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The Relationship Between Parenting and Depressive Symptomology in Young Jordanian Adults: Is Attachment a Mediator Variable?

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THE RELATIONSHIP BETWEEN PARENTING AND DEPRESSIVE SYMPTOMOLOGY IN
YOUNG JORDANIAN ADULTS: IS ATTACHMENT A MEDIATOR VARIABLE?

by

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Abstract

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Previous research conducted in Western cultures has shown a link between parenting behaviors and subsequent depression. Insecure attachment styles have also been related to depression, and are conceptually linked to parenting behaviors. Several studies suggest that attachment mediates the relationships between childhood experiences and later psychological functioning. However, these relationships have not been examined in Middle Eastern cultures that are defined as collectivist and patriarchal. Therefore, this study examined the relationships among parenting behaviors, attachment, and depression in a sample of young Jordanian adults and tested whether attachment mediates the parenting behavior – depression relationship. The study also tested whether the mediated relationships would differ by parental gender. In contrast to previous findings, neither the authoritarian nor the authoritative parenting styles were directly related to the dependent variable of depression in the current sample. However, authoritarian parenting was negatively related to the secure attachment style (Confidence in Self and Others) and positively related to insecure attachment. The attachment measure scales were all correlated with scores on the measure of depression. The Confidence scale (associated with secure attachment) was negatively correlated with depression. The remaining insecure attachment scales were positively correlated with scores on the measure of depression. The attachment scales did mediate the parenting style – depression relationships, primarily the Confidence in Self and Others and Preoccupation scales. Father's parenting styles had more indirect effects on depression than mother's

parenting styles. The results of this study suggest that parenting styles can predict

depressive symptoms in a sample of young Jordanian individuals, but only indirectly

through how they affect their children's adult attachment styles. Results from this study

suggest that western-based measures can be used although interpretations must consider

collectivist versus individualist society differences on the early childhood influences that

form subsequent adult attachments. As clinicians in Jordan develop a greater

understanding for attachment patterns or styles, they may better understand the etiology

of psychiatric disorders, especially depressive disorders. For future research, it may be

beneficial to examine parenting styles or care-giving practices in the Middle East not just

by parent gender, but also by gender of the child.

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Chapter I

Introduction

Rates of depression are increasing rapidly, particularly in developing countries such as Jordan. One study suggested a prevalence of depression of greater than 30% in 493 randomly selected Jordanian female patients presenting to primary health care clinics (Nasir & Al-Qutob, 2005). Al Qaseer, Al Atoum, Batarseh, and Al Jawhari (2004) found that in Jordan, 15.8% of students felt lonely most of the time or always during that year. In comparison with the other countries, the researchers found that Jordan (15.1%) was significantly more likely than Venezuela (10.6%) to have students who seriously considered attempting suicide in that same year.

A more recent study examined the level of depression and factors associated with depression among female and male youth in Jordan. The study used data from a cross-sectional survey conducted among a national sample of 14-25 year old youth attending educational institutions in Jordan ($N = 8,129$). On average, respondents reported frequently experiencing feelings of sadness (66%), loss of joy (49%) and loss of hope in living (43%). Regression models demonstrated that higher levels of depressive symptoms were observed among females and among youth exposed to violence. Better parent-child relationships were associated with lower depression scores. Among males, depressive symptoms were associated with poor economic status, low assertiveness, and a higher likelihood of alcohol use and smoking (Ismayilova, Hmoud, Alkhasawneh, Shaw, & El-Bassel, 2013).

Families exercise a powerful influence on individuals' psychosocial development, and family is very important in Jordanian culture. Parenting behaviors, one of the dimensions characterizing family life, are traditionally regarded as key components to be

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examined when considering the offspring's physical and emotional development (Gerlsma, Snijders, van Duijn, & Emmelkamp, 1997). Some studies indicate that a range of adverse childhood experiences is associated with affective disorders, including depression, in adulthood (e.g., Bifulco & Moran, 1998). Adverse experiences include poor parenting behaviors, especially those characterized by low care and high control; parental separation and loss; parental discord; and neglect. For example, Klein and Kasch (2000) found that severe parental discipline during childhood was highly related to depression and to relapse in adulthood. Studies have shown that psychiatric patients generally have more adverse recollections of their parents' rearing behavior than individuals from the general community (Gerlsma et al., 1997).

Parenting Styles and Parental Attachment

One way to conceptualize parenting behaviors is through parenting styles. Parenting styles are characteristic behaviors of warmth, acceptance, responsibility, and discipline used in child-rearing. Parenting styles represent variations in parents' attempts to socialize their children and to manage their behavior. Baumrind (1966) defined three types of parenting styles: authoritative, authoritarian, and permissive. Authoritarian parents tend to value obedience and children are expected to follow the strict rules established by the parents. Failure to follow such rules usually results in punishment. Authoritarian parents do not explain the reasoning behind these rules (Baumrind, 1991). Authoritative parents establish rules and guidelines that their children are expected to follow. However, this parenting style is much more democratic. Authoritative parents are responsive to their children and willing to listen to questions. When children fail to meet the expectations, these parents are more nurturing and forgiving rather than punishing

(Baumrind, 1991). Permissive parents, sometimes referred to as indulgent parents, make very few demands on their children. These parents rarely discipline their children because they have relatively low expectations of maturity and self-control (Baumrind, 1991). Permissive parents are generally nurturing and communicative with their children, often taking on the status of a friend more than that of a parent.

Some research indicates that rejection and control by parents may be positively related to later depression and psychological distress (Rapee, 1997). Lewinsohn and Rosenbaum (1987) found that acutely depressed persons described their parents negatively and recall them as having been emotionally rejecting. Crook, Raskin, and Eliot (1981) suggested that depression in adult life may be related to parental rejection and control through techniques such as ridicule, negative evaluation, and withdrawal of affection during childhood. One component of the current study is to examine the relationship between parenting and depression in Jordanian participants.

An additional variable to be considered when examining family relationships is that of parental attachment. The emotional bond between a parent or a caregiver and a young child defines a core human experience. This primary parent-child union constitutes the strongest and most important attachment for a young child, and serves as an essential component for a child's growth and development, both physically and psychologically (Gladstone & Parker, 2005). Bowlby (1980) proposed that infants build "internal working models" of self (i.e., lovable or unloveable) and others (i.e., emotionally reliable, untrustworthy) based on their early attachment experiences, and that these somewhat fixed models serve to guide subsequent interpersonal bonding. Exposure to rejecting or ambivalent care-giving is thought to lead to a sense of insecurity that may then lead to

deviations in personality development (Bowlby, 1980). Although researchers use different labels for the attachment categories, a typical categorization is that of secure and insecure attachment with insecure attachment subdivided into preoccupied-anxious, dismissing-avoidant, and fearful-avoidant.

Bowlby (1988) claimed that increases in depressive symptoms most likely occur when vulnerable people (those with certain insecure attachment orientations) experience stressors that test and strain their relationships. Such experiences can increase depressive symptoms by enhancing negative beliefs about the self (as being someone unworthy of love and support) or by accentuating negative beliefs about others (as being unloving and unsupportive partners). For example, in studies in which attachment has been assessed with the Adult Attachment Interview (AAI), unipolar depression tends to be more prevalent among psychiatric patients classified as preoccupied (a category conceptually related to the anxiety/ambivalence attachment dimension) than among patients classified as secure (Fonagy et al., 1996). Thus, childhood experiences of insecure parental attachments and parental loss have been traditionally considered risk factors for later depression (Bowlby, 1988; Safford, Alloy, Crossfield, Morocco, & Wang, 2004; Williams & Riskind, 2004).

Even though parenting styles and attachment are often studied separately, they are conceptually linked. Parental behavior for the authoritative, authoritarian, and permissive styles seems to parallel that of parental behavior for individual attachment patterns (Neal & Frick-Horbury, 2001). For example, similar to the parent of a securely attached child, the authoritative parent is sensitive to the child's needs, does not use punitive discipline, and reasons with the child in a loving and affectionate manner (Baumrind, 1966).

Comparable to parental behaviors associated with avoidant attachment, the authoritarian parent is demanding, but unresponsive to the child, and tends to use punitive and harsh punishment, physical enforcement, warnings, and prohibitive interventions (Neal & Frick-Horbury, 2001). As a result, the outcomes of authoritarian parenting tend to overlap with the characteristics of avoidant attachment. The children of authoritarian parents have been described as anxious, angry, aggressive, and having low self-esteem (Baumrind, 1967). Elicker, Englund, and Sroufe (1992) described avoidantly attached children as angry, aggressive, isolated and disliked by their peers.

The parent who fosters preoccupied-anxious attachment may also behave in ways that reflect permissive parenting. For example, permissive parents are generally described as lax and inconsistent, and use withdrawal of love as punishment. They also tend to show their ambivalence about discipline by alternating praise and punishment (Baumrind, 1967). Similarly, mothers of preoccupied-anxiously attached children are described as lacking in responsiveness and sensitivity to their children, and as being either too lenient or too controlling of their child. Baumrind (1967) reported that children of permissive parents have low self-control and self-reliance, and are very immature. Thus, parenting behaviors appear to set the stage for later adult attachment styles. Since both parenting behaviors and attachment styles have been associated with depression, it is important to examine them in conjunction. Given the temporal relation between parenting behaviors while growing up and current attachment styles, it is possible that current attachment styles mediate the relationship between parenting behaviors and depression (Bifulco et al., 2006).

Parenting and Family Relationships in Jordan

Due to cultural differences, the meaning ascribed to parenting behaviors may differ in Jordan in comparison to Western countries. Although parenting and attachment have been extensively studied in Western countries, many Middle Eastern Countries, including Jordan, lack significant research focusing on this area. Jordanian culture is characterized as more collectivist and patriarchal than many Western countries (Sabri, 2007) and relationships among parenting styles, adult attachment styles, and depression reported in Western countries may manifest differently in a sample of young Jordanian adults.

Araji and Carlson (2001) observed that interactions between Arab parents and their children in Jordan indicate a greater range of acceptable behavior before disciplinary actions occur, particularly physical discipline, as compared to Western cultures. This is especially true for male children who typically have more leeway than female children in the family. Jordan is considered a patriarchal society where women are subordinate to their husbands in the family. However, mothers play significant roles in motivating children and keeping the family together. Despite the fact that the father is the leader in the Jordanian family, the mother often plays an essential role in conveying the ideas and directives of the father to the children. The mother also plays an important role in socializing the girls of the family, including emphasizing the norms and standards to which children should adhere (Araji & Carlson, 2001).

Socialization and parenting practices differ for boys and girls in Jordan. The Jordanian family socializes and prepares its boys to carry financial and social responsibilities and to help the parents when they are aging. Families usually educate

their boys to preserve and maintain the family values and its social and economic status (Arnett, 2007). The girls, on the other hand, are socialized to be housewives and to carry out their duties as mothers. Thus, parents are typically more directive with their sons than they are with their daughters, and daughters are more protected from outside contact than are the sons.

As in other societies, Jordanian youth experience a period of emerging adulthood. It is dissimilar to the same period found in the West in that it does not entail that adolescents be independent of their parents. In Jordan, children who are not married after adolescence often stay with their parents and typically remain dependent on their parents. Girls get married at a younger age than boys. However, if a daughter is not married, it is difficult for her to be independent of her parents financially, socially, or personally. The family supports the daughter as long as she is not married. In rare cases, daughters can support their family if they work, but this is contingent on the family's economic status. The occurrence of the family being dependent on their sons is rare, but it is even rarer that the family depends on their daughters (Arnett, 2007).

Study Purpose

Previous research conducted in Western cultures has shown a link between parenting behaviors and subsequent depression (Radziszewska, Richardson, Dent, & Flay, 1996; Rapee, 1997). Insecure attachment styles have also been related to depression (Bowlby, 1988; Fonagy et al., 1996; Williams & Riskind, 2004), and are conceptually linked to parenting behaviors. Several studies (Bifulco et al., 2006; Hinnen, Sanderman, & Sprangers, 2009; Magai, Consedine, Gillespie, O'Neal, & Vilker, 2004) suggest that attachment mediates the relationships between childhood experiences and later

psychological functioning. However, these relationships have not been examined in Middle Eastern cultures that are defined as collectivist and patriarchal. Therefore, this study examined the relationships among parenting behaviors, attachment, and depression in a sample of young Jordanian adults and tested whether attachment mediates the parenting behavior – depression relationship. Additionally, since female and male parents have clearly differentiated behavioral roles in Jordan, it was expected that the relationships among parenting behaviors, attachment styles, and depression would differ by gender of the parent. Therefore, the proposed mediating relationships were tested separately for mothers and fathers.

Hypotheses

Based on the current literature, it was expected that parenting styles (i.e., authoritative, authoritarian, permissive) would predict depressive symptoms. Authoritarian and permissive parenting styles have been related to increased distress while authoritative parenting has been related to lower scores on measures of distress. Hypothesis 1 stated that parenting styles would predict depressive symptoms in a sample of young Jordanian adults. However, because of the cultural differences in Jordan as compared to Western countries; the relationships typically reported between specific parenting behaviors and depression may differ from those previously reported, and no specific hypotheses were made regarding the directions of the relationships between the parenting styles and depressive symptoms in Jordanian young adults.

Hypothesis 2 stated that the parenting styles would be related to the adult attachment style scales and that the attachment style scales would mediate the relationships between the three parenting styles and depressive symptoms in a sample of

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Jordanian young adults. The mediating hypotheses were tested separately for each parenting style. No hypotheses were made as to whether one attachment style scale would be a stronger mediator than the others.

The mediating hypotheses were tested separately for mothers and fathers. Hypothesis 3 stated that the proposed mediated relationships would differ by parental gender such that the attachment styles that mediate the specific parenting styles for fathers would differ from the mediated relationships for mothers. This hypothesis was exploratory and no specific differences by parental gender were hypothesized.

Support for the proposed hypotheses would suggest potential factors that can predict depressive symptoms in a sample of young Jordanian individuals. Those results can add value to the mental health field in a developing country like Jordan, as therapists may become more aware of the effects of parenting styles and attachment styles and whether or not they contribute to young individuals' depressive symptomology. If ignored, these young individuals may be at a higher risk for abuse and neglect, suicide, alcohol and other drug use, school failure, violent and criminal activities, mental health illnesses, and health-jeopardizing behaviors (Al Qaseer et al., 2004).

Chapter II

Literature Review

This chapter reviewed the pertinent literature related to the research questions. Literature on parenting styles was discussed, and literature on the relationship between parenting styles and depression was summarized. Attachment theory was described and the rationale for its role as a mediator was presented, and its connection to depression was also examined.

Parenting Styles

Parenting styles can be defined as the "differing styles of discipline, nurturance, reinforcement, and acceptance used in child-rearing" (McClun & Merrell, 1998, p. 383). Most researchers describe the broad nature of parenting background using Baumrind's concept of parenting style. The construct of parenting style is used to capture normal variations in parents' attempts to control and socialize their children. The three distinct parenting styles are: authoritarian, authoritative, and permissive (Darling, 1999).

Authoritarian parents are relatively strict, punitive, and unsympathetic. They value obedience and try to shape their children's behavior to meet a set standard and to control the children's wills. Independence is not encouraged. The parents are detached and seldom praise or reward their children (Baumrind, 1991). Parenting behaviors can be characterized by their levels of responsiveness and demandingness. Authoritarian parents have high demands, but are not responsive. In contrast to authoritarian parents, permissive parents give their children complete freedom and utilize little discipline. This type of style is also known as indulgent. Permissive parents are more responsive than demanding, avoid confrontation, and are very lenient (Baumrind, 1991).

The third parenting style Baumrind (1991) described is called authoritative. Authoritative parents fall between permissive and authoritarian styles in their balance of demand and responsiveness. With this parenting style, parents reason with their children, encouraging a "give and take" relationship. They allow the children increasing responsibility as they become older and better at making decisions. They are firm, but understanding, and set limits while also encouraging independence. The parental demands are usually reasonable, rational, and consistent. The parents are both demanding and responsive.

Although Baumrind (1991) defined only three parenting styles, Maccoby and Martin (1983) had a fourth parenting style called uninvolved or neglectful. Parents implementing this style are neither responsive nor demanding. Parents using this style appear very unconcerned about where their children are or what they are doing.

The Relationship between Parenting Styles/Behaviors and Depression

Some research indicates that rejection and control by parents may be positively related to later depression. Rapee (1997) reported that in the offspring studies of clinically depressed subjects, they reported their parents to be more rejecting and controlling than did non-depressed control subjects. Rapee's findings suggested that parental rejection (i.e., low in responsiveness) might be strongly associated with depression (Rapee, 1997).

Radziszewska and associates (1996) examined the relationships between parenting style and adolescent depressive symptoms, smoking, and academic grades, and whether the relationships varied according to ethnicity, gender, and socioeconomic status. The researchers found that adolescents with authoritative parents (joint process, but

parents decide) had the best outcomes and those with unengaged parents (low in parental control and responsiveness) were the least well adjusted. Permissive (joint process, but adolescent decides) and autocratic styles (parents decide) produced intermediate results on the outcome variables (Radziszewska et al., 1996). They also found that the relationship between parenting styles, especially the unengaged style, and depressive symptoms might vary according to gender and ethnicity (Radziszewska et al., 1996). However, they did not explore cultural differences based on country of origin.

Lewinsohn and Rosenbaum (1987) examined the relationship between depressive symptomology and parenting styles or behaviors. They found that acutely depressed persons described their parents in more negative terms. Specifically, the depressed individuals recalled their parents as having been more emotionally rejecting in comparison with nondepressed controls. The researchers reported low moderate effect sizes for their findings.

Reiss and associates (1995) conducted a large-scale cross-sectional evaluation of psychosocial familial influence on negative affect. In a study of 708 families, they examined the effects of various dimensions of parenting on symptoms of depression in adolescents. Using structural equations modeling, multiple indicators (e.g., adolescent and parent self-report, behavioral observation) of parenting variables were examined in terms of their relation to self- or parent-reported symptoms of depression in the adolescent. Parenting styles were classified into domains of conflict–negativity, warmth–support, and monitoring–control. It was found that paternal and maternal warmth–support had significant path coefficients (-0.26 and -0.37) to adolescent depressive symptoms, suggesting that low warmth was related to increased symptoms in the offspring (Reiss et

al., 1995). In a second analysis, monitoring–control was not found to be related to depressive symptoms; however, one of this domain's lower order factors, maternal "attempts at control" over the adolescent, had an observable influence on depressive symptoms in the adolescents (Reiss et al., 1995).

Several researchers argued that negative childrearing practices can be a precursor of depression in adults, in that these experiences can be internalized by the child and become elements of representations of self and of others. These representations then lead individuals to have negative cognitive schema about themselves, their environment, and the future (Beck, 1967; Blatt, 1974; Peterson & Seligman, 1984). Lewinsohn and Rosenbaum (1987) found that acutely clinically depressed individuals described their parents as more emotionally rejecting than nondepressed controls, but not as using more negative methods (threats of punishment, and guilt manipulation) or as being more firm or lax in their discipline. They also found that emotional rejection was more central for depression in females than in males. Perris and associates (1986) similarly found that of parents described by their children as demonstrating low "emotional warmth" and high "overprotection," 64% of the fathers and 76% of the mothers had children diagnosed as unipolar depressives.

Johnson, Petzel, Dupont, and Romano (1982) found that subjects with elevated scores on the Beck Depression Inventory thought their parents evaluated them more negatively than did nondepressed subjects. Depressed individuals also rated themselves as less active than controls and more discrepant from their parents' ideals for them. Parents' views seem to dominate how depressed subjects feel about and evaluate themselves, in that the depressed individuals' evaluations of themselves corresponded

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with how they thought their parents perceived them. Thus, self-critical depressed

subjects' negative views of themselves reflect the negative evaluation they perceived

from and continue to expect from their parents, and probably from others as well

(Johnson et al., 1982).

Crook, Raskin, and Eliot (1981) examined reports of early parental behavior

provided by 714 hospitalized depressed patients and compared them with reports

provided by 387 normal adults. The two groups were also compared on social workers'

ratings of parental behavior along the acceptance-rejection and autonomy-control

dimensions. Differences between the groups suggested that depression in adult life may

be related to parental rejection and control through techniques such as ridicule, negative

evaluation, and withdrawal of affection during childhood. Maternal rejection was found

more closely associated with depression in female than in male subjects. Fathers of

depressed patients were also characterized in their offsprings' reports as having been

rejecting and as having employed psychologically harmful control techniques such as

ridicule, negative evaluation, withdrawal of affection, and manipulation through guilt and

anxiety (Crook et al., 1981). Differences between the fathers of depressed patients and

their normal counterparts were marked, although somewhat less dramatic than maternal

differences. Behaviors reflecting negative control techniques clearly characterized the

fathers of depressed patients. Neither the mothers nor fathers of depressed patients

differed markedly from their counterparts among normal subjects on behaviors reflecting

permissiveness, discipline, or the imposition of limit-setting control techniques. The

researchers concluded that the thoughts of personal worthlessness and inferiority seen in

depression, and theorized by Beck (1967) to be of principal significance in the disorder, may have their origin in the early parent-child relationship (Crook et al., 1981).

Dwairy, Achoui, Abouserie, and Farah (2006) examined the effect of parenting styles on children from a cultural context, taking into account that the influence of parenting styles may differ across cultural groups. The researchers argued that some Arab adolescents favor authoritarian parenting, and that no relationship was found between authoritarian parenting and various measures of mental health (Dwairy et al., 2006). Authoritarianism within the Arab society is not necessarily associated with the children feeling oppressed. The researchers argued that authoritarian parenting has a culture-bound meaning, and therefore within an authoritarian/collective culture, authoritarian parenting has minor or insignificant negative influences on children's mental health. As an example of cultural influence on parenting, Hatab and Makki (1978) noted that the majority the Arab youth in their study reported that they followed their parents' directions in all areas of life, such as social behavior, interpersonal relationships, marriage, occupational preference, and political attitudes.

Using a sample of 2,893 Arab adolescents in eight Arab countries, Dwairy et al. (2006) found that authoritative parenting was associated with fewer psychological disorders, whereas authoritarian parenting was only slightly associated with higher psychological disorders. They found that adolescents who were raised with an inconsistent parenting pattern reported a higher level of psychological disorders than adolescents who were raised with the other two parenting patterns (authoritarian and authoritative parenting patterns). The mental health of adolescents who were raised according to the controlling or flexible parenting pattern was better than of those raised

with an inconsistent pattern of parenting. Their findings show that authoritarian parenting alone is not associated with negative outcomes, although authoritarian parenting combined with permissiveness (i.e., inconsistency) leads to negative outcomes in terms of psychological disorders (Dwairy et al., 2006). Kagitcibasi (2005) criticized the Western conceptualization of parenting and thought that parental control and warmth can be compatible in many collectivistic cultures.

Dwairy et al. (2006) reiterated the notion that Arab societies typically foster a more collective family identity, yet they proposed that rapid modernization and urbanization, and the resultant exposure to Western values may have created wider variation in parenting among Arab countries, with some embracing more liberal ways and others resisting changes. For others, the exposure to Western culture may create an "ambivalent" parenting style, which mixes authoritarian and permissive ways (Dwairy et al., 2006).

Unlike the negative effect of authoritarian parenting on western adolescents, in a regional study carried out in eight Arab countries, authoritarian parenting was not found to be associated with adolescents' psychological disorders (Dwairy, 2010). Dwairy et al. (2006) suggested the possibility of an inconsistency hypothesis, claiming that it is the inconsistency between authoritarian parenting and the liberal socio-cultural environment in the west, rather than authoritarianism per se, that lies behind the negative impact on adolescents' psychological adjustment. When authoritarian parenting is consistent or in harmony with the socio-cultural environment, such as the authoritarian/collective Arab or Asian cultures, authoritarian parenting per se has no such negative impact (Dwairy, 2010).

One study reported that when the association of fathers' and mothers' control with psychological disorders was tested together, the association between fathers' control and psychological disorders was significant in the west, but not in the east (Dwairy & Achoui, 2010). Among the eastern countries, only in Jordan was the fathers' control significantly associated with psychological disorders. This odd result may be explained by the fact that Jordan was the most western country in the sample with respect to family connectedness and parental control (Dwairy & Achoui, 2010).

Dwairy and colleagues (Dwairy & Achoui, 2010; Dwairy et al., 2006) encouraged educators and counselors to adopt a culturally sensitive approach to understanding parenting styles when it comes to Arab families, as what is right for adolescents who live in the West is not necessarily right for Arab adolescents who live in an authoritarian cultural system. It is also logical that parents in a state of transition, such as immigrants or those experiencing rapid cultural change, may manifest some shifts or inconsistencies in their parenting approach.

Adult Attachment Style and Depression

Attachment theory suggests that attachment styles are formed in the context of previous relational experiences – beginning with family relationships – and are related to a variety of psychological outcomes. According to classic attachment theory (Bowlby, 1980), the parent serves an evolutionary and biological function of a protective and secure base (i.e., attachment object) from which the child operates. Critical to the child's healthy functioning is a secure and predictable relationship with the caregiver. During a period of threat or surprise, the child can retreat to the parent for safety. A child separated from the attachment object may therefore become anxious and protest in an attempt to

elicit reunion. If this relationship is disrupted, however (e.g., through repeated, unexpected separation), one possible outcome may involve the child's exhibiting "anxious attachment," becoming more chronically dependent and apprehensive. Further disruption in the relationship will be followed by the gradual dissolution of the anxious response pattern and will predispose the child to a more withdrawn and depressive nature over time (Chorpita & Barlow, 1998).

Daily interactions with parents and peers contribute to the formation of internal working models of attachment of the world. Bowlby (1980) proposed that infants build internal working models of self (i.e., lovable or unlovable) and others (i.e., emotionally reliable, untrustworthy) based on their early attachment experiences and that these models serve to guide subsequent interpersonal bonding. Four attachment styles are often related to those internal working models, they are: secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant. The working models of attachment are also presumed to influence mental health.

Safford and associates (2004) found that insecure attachment was significantly associated with depressive symptomatology. In their study, having a negative cognitive style and insecure attachment were found to be significantly associated with depressive symptomatology. Williams and Riskind (2004) found that higher levels of attachment insecurity were associated with increased psychological symptoms, higher levels of cognitive vulnerabilities, and greater general and relationship impairments. Moreover, their results suggest that insecure attachments may represent a developmental antecedent to cognitive vulnerabilities to depression.

Attachment theory was extended to adult romantic relationships in the late 1980s (Hazan & Shaver, 1987), and four styles of attachment have been identified in adults: secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant. These roughly correspond to infant classifications of secure, insecure-ambivalent, insecure-avoidant and disorganized/disorientated.

Securely attached people tend to have positive views of themselves, their partners, and their relationships. They feel comfortable with intimacy and independence and balance the two in their relationships. Anxious-preoccupied adults seek high levels of intimacy, approval, and responsiveness from partners and may become overly dependent. They tend to have less positive views about themselves, but more positive views of their partners. They may exhibit high levels of emotional expressiveness, worry, and impulsiveness in their relationships (Hazan & Shaver, 1987). Dismissive-avoidant adults desire a high level of independence, often appearing to avoid attachment altogether. They view themselves as self-sufficient and invulnerable to attachment feelings and often deny needing close relationships. They tend to suppress and hide their feelings and deal with rejection by distancing themselves from partners whom they often view negatively. Fearful-avoidant adults have mixed feelings about close relationships, both desiring and feeling uncomfortable with emotional closeness. They tend to view themselves as unworthy and mistrust their partners. As with the dismissive-avoidant style, they tend to seek less intimacy and to suppress and hide their feelings (Hazan & Shaver, 1987).

Some research indicates that adult attachment style differentiates between depressed and non-depressed individuals. Carnelley, Pietromonaco, and Jaffe (1994) found that depressed and non-depressed college students differed in terms of their mental

self-representation rather than their mental representation of others. Endorsement of the

'preoccupied' and 'fearful' attachment styles, which indicate a negative view of self, was

higher for depressed individuals. The authors concluded that the fearful attachment style,

in particular, is linked with vulnerability to depression, and is likely to be a vulnerability

factor for depression (Carnelley et al., 1994).

Other studies were consistent with Carnelley et al.'s (1994) findings. Murphy and

Bates (1997) examined the role of adult attachment styles in differentiating 'depressed'

and 'non-depressed' college students, and the association between attachment styles and

the depressive personality vulnerabilities. They found that regardless of one's mental

representation of others, holding a negative view of self is associated with depression.

Respondents identified as either having a fearful or preoccupied attachment style were

over-represented in the depressed subsample, while secure respondents were less likely to

be depressed. Consistently, those in the depressed group scored higher on the fearful and

preoccupied scales and lower on the secure scale.

Bifulco, Moran, Ball, and Bernazzani (2002) examined adult attachment style in a

high-risk community sample of women in relation to clinical depression. They utilized an

interview measure of adult attachment that allowed for an assessment of the types of

attachment style and the degree of insecurity of attachment. Their results revealed that the

presence of any insecure style was significantly related to depression in the previous 12-

month period. However, when controls were made for depressive symptomatology at the

time of the interview, only the significantly elevated levels of enmeshed, fearful or angry-

dismissive attachment styles were related to the depression. Withdrawn-avoidance was

not significantly related to depression. They concluded that the relationship of attachment

style to clinical depression is increased by differentiating the degree of insecurity of style and differentiating hostile and non-hostile avoidance (Bifulco et al., 2002).

Murphy (2000) found support for the proposition that attachment theory provides a framework for understanding both the personality and cognitive processing styles associated with depression. The findings of her study suggested that the fearful and preoccupied adult attachment styles can both be regarded as constituting vulnerability factors for depression. In her study, the fearful attachment style was highlighted as conferring greater depressive vulnerability (Murphy, 2000). Her results highlight the importance of assessing adult attachment style during therapy for depression.

Difilippo and Overholser (2002) used attachment theory to provide a developmental framework for understanding the relationship between depressive symptoms and insecure attachment to one's parents and current romantic partner. Their study examined attachment theory for understanding depression and marital adjustment among 84 psychiatric inpatients diagnosed with major depressive disorder. Participants completed a diagnostic interview and self-report measures of depressive symptoms, adult attachment, marital adjustment, and recollections of childhood relationships with parents. Avoidant (but not anxious) adult attachment mediated the link between patients' recollections of relationships with opposite-sex parents and current depressive symptoms. Although nearly three fourths of the sample of depressed psychiatric inpatients acknowledged the presence of marital problems, the negative correlation between depressive symptoms and marital adjustment did not reach statistical significance (Difilippo & Overholser, 2002).

Eng, Heimberg, Hart, Schneier, and Liebowitz (2001) conducted a cluster analysis of the Revised Adult Attachment Scale. Their results revealed that 118 patients with social anxiety (58.6% males) were split in the anxious and secure attachment style clusters. Members of the anxious attachment cluster exhibited more severe social anxiety and avoidance, greater fear of being scrutinized by others in the course of everyday activities, greater depression, greater functional impairment, and lower life satisfaction than members of the secure attachment cluster.

Roberts, Gotlib, and Kassel (1996) conducted three studies that investigated how adult attachment styles might be related to symptoms of depression. Their studies were conducted to test the hypotheses that (a) insecure adult attachment is associated with depressive symptoms and (b) this relation is mediated by dysfunctional attitudes and depleted levels of self-esteem. Their results were obtained from three samples at two universities (total $N = 486$). Across the three samples, adult attachment styles were associated with dysfunctional attitudes, self-esteem, and depressive symptoms. Individuals who reported believing that others were less available when needed, feeling less comfortable becoming close to others, and worrying about abandonment and not being loved tended to endorse higher levels of dysfunctional attitudes, lower self-esteem, and elevated symptoms of depression (Roberts et al., 1996). Most importantly, their data indicated that the relation between adult attachment and depression is mediated almost entirely by maladaptive cognitions of worth and low self-esteem. In their study, adult attachment styles appeared to operate indirectly through negative thinking about the self and thus influenced depression (Roberts et al., 1996). Their data also suggest that individuals who have developed maladaptive contingencies of worth and who exhibit

depleted self-esteem are likely to experience depressive symptoms regardless of their

attachment security. Attachment insecurity, particularly worries about abandonment and

about not being loved, as well as difficulties becoming close to others, seem to contribute

to the development of depressive symptoms (Roberts et al., 1996).

Parenting Styles and Adult Attachment Styles

Individuals' experiences of their past parenting may be related to how they

develop attachments in relationships (Heer, 2008). Parental behaviors can conceivably

enhance or negatively influence healthy attachment development. Heer (2008) found that

accounts of particular parenting styles positively predicted specific adult attachment

styles in a sample of 300 adult participants. Authoritative parenting style was found to

have a positive correlation with the secure attachment and this was found with both

mother's and father's authoritative scale score from the Parental Authority Questionnaire

(PAQ). This finding is not surprising, as the authoritative parent is warm, receptive to the

child's needs, and yet firm in guiding the child as to what the expectations are for the

child. In contrast, the father's authoritarian scale score made a significant and positive

contribution to the prediction of the dismissing attachment subscale (Heer, 2008).

Hinnen and associates (2009) used attachment theory to investigate whether

internal working models of attachment mediated the association between childhood

memories and satisfaction about life in adulthood. They asked a convenience sample of

437 subjects to complete questionnaires that assessed a broad range of childhood

memories, working models of attachment, and life satisfaction. The researchers found

that family warmth and harmony, and parental support were associated with attachment

security while parental rejection and adverse childhood events (e.g., abuse, parental

psychopathology) were associated with an insecure attachment style. More securely attached individuals were, in turn, more satisfied about their current life than were insecurely attached individuals. Similarly, Heinonen and associates (2004) showed that adult attachment was associated with family context. Specifically, attachment anxiety was negatively related with recalled parental warmth and supportive parental care, and positively related with overprotection, conflictual family context and inconsistent parental care.

Bifulco et al. (2006) examined a group of 154 community women who were at risk for an affective disorder. They studied whether adult insecure attachment mediated the relationship between childhood neglect and the actual occurrence of affective disorders. The authors showed that childhood neglect and abuse was associated with an increased risk for developing an affective disorder and that this association became non-significant when insecure attachment was taken into account. These results indicate that insecure attachment mediates the association between adverse childhood experiences and the risk of developing an affective disorder.

Magai et al. (2004) investigated the association between adult attachment, early emotional socialization (i.e., recollections about mother as punitive or rewarding), and positive or negative trait emotions in a large sample of 1,237 adults. They found that the association between early socialization and trait emotionality in adulthood was partly mediated by adult attachment. Specifically, recollections about mother as punitive and unrewarding were associated with attachment insecurity, which was in turn associated with negative affectivity. Neal and Frick-Horbury (2001) showed that individuals who reported to have received authoritative parenting (i.e., sensitive to the child's needs, does

not use punitive discipline, and reasons with the child in a loving and affectionate manner) perceive others as significantly more accessible, trustworthy, and responsive in comparison with those individuals whose parents were perceived as authoritarian or permissive. In their study, they reported a correlation of .56 ($r^2 = .313$) between parenting styles and attachment styles (Neal & Frick-Horbury, 2001).

In summary, research indicates that parenting styles appear to be relevant to later psychological functioning in offspring (Rapee, 1997). Several researchers argued that negative childrearing practices can be an antecedent of depression in adults, in that these experiences can be internalized by the child and become elements of representations of self and of others. These representations then lead individuals to have negative cognitive schema about themselves, their environment, and the future (Beck 1967; Blatt, 1974; Peterson & Seligman, 1984). Parental behaviors can conceivably enhance or negatively influence healthy attachment development (Heer, 2008). Authoritative parenting style was found to have a positive correlation with the secure attachment for both mothers and fathers (Heer, 2008). Attachment has also been found to mediate the parenting-psychological distress relationship.

Socialization and parenting practices differ by culture. In general, children in Jordan tend to live with their parents until they get married. Some researchers (Dwairy et al., 2006) argue that some Arab adolescents favor authoritarian parenting, and that no relationship was found between authoritarian parenting and various measures of mental health. Authoritarianism within the Arab society is not necessarily associated with the children feeling oppressed. Authoritarian parenting appears to have a culture-bound meaning, and therefore within an authoritarian/collective culture, authoritarian parenting

may have minor or insignificant negative influences on children's mental health as compared to authoritarian parenting in the west (Dwairy et al., 2006). Making assumptions about the relationships among parenting, attachment, and depressive symptoms based on Western cultures may lead to inappropriate assessment and treatment planning. Therefore, it is important to test relationships among parenting behaviors, attachment, and depressive symptoms in Jordanian young adults in order to ascertain whether associations among these variables are present in a non-Western culture.

Chapter III

Methods

Participants

The participants were Jordanian young adults between the ages of 18 and 37 who were raised in Jordan (although some were living elsewhere at the time of the study). An upper age limit was implemented in the study in order to ensure that the sample had recent extended contact with their parents. It is traditional for young Jordanians to remain dependent on the family or in the family's house longer than young adults tend to in the West and in the United States (Arnett, 2007) so the upper age limit was set higher than might be typical in a Western sample. The participants were required to be able to read and comprehend the assessments written in English. Prior to cleaning the data for inclusion criteria, there were 175 cases. Forty-one cases were removed for being outside the inclusion age criteria, leaving 134 cases in the final sample. The sample consisted of 57 males and 77 females. The average age of the participants was $M = 29.66$. As for the participants' highest level of education, 1.5% of the participants reported having a doctoral (Ph.D.) degree, nearly 33% reported having a Master's degree, close to 61% reported having a Bachelor's degree, nearly 4% reported having some years at a university/college, and less than 1% of the participants reported secondary school as their highest level of education.

As for the participant's English language proficiency, 41% of the participants considered themselves proficient in the English language, 41% of the participants considered themselves to be advanced in their use of the English language, nearly 17% of the participants considered themselves to be advanced intermediate in their English language proficiency, and less than 1% of the participants considered themselves to be

intermediate in their use of the English language. None of the participants defined themselves as beginners as it related to their English language proficiency.

In terms of the participants' socioeconomic status, 7.5% of the participants defined themselves to be upper class, nearly 52% of the participants defined themselves to be upper-middle class, nearly 40% defined themselves as middle class, and less than 1% of the participants identified themselves to be lower-middle class. None of the participants considered themselves to be in a lower socioeconomic class.

Nearly 74% of the participants identified as Muslim, approximately 20% of the participants identified as Christian, 3% of the participants identified as "other" as their religious affiliation, and another 3% reported no religious group affiliation. As for the participants' relationship status, 41% reported their status as single and not involved in a relationship, 41% of the participants reported being married, 2.2% of the participants reported being divorced, and nearly 16% of the participants reported their relationship status as single, currently involved in a romantic relationship.

Many of the participants (44%) reported living with their parents while close to 38% reported living with their husband/wife. Approximately 12% of the participants reported living alone, 3% of the participants reported living with other family members, 2.2% of the participants reported living with friends/roommates, and less than 1% of the participants reported "other" as their living arrangement.

For the study's a priori power analysis, r squared values were located for the relationships between the following pairs of variables: parenting styles and depressive symptomology, adult attachment styles and depressive symptoms, and parenting styles and adult attachment styles. According to Baron and Kenny (1986), the effect sizes of all

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paths should be estimated prior to conducting the study in order to estimate the expected effect size of the proposed study. After the *r* squared values were determined for each pair of the variables, the most conservative of the values was chosen in order to have an estimated power analysis at or above .80 (Baron & Kenny, 1986).

Numerous studies have examined the associations between parenting styles and depression (Radziszewska et al., 1996; Rapee, 1997), parenting styles and adult attachment (Bifulco et al., 2006; Heer, 2008), and adult attachment and depression (Safford et al., 2004). The correlations between these pairs of variables range from the mid-teens to mid-twenties with the exception of a large correlation (.56) between parenting and attachment. Thus, the general effect sizes could be considered to be in the small to moderate range. In setting the alpha level at .05, using a small correlation of .22 ($r^2 = .0484$), and using computer software (Statistics Calculators) (Soper, 2010) to calculate the study's power analysis, the power analysis with a sample size of 227 is estimated to be .80. This would suggest that the final sample size of 134 might be too small to detect statistical effects. In order to examine this, post-hoc multiple regression power calculations were computed (Soper, 2010). Based on the results from the analyses, the actual power for the regression analyses was 1.0 so the smaller sample size was more than adequate to detect the statistical effects.

Instruments

The Parental Authority Questionnaire (PAQ). The PAQ (Buri, 1991) is a questionnaire that consists of 30 items and yields permissive, authoritarian, and authoritative parenting subscale scores for both the mother and the father (60 items total). Each subscale has 10 items that address appraisals of the parents' parenting behaviors by

their children. Responses to the items are made on a 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5) (Buri, 1991). The PAQ (Appendix A) yields six separate scores for each participant: mother's permissiveness, mother's authoritarianism, mother's authoritativeness, father's permissiveness, father's authoritarianism, and father's authoritativeness. Scores on each of these subscales can range from 10 to 50. Higher scores indicate a higher level of the appraised parenting style assessed by those items (Buri, 1991).

In order to examine the PAQ's test-retest reliability, students from an introductory psychology class (30 women, 32 men) completed the PAQ at the end of a class period early in the semester. Two weeks later, 61 of the original participants (29 women, 32 men) again completed the PAQ at the end of a class period. The testing sessions over the 2-week period yielded the following reliabilities: .81 for mother's permissiveness, .86 for mother's authoritarianism, .78 for mother's authoritativeness, .77 for father's permissiveness, .85 for father's authoritarianism, and .92 for father's authoritativeness (Buri, 1991).

Buri (1991) assessed the PAQ's internal consistency reliability with a sample of 185 college students (95 women, 90 men) who agreed to participate in the study as part of an introductory psychology course requirement. The following Cronbach's coefficient alpha values were obtained for each of the six PAQ scales: .75 for Mother's Permissiveness, .85 for Mother's Authoritarianism, .82 for Mother's Authoritativeness, .74 for Father's Permissiveness, .87 for Father's Authoritarianism, and .85 for Father's Authoritativeness (Buri, 1991). Both the test-retest reliability coefficients and the Cronbach alpha values are highly respectable, especially given the fact that there are only

10 items per scale (Buri, 1991).

Buri (1991) reported that the PAQ's discriminant-related validity has also been tested in a study with 127 college student participants. Mother's authoritarianism was inversely related to mother's permissiveness ($r = -.38$, $p < .0001$) and to mother's authoritativeness ($r = -.48$, $p < .0001$). Similarly, father's authoritarianism was inversely related to father's permissiveness ($r = -.50$, $p < .0001$) and to father's authoritativeness ($r = .52$, $p < .0001$). Also, mother's permissiveness was not significantly related to mother's authoritativeness ($r = .07$, $p > .10$), and father's permissiveness was not significantly correlated with father's authoritativeness ($r = .12$, $p > .10$) (Buri, 1991).

Additionally, Buri (1991) reported correlations between the PAQ subscales and a measure of nurturance. The authoritative parents were found to be highest in parental nurturance for both mothers ($r = .56$, $p < .0001$) and fathers ($r = .68$, $p < .0001$). Authoritarian parenting was inversely related to nurturance for both mothers ($r = -.36$, $p < .0001$) and for fathers ($r = -.53$, $p < .0001$). Parental permissiveness was unrelated to nurturance for both mothers ($r = .04$, $p > .10$) and fathers ($r = .13$, $p > .10$). These results confirm that parental warmth is a dimension of parental authority that is inherent in the PAQ measurement (Buri, 1991).

Dwairy et al. (2006) administered an Arabic form of the PAQ to 2,893 Arab adolescents in eight Arab societies (Egypt, Algeria, Lebanon, Jordan, Palestine, Saudi Arabia, Yemen, and Palestinians in Israel). Before analyzing the parenting styles in the Arab societies, it was necessary for them to ensure that the tool was valid among Arabs. The internal structural validity of the PAQ was tested by a principal factor analysis and Cronbach's alpha. A principal factor analysis was conducted on the 30 items of the PAQ

using an a priori three-factor solution approach and a .20 loading criterion. The three factors explained 30.04% of the variance. Factor analyses conducted for each country separately revealed similar results. The explained variance of the three factors varied between 27.46% in Egypt and 39.44% in Palestine. The internal consistency of each subscale was tested by Cronbach's alpha coefficients. The coefficients of the Permissive, Authoritative, and the Authoritarian subscales were .61, .79, and .72, respectively. By taking the coefficients and the factor analysis results together, the researchers determined that a clear distinction was seen between the items composing the different subscales. Based on these results, the researchers concluded that the PAQ seems to have satisfactory internal construct validity among Arab adolescents. Cronbach coefficients for the current sample ranged between .72 and .84 for the mothers' parenting styles and ranged between .75 and .84 for the fathers' parenting styles.

The Center for Epidemiologic Studies Depression Scale (CES-D). The CES-D (Radloff, 1977) is a 20-item scale that assesses depressive feelings and behaviors during the past week. Respondents are asked to choose from four possible responses in a Likert format, where 0 is "*rarely or none of the time (less than 1 day)*" and 3 is "*most or all of the time (5-7 days)*" (Radloff, 1977). Scores range from 0 to 60 with higher scores reflecting greater levels of depressive symptoms. The CES-D (Appendix B) has four separate factors: depressive affect, somatic symptoms, positive affect, and interpersonal relations; however, it is typically reported as a total score. The CES-D has very good internal consistency with alphas of .85 for the general population and .90 for a psychiatric population (Radloff, 1977). The Cronbach coefficient for the current sample was .92. In the general population, a cutpoint score of 16 or greater suggests a high level of

depressive symptoms (Myers & Weissman, 1980). The CES-D has well established normative, reliability, and validity data inter-item reliability estimates (.80s to .90s), test-retest reliability coefficients (.40s to .70s), and correlations to the BDI (> .80) have been reported (Mahard, 1988; Roberts, 1980). It has strong psychometric sensitivity for identifying symptomatic individuals; extensive testing with clinical and nonclinical populations; wide usage with English and Spanish-speaking populations (Mosciki, Locke, Rae, & Boyd, 1989; Roberts, 1980); and successful employment in depression prevention research (Clarke et al., 1995).

Attachment Style Questionnaire (ASQ). The Attachment Style Questionnaire is a 40-item self-report instrument developed by Feeney, Noller, and Hanrahan (1994). Subscales are scored as continuous measures that better reflect the dimensional nature of adult attachment in comparison to categorical measures (Ng, Trusty, & Crawford, 2005). The ASQ (Appendix C) was developed based on the theoretical model founded on Bowlby's (1988) conceptualization of the internal working model. Through cluster analysis, Feeney et al. (1994) delineated four groups of individuals whose unique score patterns on the five subscales theoretically fit the conceptualization of four attachment categories (Bartholomew & Horowitz, 1991). Secure individuals are high on Confidence and low on all other four subscales. The other three groups of individuals (i.e., fearful, preoccupied, and dismissing) are considered to exhibit insecure attachment styles. Individuals with a fearful attachment have low scores on Confidence and high scores on all other subscales, a pattern that shows they have negative attitudes toward both self and others. Individuals with a dismissing attachment style have high scores on Discomfort with Closeness and Relationships as Secondary. They also have moderate levels of

Preoccupation with Relationships and Need for Approval. The preoccupied individuals show high levels of Preoccupation with Relationships and Need for Approval. They have moderate levels of Discomfort with Closeness that depict a tendency for them to seek intimacy compared to the fearful individuals who avoid intimacy (Ng et al., 2005). The ASQ was developed to provide a broader-based measure of the underlying dimensions of adult attachment and to be used with adolescents and individuals who have had more limited experiences with romantic relationships (Beesley & Stoltenberg, 2002). The ASQ's broad-based and non-context-specific characteristics make the instrument attractive for use in cross-cultural settings (Ng et al., 2005).

As noted above, the ASQ provides scores on five subscales: (a) Confidence in Self and Others has eight items with possible scores ranging from 8 to 48; (b) Discomfort with Closeness has 10 items with possible scores ranging from 10 to 60; (c) Need for Approval has seven items with possible scores ranging from 7 to 42; (d) Preoccupation with Relationships has eight items with possible scores ranging from 8 to 48; and (e) Relationship as Secondary has seven items with possible scores ranging from 7 to 42 (Ng et al., 2005). Respondents use a 6-point Likert scale (1 = *totally disagree*, 6 = *totally agree*). Scores are obtained for each of the five subscales by summing responses to items defining that scale, so that higher scores indicate more of the scale characteristic.

A sample item from the Confidence (i.e., secure) subscale reads: "Overall, I am a worthwhile person." Sample items from the subscale measuring Discomfort with Closeness include: "I find it hard to trust other people" and "I prefer to keep to myself." Cronbach's alphas for the five subscales ranged from .76 to .84 (Ng et al., 2005). Test-retest reliability coefficients over a 10-week period ranged from .67 to .78. Cronbach

coefficients for the current sample ranged between .64 and .76. In order to test the validity of the ASQ, Feeney, Noller, and Hanrahan (1994) correlated scales from their new measure with the three Likert ratings based on Hazan and Shaver's (1987) original forced-choice measure. The Hazan and Shaver secure scale was positively correlated with the Confidence subscale of the ASQ and negatively correlated with the four subscales measuring insecurity (i.e., Discomfort with Closeness, Need for Approval, Preoccupation with Relationships, and Relationships as Secondary). These results suggest that the ASQ taps constructs similar to those assessed by the Hazan and Shaver measure. A study by Strodl and Noller (2003) examined the unique relationship between the five dimensions of the ASQ and depression. Their results showed that the insecure attachment dimensions Need for Approval, Preoccupation with Relationships, and Relationships as Secondary (to achievement) were uniquely associated with depression.

Demographic Questionnaire. The participants were asked to answer some demographic questions (Appendix D) regarding their age, gender, highest educational level, their socioeconomic status, relationship status, and who they live with.

Procedure

Once approval was obtained from the university's Institutional Review Board, the primary researcher identified contacts in Jordan and asked those contacts to solicit participants for the study. As a result, a snowball sampling procedure, which is a form of sampling in which existing sample members suggest potential new sample members such as personal acquaintances (Hinkle, Wiersma, & Jurs, 1998), was used in this study. The primary contacts in Jordan were contacted via email (Appendix E). The primary contacts included family members, friends, colleagues, classmates, and college professors. The

researcher requested that the solicitation be sent to participants who had adequate English skills to comprehend the assessments. The assessments were offered online through the surveygizmo website (surveygizmo.com).

Once participants visited the study's website, they were presented with a consent form and were asked to continue with the study if they agreed with the conditions listed on the form. The website format was the same for each participant, and the forms were completed in the following order, the demographics section (age, gender, educational level, socioeconomic status, relationship status, and who the participant resides with), the PAQ, the CES-D, and the ASQ. Once the participants completed the surveys, they were directed to a separate page that thanked them for their participation. The participants were not asked to provide their names or contact information while taking the surveys, in order to maintain confidentiality.

An incentive for participation was offered. All the participants had the opportunity to enter a raffle for one of two $100 prizes. Participants were informed that they would have the opportunity to provide their name and contact information after completion of the surveys so that they could be entered into the drawings for one of these two prizes. Their names and contact information were entered on a separate website so that they could not be connected to their responses to the questionnaires, which was a means to ensure confidentiality. The two winners were sent the money by mail. The completion of the questionnaires took around 30-45 minutes.

Chapter 4

Results

Preliminary Analyses

Tables 1 and 2 show the intercorrelations among study variables for fathers' and mothers' parenting and attachment measures as well as the descriptive statistics of each scale. As can be seen, the attachment measure scales were all correlated with scores on the measure of depression. The confidence subscale (associated with secure attachment) was negatively correlated with depression. The remaining attachment subscales (associated with insecure attachment styles) were positively correlated with scores on the measure of depression. The permissive parenting style for fathers and mothers was not correlated with any of the attachment subscales. A decision was made to remove the permissive parenting style from the planned mediation analyses since it would not have an effect on depressive symptoms through attachment styles.

Table 1

Summary of Correlations and Descriptive Statistics for Fathers' Parenting Styles, Attachment Scales, and Depression

Variable	1	2	3	4	5	6	7	8	9
1. Authoritarian	--								
2. Authoritative	-.68**	--							
3. Permissive	-.58**	.37**	--						
4. Confidence	-.24**	.23**	.11	--					
5. Preoccupation	.22*	-.21*	.02	-.46**	--				
6. Need for Approval	.16	-.14	.02	-.55**	.60**	--			
7. Discomfort	.13	-.09	.09	-.48**	-.55**	.43**	--		
8. Relationships/Secondary	.25**	-.18*	-.04	-.38**	.45**	.25**	.34**	--	
9. Depression	.14	-.10	.04	-.54**	.47**	.51**	.38**	.24**	--
M	30.68	35.05	27.73	35.76	28.79	21.57	36.79	19.85	16.78
SD	7.08	6.32	5.89	5.33	6.08	5.53	6.55	4.77	11.03

Note. Confidence = Confidence with self and others, Preoccupation = Preoccupation with Relationships. Discomfort = Discomfort with Closeness, Relationships/Secondary = Relationships as Secondary.

* $p < .05$. ** $p < .01$.

Table 2

Summary of Correlations and Descriptive Statistics for Mothers' Parenting Styles, Attachment Scales, and Depression

Variable	1	2	3	4	5	6	7	8	9
1. Authoritarian	--								
2. Authoritative	-.63**	--							
3. Permissive	-.48**	.33**	--						
4. Confidence	-.24**	.21*	.09	--					
5. Preoccupation	.20*	-.17	.06	-.46**	--				
6. Need for Approval	.12	-.11	.05	-.55**	.60**	--			
7. Discomfort	.09	-.04	.13	-.48**	.45**	.43**	--		
8. Relationships/Secondary	.26**	-.29**	-.07	-.38**	.19*	.25**	.34**	--	
9. Depression	.09	-.12	.04	-.54**	.47**	.51**	.38**	.24**	--
M	29.87	36.11	28.02	35.76	28.79	21.57	36.79	19.85	16.78
SD	7.01	6.05	5.64	5.33	6.08	5.53	6.55	4.77	11.03

Note. Confidence = Confidence with self and others, Preoccupation = Preoccupation with Relationships, Discomfort = Discomfort with Closeness, Relationships/Secondary = Relationships as Secondary.

* $p < .05$. ** $p < .01$.

Multiple Regression Analyses

Multiple regression analyses were calculated to test for mediation in the parenting styles - depression symptoms relationships. Analyses were conducted separately for mothers' and fathers' parenting styles. Prior to the primary analyses, variables were checked for normality of distribution and multicollinearity among predictors. The variable inflation factors (VIF) and tolerance levels were assessed to determine potential problems within multicollinearity. The VIF's were 1.914 and 1.650 for mother's authoritarian and authoritative parenting styles. The VIF's for father's authoritarian and authoritative parenting styles were 2.404 and 1.859. Tolerance levels for mothers' and fathers' parenting styles ranged from .416 to .668. The VIF's and tolerance levels among predictors indicate there were no significant problems with multicollinearity.

An SPSS macro, or computer subroutine, designed to test indirect effects of multiple mediators (Preacher & Hayes, 2008) was used to analyze the data. The INDIRECT macro was constructed for use in SPSS and estimates path coefficients, indirect effects, and confidence intervals in a multiple mediation model. Further, the macro generates between 1,000 and 20,000 bootstrapped samples with 95% or 99% confidence intervals. This macro provides standard errors of the indirect effects and provides the simple indirect effects for each mediator in the presence of the other mediators. Use of the statistical macro is a more current approach than the Baron and Kenny (1986) step-by-step method for testing mediation. It has been found that the Baron and Kenny (1986) method suffers from low statistical power in most situations (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). The macro has the advantage of allowing for multiple mediators (the attachment style scale scores) to be tested

simultaneously, and also uses a bootstrapping procedure that compensates for smaller

sample sizes and non-normally distributed sampling distributions when calculating the

indirect effects. Therefore, it was decided that BC (Bias Corrected) intervals would be

used to estimate the indirect effects and confidence intervals for those effects.

Calculations were done with total of 1000 bootstrap samples. A significant mediation

effect is indicated when the confidence interval does not include the zero value (Fritz &

MacKinnon, 2007). Unlike the traditional causal steps approach (Baron & Kenny, 1986)

to mediation, there is no requirement that the IV be directly related to the DV or that the

individual paths between the IV and mediating variables or mediating variables and

dependent variable be statistically significant.

Two analyses, one for each parenting style (having removed the Permissive

parenting style), were conducted for both mothers and for fathers, resulting in a total of

four separate analyses. The output of the macro provides information on the variance in

depression accounted for by the independent variable (parenting style) and the mediating

variables as well as whether the independent variable has an indirect effect on the

dependent variable of depressive symptoms through the mediating variables (attachment

style scales). Although all the mediating variables were tested simultaneously, the macro

provides information for the significance of the indirect (mediating) effect for each of the

mediating variables (attachment styles). The analyses were first conducted with all five

attachment scales used as mediators. However, these preliminary analyses indicated that

the Relationships as Secondary and Discomfort with Closeness attachment scales did not

function as significant mediators of any of the parenting style – depression relationships.

A decision was made to trim the model by removing those two attachment scales from all

analyses and only include the Confidence in Self and Others (referred to as Confidence), Preoccupation with Relationships (referred to as Preoccupation), and Need for Approval attachment scales as potential mediators.

Father's Authoritarian Parenting Style

In the first model, Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval were examined as mediators of the relationship between father's authoritarian parenting style and current symptoms of depression. The full model accounted for a significant amount of the variance in depression ($R^2 = .38$, $F(4, 129) = 19.93$, $p < .05$). It was hypothesized that the father's authoritarian parenting style would have both a direct effect on depression and an indirect effect on depression via the adult attachment styles. The father's authoritarian parenting style was not directly predictive of depression, $b = -.02$, $t(129) = -.19$, $p > .05$. Partially consistent with the hypothesized results, the direct effects of father's authoritarian parenting style on the Confidence in Self and Others and Preoccupation with Relationships adult attachment scales were significant, but the effect of father's authoritarian parenting style on the Need for Approval adult attachment style scale was not significant.

The Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval attachment style scales each had a significant direct effect on depression. Using the SPSS macro testing indirect effects of multiple mediators, the three attachment style scales were examined as mediators of the relationship between father's authoritarian parenting style and current symptoms of depression. Results indicated the total indirect effect of the proposed set of mediators was significant. When examined individually, it was found that there was a significant indirect effect of father's authoritarian parenting

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style on depression through all the mediators with the Confidence in Self and Others

scale being the strongest mediator. Results of the regression analyses and macro output

are presented in Table 3.

Table 3

Direct and Indirect Unstandardized Effects of Father's Authoritarian Parenting Style

(IV) on Depression (DV) Through Confidence, Preoccupation, and Need for Approval

Attachment Scales

Mediator (M)	Effect of IV On M	Effect of M on DV	Point estimate	*SE*	Bootstrapping BCa 95% CI	
					Lower	Upper
Confidence	-.18*	-.71***	.128	.056	.043	.280
Preoccupation	.19*	.34*	.063	.039	.006	.172
Need for Approval	.13	.42*	.056	.039	.001	.153
Total indirect effect			.247	.085	.102	.442

Note: BCa = bias-corrected accelerated; CI = confidence interval. Point estimate = the unstandardized estimate of the indirect effect. Direct effect (c' path) = -.02. Total effect (c path) = .23. Confidence = Confidence in Self and Others, Preoccupation = Preoccupation with Relationships.
*p < .05. ***p < .001.

Father's Authoritative Parenting Style

In the second model Confidence in Self and Others, Preoccupation with

Relationships, and Need for Approval were examined as mediators of the relationship

between father's authoritative parenting style and current symptoms of depression. The

model accounted for a significant amount of the variance in depression ($R^2 = .38$, $F(4,$ 129) = 20.11, $p < .05$). The father's authoritative parenting style was not directly predictive of depression, $b = .08$, $t(129) = .69$, $p > .05$. Partially consistent with the hypothesized results, the direct effects of father's authoritative parenting style on the Confidence in Self and Others and Preoccupation with Relationships adult attachment scales were significant, but the direct effect of father's authoritative parenting style on the Need for Approval adult attachment scale was not significant.

The Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval adult attachment scales had significant effects on depression. Using the SPSS macro testing indirect effects of multiple mediators, the attachment style scales were examined as mediators of the relationship between father's authoritative parenting style and current symptoms of depression. Results indicated the total indirect effect of the proposed set of mediators was significant. When examined individually, it was found that there was a significant indirect effect of father's authoritative parenting style on depression through Confidence in Self and Others and Preoccupation with Relationships. Results of the regression analyses and macro output are presented in Table 4.

Table 4

Direct and Indirect Unstandardized Effects of Father's Authoritative Parenting Style (IV) on Depression Through Confidence, Preoccupation, and Need for Approval Attachment Scales

Mediator (M)	Effect of IV On M	Effect of M on DV	Point estimate	*SE*	Bootstrapping BCa 95% CI	
					Lower	Upper
Confidence	.19*	-.72***	-.134	.057	-.296	-.056
Preoccupation	-.20*	.35*	-.071	.046	-.187	-.009
Need for Approval	-.12	.41*	-.055	.049	-.181	.012
Total indirect effect			-.261	.098	-.485	-.101

Note: BCa = bias-corrected accelerated; CI = confidence interval. Point estimate = the unstandardized estimate of the indirect effect. Direct effect (c' path) = .08. Total effect (c path) = -.17. Confidence = Confidence in Self and Others, Preoccupation = Preoccupation with Relationships.
*p < .05. ***p < .001.

Mother's Authoritarian Parenting Style

In the third model, Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval were examined as mediators of the relationship between mother's authoritarian parenting style and current symptoms of depression. The full model accounted for a significant amount of the variance in depression, ($R^2 = .39$, $F(4, 129) = 20.22$, $p < .05$). The mother's authoritarian parenting style was not directly predictive of depression, $b = -.10$, $t(129) = -.87$, $p > .05$. Partially consistent with the hypothesized results, the direct effects of mother's authoritarian parenting style on the

Confidence in Self and Others and Preoccupation with Relationships adult attachment

scales were significant, but the direct effect of mother's authoritarian parenting style on

the Need for Approval adult attachment scales was not significant.

The Confidence in Self and Others, Preoccupation with Relationships, and Need

for Approval attachment scales each had a significant direct effect on depression. Using

the SPSS macro testing indirect effects of multiple mediators, the three attachment style

scales were examined as mediators of the relationship between mother's authoritarian

parenting style and current symptoms of depression. Results indicated the total indirect

effect of the proposed set of mediators was significant. When examined individually, it

was found that there was a significant indirect effect of mother's authoritarian parenting

style on depression through two of the mediators with the Confidence in Self and Others

scale being the strongest mediator. Results of the regression analyses and macro output

are presented in Table 5.

Table 5

Direct and Indirect Unstandardized Effects of Mother's Authoritarian Parenting Style (IV) on Depression (DV) Through Confidence, Preoccupation, and Need for Approval Attachment Scales

					Bootstrapping BCa 95% CI	
Mediator (M)	Effect of IV On M	Effect of M on DV	Point estimate	*SE*	Lower	Upper
Confidence	-.18*	-.73***	.130	.057	.049	.298
Preoccupation	.17*	.35*	.062	.040	.005	.171
Need for Approval	.09	.40*	.038	.035	-.008	.133
Total indirect effect			.230	.083	.075	.425

Note: BCa = bias-corrected accelerated; CI = confidence interval. Point estimate = the unstandardized estimate of the indirect effect. Direct effect (c' path) = -.09. Total effect (c path) = .1357. Confidence = Confidence in Self and Others, Preoccupation = Preoccupation with Relationships.
*$p < .05$. ***$p < .001$.

Mother's Authoritative Parenting Style

In the fourth model, Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval were examined as mediators of the relationship between mother's authoritative parenting style and current symptoms of depression. The model accounted for a significant amount of the variance in depression, $R^2 = .38$, $F(4, 129) = 19.93$, $p < .05$). The mother's authoritative parenting style was not directly predictive of depression, $b = .02$, $t(129) = .18$, $p > .05$. Partially consistent with the hypothesized results, the direct effect of mother's authoritative parenting style on the Confidence in Self and Others adult attachment scale was significant, but the direct

effects of mother's authoritative parenting style on the Preoccupation with Relationships and the Need for Approval adult attachment scales were not significant.

The Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval attachment scales each had a significant direct effect on depression. Using the SPSS macro testing indirect effects of multiple mediators, the Confidence in Self and Others, Preoccupation with Relationships, and Need for Approval attachment style scales were examined as mediators of the relationship between mother's authoritative parenting style and current symptoms of depression. Results indicated the total indirect effect of the proposed set of mediators was significant. When examined individually, it was found that there was a significant indirect effect of mother's authoritative parenting style on depression through only one of the three mediators, the Confidence in Self and Others adult attachment scale. Results of the regression analyses and macro output are presented in Table 6.

Table 6

Direct and Indirect Unstandardized Effects of Mother's Authoritative Parenting Style

(IV) on Depression Through Confidence, Preoccupation, and Need for Approval

Attachment Scales

					Bootstrapping BCa 95% CI	
Mediator (M)	Effect of IV On M	Effect of M on DV	Point estimate	*SE*	Lower	Upper
Confidence	.18*	-.71***	-.132	.061	-.294	-.043
Preoccupation	-.16	.34*	-.057	.046	-.193	.002
Need for Approval	-.10	.41*	-.039	.040	-.163	.007
Total indirect effect			-.228	.1005	-.460	-.055

Note: BCa = bias-corrected accelerated; CI = confidence interval. Point estimate = the unstandardized estimate of the indirect effect. Direct effect (c' path) = .023. Total effect (c path) = -.21. Confidence = Confidence in Self and Others, Preoccupation = Preoccupation with Relationships.
*p < .05. ***p < .001.

Chapter 5

Discussion

This chapter discusses the implications of the results presented in Chapter 4. First, I discuss the findings of the main analyses in reference to possible explanations of the findings and their agreement or disagreement with previous literature. Next I discuss theoretical and research implications of the study. Finally, I review limitations of the study and suggest future directions within psychological research.

The purpose of this study was to examine the relationships among parenting behaviors, attachment, and depression in a sample of young Jordanian adults and to test whether the differing attachment styles mediated the parenting behavior – depression relationship. In addition, since female and male parents have clearly differentiated behavioral roles in Jordan, it was expected that the relationships among parenting behaviors, attachment styles, and depression would differ by gender of the parent. As a result, the proposed mediating relationships were tested separately for mothers and fathers.

Based on the current attachment literature, it was expected that parenting styles (i.e., authoritative, authoritarian, permissive) would predict depressive symptoms. Authoritarian and permissive parenting styles have been related to increased distress while authoritative parenting has been related to lower scores on measures of distress (Radziszewska et al., 1996; Reiss et al., 1995). Hypothesis 1 stated that parenting styles would predict depressive symptoms in a sample of young Jordanian adults. However, because of the cultural differences in Jordan as compared to Western countries; the relationships typically reported between specific parenting behaviors and depression may

differ from those previously reported, and no specific hypotheses were made regarding the directions of the relationships between the parenting styles and depressive symptoms in Jordanian young adults. In contrast to previous findings, neither the authoritarian nor the authoritative parenting styles were directly related to the dependent variable of depression in the current sample.

In regards to the authoritarian parenting style, many studies have shown that authoritarian parenting is associated with different outcomes across different cultures (Dwairy, 2010). Studies in the west have shown that authoritarian parenting is associated with a variety of negative outcomes, including addictions, problems in intimate relationships, depression, low self-esteem, low initiative, and difficulties in making decisions in adulthood (Baumrind, 1991; Forward, 1989; Wenar, 1994).

Studies of parenting styles conducted in Arab countries describe Arab society as patriarchal, authoritarian, and collective (Sagy, Orr, Bar-on, & Awwad, 2001; Sivan 1995), one which holds obedience as an educational value in high regard (Dor & Cohen-Fridel, 2010). Children are expected to listen to their parents and teachers. Not heeding adults' instructions is considered a fairly severe act that receives punishment (Dwairy, 2004). Studies of parenting styles in Arab society revealed that authoritarian parenting is not perceived as inflicting suffering on adolescents and that adolescents view it as desirable (Hatab & Makki, 1978). Other studies among non-western cultures have shown that authoritarian parenting is associated with positive outcomes (Chao, 1994; Leung, Lau, & Lam, 1998; Steinberg, Lamborn, Dornbusch, & Darling, 1992) or is not associated with negative outcomes (Dwairy et al., 2006). Similarly authoritarian parenting was not perceived by adolescents to be related to oppression and over control

(Dwairy, 2004; Dwairy et al., 2006). Moreover, research on adolescents in the Middle

East has also failed to find a link between authoritarian parenting and psychological

problems like depression (Dwairy 2004; Dwairy & Menshar 2006). Results from the

current study appear to support the Dwairy and colleagues' findings regarding the lack of

a significant relationship between the authoritarian parenting style and depression scores

in an Arab sample. However, authoritarian parenting was negatively related to the secure

attachment style (Confidence in Self and Others) and positively related to insecure

attachment, which would be expected from a western perspective so it does seem to have

some of the more negative effects that would be expected from a western perspective.

Studies of parenting styles among Arab adolescents showed that, as in the West,

authoritative parenting was associated with more positive self-esteem and higher levels of

mental health (Dor & Cohen-Fridel, 2010). Based on the literature, it was expected that

authoritative parenting would be inversely related to depression. Although the

correlations between the variables were negative, they did not reach significance in the

current sample. Perhaps the strength of the associations between depression and both of

the parenting styles was attenuated by the relatively lower scores on the depression

measure (mean of 16. 78, $SD = 11.03$, possible range $0 – 60$) so that they did not reach

statistical significance.

Hypothesis 2 stated that adult attachment style scales would mediate the

relationships between the parenting styles and depressive symptoms in a sample of

Jordanian young adults. The results indicated that the attachment measure scales were all

correlated with scores on the measure of depression. The Confidence subscale (that is

associated with secure attachment) was negatively correlated with depression. The

remaining attachment subscales that are associated with insecure attachments were positively correlated with scores on the measure of depression.

Even though none of the parenting styles were directly predictive of depressive symptoms, they were indirectly predictive of depressive symptoms through their effects on adult attachment styles. The Confidence in Self and Others attachment style scale (associated with a secure attachment style) was the strongest mediator between the authoritative and authoritarian parenting styles for both mothers and fathers. The Preoccupation with Relationships attachment style scale was the next most important mediating variable as it mediated both the father's parenting styles and the mother's authoritarian parenting style. Need for Approval only mediated the relationship between father's authoritarian parenting and depression. For both fathers and mothers, the indirect effect of authoritarian parenting on depression was positive while the indirect effect of authoritative parenting on depression was negative.

Hypothesis 3 stated that the proposed mediated relationships would differ by parental gender such that the attachment styles that mediated the specific parenting styles for fathers would differ from the mediated relationships for mothers. As indicated above, this hypothesis was only partially supported in that father's parenting styles had more indirect effects on depression than mother's parenting styles. Jordan is considered a patriarchal society where women are subordinate to their husbands in the family. The father is the leader in the Jordanian family, although the mother often plays an essential role in conveying the ideas and directives of the father to the children (Araji & Carlson, 2001). This may explain why fathers' parenting styles were more influential in predicting depression through their relationship with their children's insecure attachments. In one

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study, Jewish and Arab women in Israel were found to prefer authoritative parenting styles, while men preferred the authoritarian style (Dor & Cohen-Fridel, 2010). The current study did not examine the influence of parenting styles on depression separately by gender of the participants, but future research might explore if the effects of parenting styles differs for sons and daughters.

Clinical Implications

The results of this study suggest that parenting styles can predict depressive symptoms in a sample of young Jordanian individuals, but only indirectly through how they affect their children's adult attachment styles. Those results will add value to the mental health field in a developing country like Jordan, as therapists may become more aware of the effects of parenting styles and attachment styles and whether or not they contribute to young individuals' depressive symptomology. Specifically, although clinicians are not able to alter their clients' experiences of being parented, they can address current attachment attitudes and behaviors that might have been influenced by those parenting experiences and reduce the likelihood of subsequent depressive symptoms.

Mental health clinicians in Jordan may benefit from examining how a child's development was affected by the parenting style of their parents and exploring how this could also affect their relationships with others as well. People are able to change and as one learns one's attachment style, they could possibly unlearn it over time (Schneider, Gruman, & Coutts, 2005). However, in order to do so, clients need to become aware of their relationship patterns and then decide what actually needs to be accomplished in order to succeed at this (Schneider et al., 2005). This may be an area that mental health

clinicians in Jordan can focus on, bring to their clients' attention, and provide psychoeducational information on when addressing and treating symptoms of depression. Moreover, clinicians engaging in family therapy with Jordanian families or other Middle Eastern Families may want to focus on addressing the cultural differences when it comes to parenting styles as children may experience some dissonance between their native culture and the culture they reside in.

As clinicians in Jordan develop a greater understanding for attachment patterns or styles, they may better understand the etiology of psychiatric disorders, especially depressive disorders. The experiences of early loss, separation, and rejection by the parent or caregiver (conveying the message that the child is unlovable) may all lead to insecure internal working models of attachment (Dozier, Stovall, & Albus, 1999). Internal cognitive representations of the self as unlovable and of attachment figures as unloving/untrustworthy would be consistent with parts of Beck's cognitive triad of depression that involves negative thoughts about the self, the world/environment, and the future (Beck, Rush, Shaw, & Emery, 1979). In this context, psychopathology might develop from the frustration or maladaptive expression of attachment needs that arose from parenting styles.

It is important to note that Western studies that have examined the effects of parenting styles on children's mental health haven't necessarily generated results that can be generalized to individuals from Arabic societies. Mental health practitioners in Jordan ought to familiarize themselves with research studies conducted in Jordan and in the Middle East when it comes to parenting styles, adult attachment styles, and their effects on depression.

Future Research

As noted before, it may be beneficial to examine parenting styles or care-giving practices in the Middle East not just by parent gender, but also by gender of the child. The key factors that influence the type of parenting style that parents will engage in will inevitably have an influence on attachment relationships. Factors such as attributions and beliefs, learned parenting skills, accepted cultural and societal parenting norms, expected gender roles, family factors, and environmental factors such as extended family support, poverty or unemployment, and modernization can be influential factors. Each of these, or all collectively, can be considered from a cross-cultural perspective.

There is limited discussion in Middle Eastern literature about the potential influence of the gender of children, the education and social status/income of parents, the status of women in a society, families with multiple caregivers, or the changing definition of the family on attachment. Future research can examine other cultural parenting styles that may exist in Jordan other than the ones identified by Baumrind (1966). The concern in the literature about using measurement instruments developed from observations on Euro-American infants and families with infants and families from other cultures is unresolved although results from studies examining the validity of those measures have been supportive. Results from this study suggest that western-based measures can be used although interpretations must consider collectivist versus individualist society differences on the early childhood influences that form subsequent adult attachments.

Limitations

This study has several limitations that may have impacted the research findings. One such limitation involves the diversity of the sample. This sample is not

representative of young Jordanian adults from a larger range of educational backgrounds or those from a lower socioeconomic status. It is difficult to generalize the results of this research study, given that the majority of the participants were college students with relatively high levels of education. Another limitation of the snowball sampling procedure that was used in this study is that the majority of participants were from the capital city of Amman. This method of sampling can lead to the under-representation or over-representation of particular groups within the sample. This sample does not account for geographical differences among young Jordanian adults who live in other cities in Jordan. Amman is considered more westernized and has more economic resources than other parts of the country. Thus, different findings might have been obtained if a more rural and less westernized sample had been used. The effects of religion (Muslims versus Christians) were not examined in this study as examining participants' religion may help interpret some of the results. Additionally, the surveys that participants completed were quite long and comprehensive, and participants may have become tired and less focused on their responses. All of the measures were self-report measures, which are susceptible to random responding or random error.

Moreover, although the majority of the sample rated their English language skills as proficient or better, participants were still responding in a language other than their native one. It is possible that they did not completely understand the meaning of the questions on the surveys. The instruments used in this study were not all developed with Middle Eastern samples. Even though the ASQ's broad-based and non-context-specific characteristics make the instrument attractive for use in cross-cultural settings, it has not been used with Middle Eastern participants.

Social desirability and sensitive questions may have impacted the quality of the responses as well. Due to the nature of the questions asked in this research study (questions related to parenting styles, adult attachment styles, and depression symptoms), respondents may have had the tendency to respond in ways that make them, or their parents, appear in the best light to the researcher.

For future research, it may be worth exploring long-term depressive symptoms versus short-term symptoms. The CSE-D assesses the development of depression symptoms over the last week and it would be interesting to study whether the use of an assessment tool that measures long-term depressive symptoms may generate different results.

Conclusion

Researchers such as Dwairy et al. (2006) encouraged educators and counselors to adopt a culturally sensitive approach to understanding parenting styles when it comes to Arab families, since what is right for adolescents and young adults who live in the West is not necessarily right for Arab youth and young adults who live in an authoritarian cultural system. This study explored parenting styles, adult attachment styles, and depression in a sample of young Jordanian adults. The role of parenting styles in influencing adult attachment development and depression was examined. Generally, parenting styles were less directly predictive on depressive symptoms than expected, but they were indirectly predictive through their relationship with attachment styles. These relationships were similar to those that might be expected in a more western sample, suggesting that even though parenting styles might have different cultural meanings, they are associated with attachment styles in ways similar to those in individualistic societies.

Understanding more fully the ways in which various social and cultural influences affect parenting practices, which in turn influence the quality of the attachment relationship, is of critical importance to the future well-being of families in Jordan. But, clearly much research remains to be done.

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Appendix A

Parental Authority Questionnaire (PAQ), (Buri, 1991)

Instructions: For each of the following statements choose the number of the 5-point scale (1=strongly disagree, 5=strongly agree) that best describes how that statement applies to your mother and father. Answers for your mother go in the first column (marked **M**) and answers for your father go in the second column (marked **F**). Try to read and think about each statement as it applies to you and your parents during your years of growing up at home. Please note that you should answer each question for both your mother and father. There are no right or wrong answers, so don't spend a lot of time on any one item. I'm looking at your overall impression regarding each statement. Be sure not to omit any items.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

M F

__ __ 1. When I was growing up my mother/father felt that in a well-run home, the children should have their way in the family as often as the parents do.

__ __ 2. Even if their children didn't agree with them, my mother/father felt that it was for our own good if we were forced to conform to what they thought was right.

__ __ 3. Whenever my mother/father told me to do something as I was growing up, they expected me to do it immediately without asking any questions.

__ __ 4. As I was growing up, once family policy had been established, my mother/father discussed the reasoning behind the policy with the children in the family.

__ __ 5. My mother/father has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.

__ __ 6. My mother/father has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.

__ __ 7. As I was growing up, my mother/father did not allow me to question any decision she/he had made.

__ __ 8. As I was growing up, my mother/father directed the activities and decisions of the children in the family through reasoning and discipline.

__ __ 9. My mother/father has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.

__ __ 10. As I was growing up, my mother/father did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.

__ __ 11. As I was growing up, I knew what my mother/father expected of me in my family, but I also felt free to discuss those expectations with my mother/father when I felt that they were unreasonable.

__ __ 12. My mother/father felt that wise parents should teach their children early just who is boss in the family.

__ __ 13. As I was growing up, my mother/father seldom gave me expectations and guidelines for my behavior.

__ __ 14. Most of the time as I was growing up, my mother/father did what the children in the family wanted when making family decisions.

__ __ 15. As the children in my family were growing up, my mother/father consistently gave us direction and guidance in rational and objective ways.

__ __ 16. As I was growing up, my mother/father would get very upset if I tried to disagree with her/him.

__ __ 17. My mother/father felt that most problems in society would be solved if parents would *not* restrict their children's activities, decisions, and desires as they are growing up.

__ __ 18. As I was growing up, my mother/father let me know what behavior she/he expected of me, and if I didn't meet those expectations, she/he punished me.

__ __ 19. As I was growing up, my mother/father allowed me to decide most things for myself without a lot of direction from her/him.

__ __ 20. As I was growing up, my mother/father took the children's opinions into consideration when making family decisions, but she/he would not decided for something simply because the children wanted it.

M F

__ __ 21. My mother/father did not view herself/himself as responsible for directing and guiding my behavior as I was growing up.

__ __ 22. My mother/father had clear standards of behavior for the children in our home as I was growing up, but she/he was willing to adjust those standards to the needs of each of the individual children in the family

__ __ 23. My mother/father gave me direction for my behavior and activities as I was growing up and she/he expected me to follow that direction, but she/he was always willing to listen to my concerns and to discuss that direction with me.

__ __ 24. As I was growing up, my mother/father allowed me to form my own point of view on family matters and she/he generally allowed me to decide for myself what I was going to do.

__ __ 25. My mother/father has always felt the most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.

__ __ 26. As I was growing up, my mother/father often told me exactly what they wanted me to do and they expected me to do it.

__ __ 27. As I was growing up, my mother/father gave me clear direction for my behaviors and activities, but she/he was also understanding when I disagreed.

__ __ 28. As I was growing up, my mother/father did not direct the behaviors, activities, or desires of the children in the family.

__ __ 29. As I was growing up, I knew what my mother/father expected of me in the family and she/he insisted that I conform to those expectations simply our or respect for her/his authority.

__ __ 30. As I was growing up, if my mother/father made a decision in the family that hurt me, she/he was willing to discuss that decision with me and to admit it if she/he had made a mistake.

Appendix B

Center for Epidemiologic Studies-Depression Scale (CES-D), (Radloff, 1977)				
Instructions: Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt or behaved this way DURING THE PAST WEEK: (fill one answer on each line).				
	0- Rarely or none of the time (less than 1 day)	**1- Some or a little of the time (1-2 days)**	**2- Occasionally or a moderate amount of the time (3-4 days)**	**3- Most or all of the time (5-7 days)**
During the past week:				
1) I was bothered by things that usually don't bother me				
2) I did not feel like eating; my appetite was poor				
3) I felt that I could not shake off the blues even with help from my family and friends				
4) I felt that I was just as good as other people				
5) I had trouble keeping my mind on what I was doing				
6) I felt depressed				
7) I felt that everything I did was an effort				
8) I felt hopeful about the future				
9) I thought my life had been a failure				
10) I felt fearful				
11) My sleep was restless				
12) I was happy				
13) I talked less than usual				
14) I felt lonely				
15) People were unfriendly				
16) I enjoyed life				
17) I had crying spells				
18) I felt sad				
19) I felt that people disliked me				
20) I could not get "going"				

Attachment Style Questionnaire (ASQ), Feeney et al. (1994)

Instructions: Show how much you agree with each of the following items by rating them on this scale:

1	2	3	4	5
Totally Disagree	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree

6
Totally Agree

_____ 1. Overall, I am a worthwhile person.

_____ 2. I am easier to get to know than most people.

_____ 3. I feel confident that other people will be there for me when I need them.

_____ 4. I prefer to depend on myself rather than other people.

_____ 5. I prefer to keep to myself.

_____ 6. To ask for help is to admit that you're a failure.

_____ 7. People's worth should be judged by what they achieve.

_____ 8. Achieving things is more important than building relationships.

_____ 9. Doing your best is more important than getting on with others.

_____ 10. If you've got a job to do, you should do it no matter who gets hurt.

_____ 11. It's important to me that others like me.

_____ 12. It's important to me to avoid doing things that others won't like.

_____ 13. I find it hard to make a decision unless I know what other people think.

_____ 14. My relationships with others are generally superficial.

_____ 15. Sometimes I think I am no good at all.

_____ 16. I find it hard to trust other people.

_____ 17. I find it difficult to depend on others.

_____ 18. I find that others are reluctant to get as close as I would like.

_____ 19. I find it relatively easy to get close to other people.

_____ 20. I find it easy to trust others.

_____ 21. I feel comfortable depending on other people.

_____ 22. I worry that others won't care about me as much as I care about them.

_____ 23. I worry about people getting too close.

_____ 24. I worry that I won't measure up to other people.

_____ 25. I have mixed feelings about being close to others.

_____ 26. While I want to get close to others, I feel uneasy about it.

_____ 27. I wonder why people would want to be involved with me

_____ 28. It's very important to me to have a close relationship.

_____ 29. I worry a lot about my relationships.

_____ 30. I wonder how I would cope without someone to love me.

_____ 31. I feel confident about relating to others.

_____ 32. I often feel left out or alone.

_____ 33. I often worry that I do not really fit in with other people.

_____ 34. Other people have their own problems, so I don't bother them with mine.

_____ 35. When I talk over my problems with others, I generally feel ashamed or foolish.

_____ 36. I am too busy with other activities to put much time into relationships.

_____ 37. If something is bothering me, others are generally aware and concerned.

_____ 38. I am confident that other people will like and respect me.

_____ 39. I get frustrated when others are not available when I need them.

_____ 40. Other people often disappoint me.

Appendix D

Demographic Questionnaire

1. How old are you?

   _____

2. Your gender is:

   _____ Male
   _____ Female

3. Highest level of education:

   _____ Secondary school
   _____ Some years at university/college
   _____ Bachelor's degree
   _____ Master's degree
   _____ Ph.D. Degree

4. How do you perceive your English language proficiency?

   _____ Beginner
   _____ Intermediate
   _____ Advanced Intermediate
   _____ Advanced
   _____ Proficient

5. What is your socioeconomic status?

   _____ Upper class
   _____ Upper-middle class
   _____ Middle class
   _____ Lower-middle class
   _____ Lower class

6. What religious group are you affiliated with?

   _____ Islam
   _____ Christianity
   _____ Other
   _____ No religious group affiliation

7. What is your relationship status?

_____ Single
_____ Married
_____ Divorced
_____ Currently involved in a romantic relationship

8. Do you live:

   _____ with your parents
   _____ alone
   _____ with husband/wife
   _____ with other family members
   _____ with friends/roommates
   _____ other

9. How did you hear about this study?

   _____ from my friends
   _____ from my relatives
   _____ from my professor/instructor
   _____ other source

Appendix E

Dear Everyone,

As many of you know, I am a third year student who is pursuing a Ph.D. degree in counseling psychology. As part of my program requirements, I have to complete a research dissertation. For my research, I am looking at relationships of family variables and relationships. Some Middle Eastern Countries, like Jordan, lack significant research focusing on this area. Therefore, the study will explore the relationship between parenting, relationships, and emotional health in young Jordanian adults.

I am looking for participants who are over the age of 18 to take part in the study. The participants must have lived in Jordan from birth to age 18, but do not need to be living in Jordan currently. If this describes you, I would appreciate your help. I would also appreciate it if you can solicit other participants for the study who qualify by forwarding this e-mail to them. This study involves the completion of a variety of questionnaires and will contribute to the growing body of research on young Jordanian adults. Participants must be able to read and comprehend the surveys as they are written in English. Refusal to participate or a decision to discontinue the project will involve no penalty. I would like to emphasize that this study is completely voluntary. All information is anonymous and participants will not be asked to reveal any identifying information such as their names or addresses. If you decide to participate, please click the link below that takes you to the online questionnaires. Individuals who complete the survey have an opportunity to enter a raffle for two $100 prizes.

Thank you in advance for your participation in this valuable project.

Sincerely,

Sarah Halawani Montes

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The University of Memphis