

Full Length Research Paper

Attachment styles, abuse experiences and depression

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This study aims to examine the relationship between abuse experiences, depression and attachment styles. The data for this study was collected from 251 students (123 females and 128 males) who attend Mersin University. As a part of the data collection, students completed the Experiences in Affiliation Inventory, Childhood Trauma Scale and Brief Symptom Inventory. Pearson product-moment correlation and multiple regression analyses were used to analyze the data. According to the analyses, a positive relationship was found between attachment styles, trauma and depression. According to the results of the regression analysis, avoidant attachment style and physical trauma significantly predict depression level. On the other hand, it was found that anxious attachment and emotional and sexual trauma do not contribute to depression levels among university students.

Key words: Attachment styles, abuse, depression.

INTRODUCTION

With regard to development, infancy and childhood comprise an important period of human life. Human, as a social being, needs other people physically, emotionally, socially etc. in those periods and beings interactions with his environment, particularly his parent in order to meet his fundamental needs. According to Attachment Theory, infants whose needs have been met in a sufficient and balanced way during their first years of life are able to internalize their first relationship figures and develop a healthy self- structure and attachment to others. These structures become the foundation upon which close relationships are developed in the future. The attachment developed between the child and his/her caregiver is critically important for the development of the child. Depending on to what extent and how their physical and emotional needs are met; the sense of basic trust and distrust, and the attention received from parents, children develop skills of establishing intimacy. In this regard, traumatic experiences in childhood can affect attachment styles and psychological structures. Children who are traumatized can exhibit emotional and behavioral problems that may cause great risks for family relationships

and school (Minnis and Bryce, 2010).

ATTACHMENT THEORY

Attachment Theory explains that human beings have to establish strong emotional relationships with other people they care for, and emphasizes the importance that the relation between the child and the parents has on the development of the child's sense of trust and overall psychological development (Bretherton, 1992). According to this theory, the first relationship developed with the caregiver form mental representations about self and others and that these mental representations guide the establishment of future close relationships (Burger, 2006; Ditommaso et al., 2002). If the caretaker satisfies the needs of the child appropriately and the child feels that his/her caregiver is accessible and supportive; a healthy development will be ensured. In the opposite case, negative experiences with attachment figures will cause a sense of anxiety and anger (Kobak and Sceery, 1988).

Another important concept for attachment theory is the

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"internal working models." According to Bowlby's theory, each person has mental models formed according to his/her perception towards himself/herself and the important people in his/her life. While establishing new relationships, an individual's actions and behaviors are based on these internalized models and past memories and experiences.

Infants who have warm and consistent experiences with caretakers attach safely and develop positive mental representations of themselves such as being loveable and sufficient. In addition, they have positive mental representations that include a perception of others as trustworthy, well intentioned and supportive. On the other hand, infants who experience cold and negative experiences with caretakers may develop representations about themselves such as being unlikeable and insufficient and find others unreliable and distant. It is in this manner that self-models and other-models develop (Fraley, 2002). Therefore, individuals develop four different attachment styles: secure, preoccupied, dismissive and fearful, that reflects their interpersonal experiences (Bartholomew and Horowitz, 1991, Shaver and Norman, 1995; Pistole, 1999). In *secure* attachment, the individual perceives him/herself as valuable and loveable and approach others sensitively. Individuals who attach securely have high self esteem and autonomy, and can comfortably establish intimacy. The preoccupied attachment is based on the sense of feeling worthless while regarding others as worthy. Individuals regard others as worthy of love and themselves as worthless, constantly establishing relationships in an effort to prove themselves. This group is conceptually associated with the anxious/indecisive style of Hazan and Shaver (1987). Individuals with *dismissive* attachment style regard themselves as valuable and loveable and have negative assessments of others. In dismissive attachment, individuals avoid close relationships in order not to experience disappointment and rejection and attach excessive importance to autonomy. In *fearful* attachment style, the individual assess both him/herself and others negatively. At the same time that the individual does not consider him/herself worthy of love, he/she regards others as equally worthless. For this reason, individuals who attach fearfully avoid close relationships or have many problems in their relationships. The dismissive and fearful styles are equal to the avoidant style of Hazan and Shaver (1987).

In preoccupied dismissive and fearful attachment styles, there is a negative internal working model related to selfhood and/or others and all of them take place under the title of insecure attachment. Individuals with insecure attachment styles have a tendency to develop compliance and behavior problems. Recent studies have shown that there is a relationship between attachment styles and an individual's well being (Karreman and Vingerhoets, 2012; Landen and Wang, 2010; Kart, 2002), social anxiety (Erözkan, 2009), anti-social disorder (Shi et

al., 2012), and depression levels (Kamkar et al., 2012; Liu et al., 2009; Sümer et al., 2009).

TRAUMA/ABUSE

Undoubtedly, each child-caregiver relationship does not take place in a warm and receiving environment according to Stratus and Galles (1988). As cited by Kaplan et al. (1997), each year, in average, 6.9 million children are exposed to physical abuse and most of them are under the age of 3 (Bilir et al., 1999). It is seen that the term "trauma" is mostly associated with child abuse and neglect. Child abuse is defined as repetitive behaviors towards a child that result in physical, emotional and sexual injury or the neglect of the child by parents or other adults (Bilir et al., 1999). As can be understood from this definition, child abuse comes in many forms: physical, emotional, and sexual. In the most general sense, physical abuse is defined as physical injuries that exclude accidents (Graziono and Mils, 1992) and refers to the intentional damage brought about by adults on children under the age of 18 (Swenson and Spratt, 1999).

Emotional abuse can be defined as a lack of responsiveness to needs that are required for a child to develop emotionally (Bilir et al., 1999). Sexual abuse refers to sexual acts that are perpetrated on a child for the adult's sexual pleasure (Green, 1993). Families in which a child is traumatized generally exhibit different structures and features than families without trauma. In such families it is often noted that the parents have also experienced a trauma or rejection in their own pasts or they have witnessed the abuse of a sibling. Apart from personality disorders, an individual coming from this kind of family system experiences low self-esteem and a sense of worthlessness (Bilir et al., 1999).

Studies show that children exposed to abuse or neglect have a higher chance of experiencing physical, emotional and academic problems at various levels. The most commonly observed problems are decreased self-esteem, anxiety, passivity, academic failure, inadequate problem-solving skills and the development of various behavioral problems (Berber Çelik, 2010; Gündüz and Gökçakan, 2004; Siyez, 2003; Savi, 1999). In terms of long-term effects, it has been observed that there is a relationship between the spectrum of the trauma and mental disorders, drug use, suicide attempts, sexually transmitted infections and risky sexual behavior (Norman et al., 2012). The lack of emotional support received from parents and being a witness of family violence are important variables when predicting an individual's depression style (Thompson et al., 2012).

DEPRESSION

According to the cognitive perspective, human beings are

born with the potential to think irrationally and that perception can be shaped by unrealistic aims, irrelational cognitions and such factors. This worldview gives the individual a framework that leads to interpretations and explanations of and reactions to personal experiences and his/her environment. The irrationality in mental or cognitive processes cause the way for future mental health or psychological disorders (Beck, 2005; Ellis, 1962). To summarize, cognition level and thinking processes are causal factors of depression. According to Bowlby's theory, although there are some parallels with those supporting cognitive approach within the scope of mental representations formed via the interaction with caretaker, here Bowlby considers relationships in the external world to be as significant as those in the individual's internal world. Without any doubt, depression includes a reaction to and from biological and environmental factors (Trowell and Dowling, 2011). As with many psychiatric disorders, major depression is also caused by an interaction of genetic and environmental factors. Factors such as family history, low levels of parental warmth and high levels of family conflict, and early or chronic adversity such as abuse, contribute to the increased risk of depression (Wendy, 2012). In studies conducted within the framework of attachment theory, it has been found that depressive mothers are more likely to have children with less secure attachment which can lead to the development of an avoidant attachment style (Huang et al., 2012; Whiffen et al., 2005; Lyons-Ruth et al., 2002). It is understood that individuals with avoidant or anxious insecure attachment may have a positive correlation to depression (Gnilka et al., 2013). In addition, children of depressive mothers are found to be more traumatized emotionally than children of families without a depressive mother (Kohl et al., 2011).

TRAUMA, ATTACHMENT AND DEPRESSION

Attachment styles developed in childhood are affected by traumatic experiences and thus negative attachment styles can get into behaviors (Breidenstine et al., 2011). In this scope, Attachment Theory offers a framework to comprehend the developmental effects and treatment of neglect and abuse better (Bacon and Richardson, 2001). Traumatic interactions and experiences in childhood lead to attachment disorders (Perry et al., 1998) and can pave the way for developing insecure attachment styles (Weiss et al., 2011). For example, Zerenoglu (2011) reported that there is a relationship between fearful attachment style and traumatic experiences. Similarly, while Baer and Martinez (2006) assert that traumatized children develop insecure attachment styles, Deniz (2006) claims that there is a positive significant relationship between abuse experiences and preoccupied attachment style. Woke et al. (1996) state that individuals who experienced trauma in their childhood are more likely to have an avoidant

attachment style. On the other hand, females having insecure attachment style are at a higher risk of exposure to emotional and physical violence from their spouse/partners (Rebecca, 2008). Studies reveal that while anxiety and introversion in early childhood increase the risk of anxiety and depression in following years, positive parent-child attachment decreases this risk (Jakobsen et al., 2012).

In the literature, there are few studies reporting that attachment styles have a mediating role in the relationship between trauma and psychological symptoms. For example, in Limke et al.'s (2010) study on university students, it was concluded that anxious attachment style plays a mediating role in emotional and sexual trauma experience and psychological regulation. In another study mediation role on the attachment style and relationship between childhood traumas and psychological symptoms, Mullet et al. (2012) report that attachment has a mediating role in each of the three trauma types and that the most important contribution to attachment is made by psychological/emotional abuse experiences. Smith et al. (2012) found that among a group of females with depression, avoidant attachment is linked to a sexual abuse history, and has a mediating role in social inconsistency and suicidal ideation. In other words, using an avoidant style causes problems in relationships which consequently bring about more thoughts about death. In another study on sexual abuse type, Dimitrova et al. (2010), report that attachment plays a significant role in the relationship between sexual abuse and psychological symptoms.

Throughout the literature, traumatic experiences in childhood impact on attachment styles in adulthood and these attachment styles may affect depression. Being defined as today's disease, depression is a subject of many studies; however there is still a need for further studies in this area. In addition, individuals are expected to develop healthy attachment styles and relationships. Family is not only the smallest part of the human being's social network, but also one of the most important elements that affect the individual and society. For this reason, studies on family structure should increase. Studies on mental health are expected to generate solutions as well as preventative measures. Within the scope of this study, the importance of inter-family communication is emphasized with the perspective that familial experiences affect attachment and consequently, the occurrence of depression. This is because of the fact that, according to the conceptual framework; relationship, behavior patterns and various psychological structures are formed in childhood period and in this period to analyze variables can contribute to the health development of children. This study, along with other studies conducted in Turkey, can offer theoretical information to practitioners in school-based psychological consultancy. Additionally, it is hoped that the results of this study will shed light on family training activities and raise awareness

of families about bringing up children; thus this study is thought to be a significant preventive study. Finally, it is the aim of this study to provide a significant contribution to the area of prevention.

AIM OF THE SURVEY

This study aims to examine the relationship between attachment styles, traumatic experiences and depression. In line with this purpose, answers to the following questions will be explored:

1. What kind of a relationship exists between attachment styles, traumatic experiences and depression?
2. What are the contributions of attachment styles and traumatic experiences to predict depression?

METHODOLOGY

Research design

In this descriptive study general survey model was used. Survey models are research approaches aiming to describe a situation in the past or now (Karasar, 1995). This is also a relational study as it tries to show whether students' attachment styles and traumatic experiences have effect on their depression.

Research group

The research data obtained from 251 students at various faculties and colleges at Mersin University in the 2012 to 2013 academic year. 123 (49%) of students are females and 128 (51%) are males. The average age is 20.96.

Data collection tools

Childhood trauma experience scale (ctes)

The validity and reliability of CTES was developed by Bernstein et al. (1994), was originally composed of 69 items, and was tested with a group of substance users. Four sub-scales were determined: physical and emotional abuse, sexual abuse, emotional neglect and physical neglect. The Turkish adaptation and validity and reliability study of CTES was conducted by Aslan and Alparslan (1999). Being conducted within the scope of a validity study, factor analysis has revealed a structure with 40 items and three sub-scales (emotional abuse, physical abuse, sexual abuse). In addition, it has been determined that CTES has high correlations with the Beck Depression Scale ($r=.69$), the Spielberg State Trait Anxiety Inventory ($r=.60$), the Dissociative Experiences Inventory ($r=.65$) and the Totonto Alexithymia Scale ($r=.49$). The internal consistency coefficient is found to be .96 for the scale and between 94 to 96 for sub scales. In this study, Cronbach alpha coefficients of CTES are calculated as .87 for trauma sub-dimension, .77 for physical trauma sub-dimension and .88 for sexual trauma.

Experiences in Affiliation Inventory (EAI)

Consisting of 36 items, EAI is an assessment instrument requiring a

7-point Likert type rating (1: does not define me at all; 7: exactly defines me). EAI was developed by Brennan et al. 1998) to assess the attachment pattern in adulthood. Its Turkish adaptation, reliability and validity study have been conducted by Sümer (2006). EAI assesses two main dimensions in affiliations related to attachment; namely; anxiety and avoidance of others. Consisting of 36 items, the inventory assesses each dimension with 18 items. The increase in points obtained from the scale is interpreted by rating respondents' anxiety and avoidance of others in relationships. Internal consistency coefficients for the Turkish version of the inventory are .86 for anxiety and .90 for avoidance dimensions (Sümer, 2006). In this study, Cronbach alpha co-efficients of EAI are calculated as .86 for avoidance sub-dimension, .84 for anxiety sub-dimension.

Brief symptom inventory

Used to scan various psychological symptoms of children, the SSI is the short form of the SCL-90-R (Symptom Check List). Shortened by Derogatis (1992), the SSI was adapted to Turkish and its reliability and validity activities have been conducted by Şahin and Durak (1994). The validity studies were conducted with factor analysis and the 53-item scale consists of five factors: Anxiety, Depression, Negative Selfhood, Somatization and Hostility. The scale's Cronbach Alpha internal consistency coefficients are between 96 and 95; the coefficients of sub scales are between .55 and .86 (Savaşır and Şahin, 1997). In this study, among psychological symptoms, the depression sub-scale is used (as it is frequently used in trauma and attachment studies). In reliability analysis conducted within the study, the Cronbach-Alpha internal consistency coefficient is found to be .90 for depression sub-scale.

Process and data analysis

The packets of instruments were delivered during the class time and only volunteer students participated in the study. Before the completion of the instruments, the participants were briefly informed about the research. Research data were analyzed using Pearson moment-product correlation coefficient, and multiple regression analyses. Correlation analysis was done to show the relation between attachment styles, traumatic experiences and depression and regression analysis was done to find out if students' attachment styles and traumatic experiences have effect on their depression.

FINDINGS

Descriptive statistics

Descriptive statistics of variables in the study are presented in Table 1.

Correlation analysis

In order to examine the relationship between the attachment, trauma and depression scores of the students in this study, the Pearson product-moment correlation analysis was conducted and the results are presented in Table 2.

As can be seen in Table 2, there are positive relationships between depression and attachment styles, trauma

Table 1. Descriptive statistics

Variables	Range	Min.	Max.	Mean	Std. dev.	Variance
Depression	48.00	12.00	60.00	29.50	10.86	117.962
Avoidant attachment	76.09	36.00	112.09	65.86	13.97	195.221
Anxious attachment	87.00	18.00	105.00	65.14	16.08	258.639
Sexual trauma	18.00	5.00	23.00	7.30	4.09	16.758
Emotional trauma	49.81	23.00	72.81	39.07	11.83	140.163
Physical trauma	41.00	21.00	62.00	32.96	7.87	62.007
Valid N (List Wise)	251					

Table 2. Correlation coefficients among variables

	1	2	3	4	5	6
Depression	-					
Avoidant attachment	.42**					
Anxious attachment	.14*	.22**				
Sexual trauma	.07	.06	.18**			
Emotional trauma	.13*	.20**	.20**	.59**		
Physical trauma	.24**	.28**	.13*	.54**	.70**	-

experiences. Avoidant attachment is the variable having the highest relationship with depression ($r=.42$; $p<.01$). Physical trauma ($r=.24$; $p<.01$) experiences and anxious attachment ($r=.04$; $p<.05$) style follow the avoidant attachment. According to the table, although the relationship between sexual abuse and depression is positive, this relationship is not statistically significant ($r=.07$; $p>.05$).

According to the data, in the table, there are positive and significant relationships between avoidant attachment and physical and emotional trauma. Further, the relationship between avoidant attachment and sexual abuse is not significant. Additionally, there are positive and significant relationships between anxious attachment and physical, emotional and sexual trauma.

According to the findings in the correlation table, as the anxious and avoidant attachment and physical and emotional trauma increase, the depression levels of students also increase. Apart from this, it can be said that the increase in physical, emotional and sexual trauma experiences leads to an increase in anxious attachment and avoidant attachment styles.

Regression analysis

In order to investigate the contributions of attachment styles and trauma experiences to the prediction of depression, multiple regression analysis was conducted and the results are presented in Table 3.

As can be seen in Table 3, depression has significant relationships with attachment styles and traumatic experiences ($R=.45$, $R^2=.20$, $p<.000$) and the variables explain 20% of the variance related to depression.

According to the standardized regression coefficient (β), the order of importance of predicting variables on depression is as follow: avoidant attachment, physical trauma, emotional trauma, anxious attachment and sexual trauma. According to the results of the t-test related to the significance of regression coefficients, while avoidant attachment and physical trauma have a significant contribution to depression, anxious attachment and emotional and sexual trauma do not have an effect on the prediction of depression. According to the findings, the most important contribution in predicting depression is made by the avoidant attachment style and physically traumatic experiences follow this avoidant attachment.

DISCUSSION

In this study, the relationship between depression and attachment styles and traumatic experiences in childhood to is discussed. According to the results obtained within the line of the first sub-goal of this study, there is a positive relationship between attachment styles, trauma and depression. Variables that show the highest relationship with depression are: (insecure) attachment style and physical trauma, respectively. Besides, there is a positive and significant relationship between anxious attachment, emotional trauma and depression. On the other hand, no significant relationship is found between sexual trauma and depression. According to the results of the correlations, as traumatic experiences and insecure attachment styles increase, depression increases as well. According to another result, there is a positive relationship between physical, emotional and sexual trauma and anxious and avoidant attachment styles. According to these results, insecure attachment styles increase depending on the existence of traumatic experiences in childhood.

The positive relationship between insecure attachment styles and depression is a result that supports the literature. There are many other studies that reveal the relationship between insecure and anxious attachment and depression (Anna et al., 2013; Priceputu, 2012; Liu et al., 2009; Sümer et al., 2009; Muris et al., 2001). Similarly, the results of this study show consistency with study findings that report that there is a relationship between depression and emotional and physical trauma

Table 3. The results of the regression analysis of depression prediction

Independent variables	B	Std. H.	Beta	t	p
Constant	2.463	3,978		.619	.536
Avoidant attachment	.286	.048	.368	6,018	.000
Anxious attachment	.034	.040	.050	.831	.407
Sexual trauma	-.071	.196	-.027	-.361	.718
Emotional trauma	-.072	.079	-.079	-.914	.361
Physical trauma	.283	.116	.205	2,435	.016

Multiple R=.45 R²=.20 F_(5,245)=12.14 p=.000

with the exception of sexual trauma (Rogers et al., 2011; Romens and Pollak, 2012; Al-Fayez et al., 2012). In other words, compared to groups with no traumatic experience, people having an history of abuse in childhood have experience more depression, anxiety, Post Traumatic Disorder (PTSD) and somatic complaints (Jelic et al., 2013).

According to another result of the study, traumatic experiences and attachment styles have a positive relationship both to each other and depression. In the scope of attachment theory, it can be said that this result was expected. Given that the basis of attachment styles that individuals use in their relationships, results from the prototype of the relationship established with the first caregiver (Bacon and Richardson, 2001); as Breidenstine et al., (2011) mentioned that the attachment styles are affected by traumatic experiences and psychopathologies can develop due to negative attachment styles. In other words, physical, emotional or sexual trauma can cause negative effects on children; thus, these experiences can also affect the attachment styles, relationship and behavior patterns that are developed in the future. Many study findings that reveal the relationship between traumatic experiences in childhood and insecure attachment (Weiss et al., 2011; Zerenoglu, 2011; Rebecca, 2008; Deniz, 2006; Woke et al., 1996) support this assessment.

According to the results of the regression analyses the most important contributions are made by avoidant attachment and physical trauma, respectively. In other words, avoidant attachment style and physical trauma can be interpreted as structures in terms of the appearance of depression. On the other hand, it is revealed that anxious attachment and emotional and sexual trauma have no predicting effect on depression.

In many studies conducted on attachment styles and psychological symptoms, it is seen that insecure avoidant and anxious attachment styles are significant variables that predict depression (Kamkar et al., 2012; Huprich et al., 2012; Altin and Terzi, 2010; Liu et al., 2009; Tasca et al., 2009; Li et al., 2008). This result is parallel to Attachment Theory. According to Bowlby, when a child whose needs have been met by parents (or caregiver) since infancy, develops negative mental representations about himself/herself or others, these representations become references for future relationships. That is to say,

people who develop insecure attachment styles such as avoidant, anxious or fearful attachment that are caused by the effect of these negative mental representations, are more inclined to personal compliance problems and psychopathology (Gnilka et al., 2013; Breidenstine et al., 2011; Steele and Steele, 2005). According to this result, it can be said that having secure attachment patterns can affect the behaviors and relationships of children in the future. In order to support the development of children who are in need of parental protection biologically, psychologically and socially for a sustained period of time, attachment styles and relationship patterns of mothers are crucially important. For this reason, it is necessary to take educational and clinical precautions to improve the mother-child attachment relationship and secure attachment styles. Regarding these findings from positive psychological perspective, recent studies reveal that there is a positive relationship between healthy attachment styles and well being (Towler and Stuhlmacher, 2013; Karreman and Vingerhoets, 2012; Landen and Wang, 2010; Terzi and Cihangir, 2009; Kart, 2002). Moreover, depression levels of caregiver should be considered and necessary precautions should be taken. Studies reveal that the children of depressive mothers develop insecure attachment styles and have various compliance problems (Lyons-Ruth et al., 2002; Martins and Gaffan, 2000; Huang et al., 2012; Whiffen et al., 2005).

According to the regression results, it is evident that emotional and sexual trauma does not have a significant contribution to depression and the sole and important predictor is physical trauma. There are different results throughout the literature regarding trauma. While there are studies reporting that the highest relationships with insecure attachment and psychological symptoms are related to emotionally traumatic experiences (Muller et al., 2012; Limke et al., 2010), there are studies that report that sexual abuse has a significant affect as well (Smith et al., 2012; Dimitrova et al., 2010). Within the scope of this study, the prominence of traumatic experiences can be a result of the fact that they these are the most easily diagnosed experiences. In addition, emotionally traumatic experiences may not be regarded as traumatic as physical trauma. The fact that the sampling group consists of university students may have caused low

rates of emotional and sexual trauma as they have had relatively standard academic, social and emotional experiences. For this reason, wide sampling groups from different education types can help to concretize the effects of variables on psychological structure by means of conducting comparative studies with forensic and psychiatric cases that have the experience of emotional and sexual abuse.

Without any doubt, there are different variables related to depression and the findings reveal that individuals with insecure attachment style and traumatic experiences are more inclined to develop depression. Within the framework of attachment theory and trauma, parent-child attachment interaction appears important since it is the first relationship patterns formed in childhood. In terms of protective and preventive mental health services, it is important to analyze the relationship patterns of parents who play a vital role in the development of children's healthy attachment styles.

CONCLUSION

According to the results of this study, insecure attachment styles developing in early childhood and physical and emotional trauma have a relationship to depression. Furthermore, individuals attached to parents in the avoidant style are at a greater risk of developing depression. Apart from avoidant attachment, physical trauma experiences are also regarded as a variable that makes the occurrence of depression more likely. Considering that attachment styles are based on relationship patterns that develop between mother and infant, it is important to increase research and interventions directed towards parents, especially mothers, who are in contact with the child. In parallel with these results, practitioners, both those conducting intervention activities against depression and those providing family consultancy, can enrich the consultancy period by using the framework of attachment styles. In consideration of school-based psychological counseling services, preventive studies can be organized with parents who have children at pre-school and elementary school age. What is most ideal is to raise the awareness of parents-to-be about child-parent relationships within the scope of mental health centers or services. In this way, developing secure attachment styles can be facilitated. Apart from the recommendations regarding school-based activities, agencies, family ministries that provide mental health services should conduct awareness raising, prevention and intervention activities for families and in cooperation with the society at-large.

LIMITATIONS AND RECOMMENDATIONS

The most important limitation of this study is the sampling group that consists of university students. Generalizing

the findings obtained from this relatively homogeneous group may not reflect the wider reality. For this reason, the sampling groups of future studies should be more heterogeneous including people from different educational backgrounds, socio-economic status, and professions. Moreover, future analysis can be conducted comparatively for depressive and non-depressive groups. Another limitation of this study may be using depression as a dependent variable. The relationship of anxiety, eating disorders, somatization and such variables with attachment styles and trauma could be discussed. Another limitation results from the independent variables. In this present study, insecure attachment and physical trauma predict 20% of depression. New models should be emphasized using different variables that can predict depression (for example, attachment styles of parents, genetic predisposition, coping with, competency belief, social support etc.). Although regressive studies reveal the relationships between variables, there are some limitations related to mediator roles. In this scope, future studies can be conducted on attachment styles as the mediator or different variables with regard to the appearance of depression.

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