartholomew and Horowitz explained four attachment styles that are based upon the positive and negative changing in the working model of self and other [2]. Hazan and Shaver said, bond that form during the infancy have great effect on attachment styles on adulthood [3]. Anxiety and avoidance are two

fundamental dimensions that are used to explain the styles of attachment [2,4-6].

In interpersonal relationship in which a person has the positive view of self and other is called secure attachment. It is characterized by mutual dependence within a relationship, trust, and close emotional intimacy [2]. Securely attach person experience low anxiety and low avoidance in their close relationship. According to Simpson individuals with secure attachment report dependence, commitment, higher level of interdependence and over all relationship satisfaction [7]. When a mother is well supported and happy, she is capable to

calculate of adult attachment. It has two subscales and each subscale consists of 18 items. Anxiety scale consists of 18 items with maximum score of 126 and minimum score of 18. Items No. 4, 5, 9, 10, 11, 12, 17, 18, 19, 20, 21, 22, 23, 24, 28, 29, 33, and 36 are include in it.

Avoidance scale consists of 18 items with maximum score of 126 and minimum score of 18. Items No. 1, 2, 3, 6, 7, 8, 13, 14, 15, 16, 25, 26, 27, 30, 31, 32, 34, 35. High scores on anxiety and avoidance subscales represents high anxiety and vice versa. Internal consistency reported as .90 or higher for the two ECR-R scales (*i.e.*, Avoidance and anxiety). Each item is rated on seven point scale where one equal to strongly disagree, 2: Disagree, 3: Slightly disagree, 4: Neutral, 5: Slightly disagree, 6: Agree, 7: Strongly agree. These items 4, 5, 9, 11, 12, 17, 18, 19, 24, 26, 27, 29, 33 and 36 are reverse scores (*i.e.*, 7: Strongly disagree to 1: Strongly agree).

Maximum score on this scale is 252 and minimum score is 36. Similarly the maximum score for each subscale is 26 and minimum is 18. Two dimension model of attachment used in this measure categorize into four styles of attachment *i.e.*, Secure attachment style, Fearful attachment style, Preoccupied attachment style, and Dismissing attachment style.

Death Anxiety Scale

The Death Anxiety Scale develops by Goreja and Perved consist of 20 item relating

to the few of personal death [19]. This item include in the scale were categorized into six dimension of death anxiety *i.e.*, concern over suffering and lingering death (Item no. 5); subjective proximity to death (Item no. 19); disturbing death thoughts (Items no. 1, 3, 4, 6, 7, 11, 12, 13, 15, 18); impact on the survivor (Item no. 9); fear of punishment and (Items no. 2, 8, 10 17, 20) and fear of not being (Items no. 14, 16). All items were score positively.

Responses were obtained on five point scale with highest possible score of 100 and lowest possible score of 20 with cut off score of 50. The response categories range from always to never. Where mostly (5), frequently (4), sometime (3), rarely (2), and never (1). The scale were found internally consistence with $\alpha=0.89$.

Procedure

After finalization of instruments. Permission was taken from Institutional Review board. And also from the higher authorities of hospitals from where data was collected. The data was collected from the private and government hospital of Rawalpindi and Islamabad. Those pregnant women who fall on the inclusion criteria were identified. Some of the pregnant women were personally contacted and some of them were approached with the help of authorities of the center.

Results

In order to meet the present study objectives correlation, Chi-square analysis and *t*-test were conducted.

between anxiety and avoidance scale was 0.41 and 0.90.

It has been revealed that attachment styles (anxious and avoidant) is positively related with death anxiety among pregnant women were supported in the current investigation. According to Mikulincher and Florian pregnant women with secure attachment style show lesser death fear as compare to women with anxious and avoidant attachment styles [13]. Person with the anxious attachment style fear of their societal identity loss at death, Unknown type of mortality is associated with avoidant style of attachment.

Young Pregnant women show more fearful, preoccupied and dismissing attachment style as compare to older age pregnant women. Especially in younger mother, high rates of violence, husband (partner) nonattendance and relational problem are present [21]. Pregnant teenagers with first pregnancy are more disadvantaged group because they are with lowest formal education and mostly from low economic class, and more often to be a single in their first pregnancy. Young pregnant women are higher level of destruction because of insecure style of attachment especially fearful, enmeshed and dismissive [22].

Results have also revealed that women with the first pregnancy were high on anxious, fearful and dismissing attachment style as compare to women with second and third pregnancy. Women having the first pregnancy were high on insecure attachment style as compare to women having second and third pregnancy. Insecure attachment style has unconstructive impact on the support and relationship with other and is predominate when a women is pregnant [17,23].

Pregnant women with the history of pregnancy loss feel more anxiety as compare to pregnant women with no history of pregnancy loss. Cohens'd (1.20) indicate the strength of the relationship between pregnant

women with pregnancy loss and pregnant women with no pregnancy loss along with death anxiety. Pregnant women with pregnancy loss feel more death anxiety as compare to pregnant women with no history of pregnancy loss. Women with the histories of fetal death, repeated unplanned abortion, early infant delivery or death lead towards poorer life quality, experience of death anxiety and depression at the time of their following pregnancy, as compare to those without such previous circumstances. Anxiety over the childbirth is not associated with disbelief in staff, lack of skills of female and death fear. Pain terror is not predominant although important to some extent in pregnancy [24]. Due to miscarriages women have higher level of pregnancy-related fear and anxiety. Fear about pregnancy has negative impact on the women and it may interfere at delivery. Therefore, interventions to minimize pregnancy-related fear are highly suggested [25].

Conclusion

The present research was designed to explore the attachment styles and death anxiety among pregnant women. Consistence with the proposed hypotheses, the findings of the current study revealed that attachment style is positively correlated with death anxiety among pregnant women, young pregnant women were high on anxious and fearful styles of attachment as compare of older age women. Women with the first pregnancy were high on anxious, dismissing and fearful attachment style as compare to women with second and third pregnancy. Results also have shown that pregnant women with history of pregnancy loss feel more death anxiety as compare to pregnant women with no history of pregnancy loss. Intimate bad relationships with husbands, a lack of practical support have negative impact on pregnant women.

Theoretical and Practical Implications

The study indicates the necessity of integrating mental health with existing maternal and child health care in Pakistan. All those concerned with antenatal care need to pay attention and screen for death anxiety symptoms. Policies aimed at referring women with death anxiety symptoms to the nearest medical college hospital where psychological treatment is freely provided may help mothers in receiving appropriate support. Providing practical support to women during pregnancy,

particularly those with a previous history of depression, mental disorder reducing gender-based violence, and supporting women in poor partner relationship are important preventive strategies to adopt at the community level.

Conflict of Interest

Authors declared no conflict of interest.

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