

Do the Patterns of Attachment Affect Resilience in Adolescents?

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ABSTRACT

One important factor that supports the formation of resilience is an attachment. The attachment which is divided into three patterns, namely secure attachment, anxious attachment,

and avoidant attachment greatly affect the high and low resilience of individuals, especially adolescents. This study aims to examine differences in resilience in adolescents based on the patterns of attachment. Respondents in this study were adolescents with ages ranging from 18 to 22 years. This study uses a quantitative method by taking respondents using accidental sampling technique. The number of respondents was 131 people. The hypothesis testing in this study uses one way ANOVA technique. Based on the results of the analysis conducted, there is a very significant difference in adolescent resilience based on the pattern of

attachments with a significance level of 0,000. Teenagers with secure attachment have higher resilience compared to adolescents with anxious attachments and adolescents with avoidant attachments.

Keywords : Resilience, Attachment, Secure, Anxious, Avoidant, Adolescent

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INTRODUCTION

Lately there have been many cases involving teenagers, including suicides due to stress facing national exams or because they have not passed national examinations, suicides due to poor family financial conditions, falling into abuse of narcotics, alcoholic beverages, brawls, and free sex because of parental divorce or because it is ignored by their parents. The large number of cases that occur in adolescents reinforces Rutter's (in Howard and Johnson, 2000)

translation that identified adolescents have a much greater risk factor (at risk) for developing antisocial behavior, abuse of alcoholic beverages and drugs, experiencing unwanted pregnancies in early age, dropping out of school, and being a perpetrator of violence and victims of violence.

But not all teenagers fix problems like the one above. There are also many teenagers who succeed in achieving achievements that avoid the challenges that come up. For example, a student named AB who graduated from the UGM

medical school with a GPA of 3.51. After all, work as a pedicab driver and leave it as a scavenger, make AB discouraged. With help and support from the whole, Despite financial constraints, AB successfully completed his studies efficiently (Anonim, 2011). Some of the examples above are examples of teenagers who are able to rise and succeed despite escaping various difficulties. That ability is called resilience.

Resilience is defined as *"the process of, capacity for, or outcome of*

*successful adaptation despite
challenging or threatening
circumstances"* (Masten, Best, and
Garmezy, in Blaustein and Kinniburgh,
2010). Besides that, according to Kaplan
(2005) resilience is "*a person's ability
to achieve success despite having faced
situations, being abused or neglected,
witnessing violence, or living poverty -
that could lead to negative outcomes
such as delinquency.*"

The development of the resilience
construct has taken place in the field of
psychiatry, as a psychoanalytic construct

(Wagnild and Young, 1993). The study of resilience initially appeared more due to accident factors than intentions (Grotberg, 1997; Staudinger, Marsiske, and Baltes, 1993 in Spaulding, 2009). Studies in the field initially relied on pathological models, with researchers examining maladaptation in children with the aim of identifying risk factors (risk factors) that contribute to observable negative results. It was found that not all children who are at risk (at risk) follow negative life trajectory predictions, so researchers are

beginning to look for factors and traits that change the outlook for children who have 'toughness' (invulnerable) (Werner, Bierman, French, and Garmezy, in Spaulding, 2009). Various studies carried out increasingly identified various factors regarding this 'invulnerable' study so that the term was slowly converted into resilience and became a sign of the birth of a new area in terms of theory and research in the field of psychology (Ramirez, 2007).

A preliminary study of resilience seeks to develop a list of factors that

will change risks and protect children and adolescents from symptoms of biological and ecological risks (Spaulding, 2009). Factors that can protect the symptoms of biological and ecological risks are referred to as protective factors (protective factors). Protective factors can be defined as attributes or specific situations needed during the resilience process (Dyer and McGuinness, in Earvolino-Ramirez, 2007)

According to Oeppen and Vaupel (in Fergus and Zimmerman, 2005),

protective factors that can help adolescents avoid the negative effects of risk can be assets (assets) or can also be resources (resources). Assets (assets) are positive factors that are inside an individual, such as competence, coping skills, and self-efficacy. Resources are also positive factors that help adolescents overcome risk, but these resources are external factors in individuals. Resources that include parental support, guidance from adults, or the community that enhances positive adolescent development. Resources

emphasize the influence of the social environment on adolescent health and development, help place the theory of resilience in a more ecological context, and move away from conceptualizing resilience as static individual traits.

Within protective factors there are five factors that can affect resilience, namely; individual characteristics (Individual Characteristics), cohesion and family support (family support and cohesion), external support systems (external support systems) (Werner and Smith in Atwool, 2006), attachments

(Mancini and Bonanno, 2009), and culture (Ungar in Atwool, 2006).

From various factors that influence the resilience above, such as individual characteristics, family support and cohesion, external support systems, attachments, and culture, the authors are interested in using attachment factors as variables that will be examined in this study because after research, there have not been much research one strata of psychology that examines resilience with attachments. Therefore, the author decided to examine these two variables.

Attachment dynamics, which describes the effect of early caregiving experiences on relationships as adults (Mancini and Bonanno, 2009) is an eternal emotional bond characterized by a tendency to seek and maintain closeness to certain figures, especially during stressful situations (Bowlby in Colin, 1991). This particular figure is called an attachment figure. Attachment figures are primary carers where the child shapes his attachment to the figure, and even this figure cares and loves the child continuously, and they have a close

relationship, for example, the mother (Prior and Glaser, 2006).

Since the age of around 18 months, children have developed different patterns of attachment to their attachment figures (Prior and Glaser, 2006). The patterns of attachment initially identified by Ainsworth (in Svanberg, 1998). There are three patterns, namely: secure, ambivalent (anxious) and avoidant. There are additional categories that have been identified by Main, Kaplan, and Cassidy (in Atwool, 2006), who use the term "disorganized" to describe a

sample of children "at-risk" which was initially categorized as secure because it does not match the other two attachment patterns. But after further investigation it turned out that it was not suitable for the secure category, so it was included in the new category, namely disorganized/disoriented.

Secure attachments to others that are relatively easy to form, close to others and feel comfortable in others (Hazan and Shaver in Li 2008). Secure attachments indicate that the child has a sense of trust that the figure attachment

will give him comfort, the need for closeness, and a sensitive, friendly and gentle response (Prior and Glaser, 2006). Adolescents who in their childhood form a pattern of secure attachment with their attachments, when adolescents will become trustworthy, friendly, and able to provide support when desired (Atwool, 2006). This secure pattern is the most powerful pattern for promoting resilience because of children support and protection from their surrounding environment, look at the world so that when faced with

problems, they can handle them well. This explanation is explained by Fonagy, Steele, Steele, Higgitt, and Target (in Fergusson and Horwood, 2003) that secure attachment is the foundation in resilience.

Avoidant attachments are characterized as children who have caregivers who are unresponsive, give no love, and are full of rejection in parenting. Adolescents who in their childhood are cared for by avoidant attachment patterns, when they are going to be self-withdrawal, always look

depressed, but sometimes will emit explosive anger (Atwool, 2006). Whereas ambivalent attachments are characterized as children who have inconsistent, untrustworthy, and very boring caregivers in care (Cassidy, in Li, 2008). Adolescents who in their childhood formed an ambivalent attachment pattern with their attachment figures most would really want to interact/interact with their peers and other adults, but because of fear of rejection, it will avoid the form of relationships offered (Atwool, 2006). In

avoidant and ambivalent patterns, because of the lack of optimal support from the surrounding environment, making this individual view the surrounding environment less positively, so that the process of resilience in these attachment patterns is less well developed.

Furthermore disorganized/disoriented attachment is one of the attachment patterns where parents or caregivers are a source of stress and fear from these infants, so that when the parents or caregiver are around them,

they exhibit unpredictable strange behavior and they seem to lose "an effective proximity-seeking strategy" (Main in Howe, Brandon, Hinings, Schofield, 1999). According to the longitudinal study of Allen, Hauser, and Bormen-Spurrell (in Atwool, 2006) significantly that the increase in the number of adolescents who suffer from psychopathology and become perpetrators or criminal victims turns out that in their childhood they formed a disorganized attachment pattern with their attachment figures.

The disorganized pattern is the most vulnerable pattern because disorganized teenagers have difficulty in feeling and managing a relationship emotionally (Atwool, 2006). So that children / adolescents in this pattern cannot process resilience well in themselves and can be said to belong to a nonresilient group of individuals. The explanation of the relationship of the attachment pattern is in line with Bowlby's statement (in Svanberg, 2008), namely: “....*pathway followed by each developing individual and the extent to*

which he or she become resilient to stressful life events is determined to a very significant degree by the pattern of attachment developed during the early years”. Bowlby statement explained that the success or failure of a person in achieving resilience is determined by the pattern of attachment that develops early on.

Studies of differences in attachment and resilience have been carried out before by Caldwell and Shaver (2012) in California. Caldwell and Shaver examined whether patterns

of attachment are related to emotional cognition patterns and whether they affect a person's resilience, with a sample of adults becoming students and staff working at the University of California. They say that people who have a secure attachment pattern shows high resilience, are associated with good emotional cognition functions. Whereas people who have an insecure attachment pattern (in this study the pattern of attachments used are avoidant and anxiety / ambivalent patterns) shows lower resilience and poor cognitive and

emotional functions. Based on the results of the study above, it can be concluded that individuals with secure attachment have a high level of resilience, whereas individuals with avoidant attachment and anxiety / ambivalent attachments have lower levels of resilience. This description is in line with Bowlby's statement (Svanberg, 2008) which states that the success of a person in achieving resilience is determined by the pattern of attachment that has developed early and also Fonagy, et al (in Fergusson and Horwood, 2003) that secure attachment

is the foundation in resilience.

Referring to the description above, it can be concluded that there are differences in resilience based on the patterns of attachment. Therefore, through this study, the authors are interested in examining whether there are differences in the level of resilience based on patterns of attachment in adolescents.

RESEARCH METHOD

This study uses a quantitative approach. The respondents of this study were adolescents, especially late

adolescents. The characteristics of the respondents in this study were adolescents aged 18 to 22 years with a minimum level of education at high school. The sample in this study amounted to 131 people. The sampling technique used is the accidental sampling technique. Accidental sampling is a technique where the researcher takes the respondent as a sample based on chance, that is, anyone who accidentally meets with the researcher and has the intended criteria by the researcher to be sampled.

The researcher used two scales from two variables. Resilience was measured using the 14-Item Resilience Scale (RS-14) compiled by Wagnild & Young (2009) based on the five dimensions of resilience proposed by Wagnild & Young (1993). The 14-Item Resilience Scale (RS-14) consists of two subfactors, namely personal competence and acceptance of self and life factors. A number of personal competence factors measure the dimensions of perseverance and self-reliance, while the elements of the

acceptance of self and life measure the dimensions of meaningfulness, equanimity, existential aloneness. This scale of resilience uses the Likert scale preparation technique from strongly disagree to strongly agree. The reliability of this scale is 0.93

Attachment is measured by using the Revised Adult Attachment Scale (Close Relationship Version) compiled by Collins (1996) based on the three dimensions proposed by Hazan and Shaver (1987), namely close, depend, and anxiety. This attachment scale uses a

Likert scale preparation technique from very appropriate to very inappropriate. This is subsided to three subscales, namely Close, Depend, and Anxiety. The reliability for each scale are 0,69 for Close, 0,75 for Depend, and 0,72 for Anxiety. The data analysis in this study used a one-way ANOVA test using SPSS statistical computer program.

RESULT AND DISCUSSION

Based on the results of the research data description can be elaborated on the categorization of research variables.

Variable categorization used in resilience variables is slightly different from categorization on attachment variables. In the resilience variable, the categorization of respondents' descriptions used was adapted from categorization by Wagnild and Young (2009). While attachment variables use categorization based on a comparison of mean hypothetical and empirical mean. The following are the results of the percentage of respondents mean empiric on the scale of resilience.

Table 1. Percentage of

Respondents in Resilience Categorization

No	Respondent's Description Categorization	Ra
1	Very Low	14
2	Low	57
3	Pretty Low	65
4	Pretty High	74
5	High	82
6	Very High	91
Total		

And here is a table about the mean

empirical on the scale of resilience.

Table 2. Empirical Mean of Resilience scale

Descriptive

	N	Minimum
Resiliensi	131	18.00
Valid N (listwise)	131	

Next up is the result of the calculation of the mean empirical, hypothetical mean, as well as the

percentage and the classification of each subscale into patterns of attachment which can be seen in the following table.

Table 3. Mean Empirical and Hypothetical Mean of Each Subscale

Subscale	Mean Empirical	Hypothetical Mean
<i>Close</i>	23,18	1
<i>Depend</i>	20,36	1
<i>Anxiety</i>	19,45	1

Furthermore, the percentage and

classification of each subscale into the attachment pattern are shown in the following table.

Table 4. Categorization of Attachment Patterns on Respondents

Pattern of Attachment	Subscale of Close	Subscale of Depen
<i>Secure</i>	High	High
<i>Anxious</i>	Moderate	Moderate
<i>Avoidant</i>	Low	Low
Total		

Then, below is the number of respondents who have been classified in each category in resilience and also the pattern of attachments. Following is the distribution table.

Table 5. The number of respondents in the categorization of resilience and Attachment Patterns

Resilience scale category	Patterns of <i>Attachment</i>		
	<i>Secure</i>	<i>Anxious</i>	<i>Avoidant</i>
Very Low	1	5	0
Low	3	5	0

Pretty Low	10	9	1
Pretty High	44	-	
High	22	1	
Very High	4	-	
Total	84	20	2

Based on the above table, from 84 respondents who patterned secure attachment, the 70 respondents who fit into the category of resilience quite high up to very high. While 20 respondents who patterned anxious attachment, only

one respondent who fit into the category of resilience quite high up to very high, and of the 27 respondents who patterned avoidant attachment, no respondents who fit into the category of resilience quite high up to very high.

DISCUSSION

The results showed that the research hypothesis is accepted. The analysis shows that there is a very significant difference in the resilience of adolescents based on patterns of attachment, with a significance of 0.000

($\rho < 0.01$).

Furthermore, the results of this study indicate that out of 84 respondents who have secure attachment patterns, there are 70 respondents who fall into the very high to very high resilience category. While 20 respondents who patterned anxious attachment, only one respondent who fit into the category of resilience quite high up to very high, and of the 27 respondents who patterned avoidant attachment, no respondents who fit into the category of resilience quite high up to very high. It can be seen that

the majority of respondents who are in the high enough to very high resilience category are respondents with secure attachment patterns, while the majority of respondents are anxious and avoidant patterns in the category of low to very low resilience.

This means that respondents who have secure attachment patterns have a high level of resilience, while respondents who pattern anxious attachment and avoidant attachments tend to be at a low level of resilience. This is consistent with the statement Bowlby

who explained that the success or failure of a person in achieving resilience is determined by the level on the pattern of attachment that develops early on (Svanberg, 2008) and also the statement by Fonagy et al who said that secure attachment is the foundation for resilience (in Fergusson, 2003).

Then, based on the empirical mean calculation on the scale of resilience, the average respondent included in the category is quite low. This shows that the average teenage respondent has a fairly low level of resilience. However,

based on the total score on the scale of the resilience of each respondent, it can be seen that the highest number of respondents are at a level of resilience to the categorization is pretty high.

This shows that although adolescence is a stormy and stressful period, as described by Hall, it was suggested that adolescence is considered a "storm-and-stress" which describes adolescence as a tumultuous period filled with conflict and mood swings (in Santrock, 2011) but there are still quite a number of respondents who have good

resilience so they can arouse themselves and prevent respondents from experiencing the deterioration of the conflicts that are being experienced.

Furthermore, to find out the pattern of attachments can be seen in the dimensions or subscales that determine the attachment pattern in these respondents. Based on the empirical mean in each subscale, it is known that the research respondents have close levels which are included in the high category. Whereas in the dependent subscale the research respondents

belong to the medium category. And on the subscale of anxiety the research respondents were in the moderate category.

This shows that the respondents, especially the late adolescents, have a good closeness to the people around them but are not too dependent on others and the level of anxiety about various things that are experienced is not extreme. Furthermore, the results of the study show that the most dominant attachment pattern is in the secure attachment pattern with the number of

respondents as much as 64.12%, while 15.27% is owned by the anxious attachment pattern, and 20.61% is owned by the avoidant attachment pattern.

This shows that there is still quite a lot of respondents as early nurtured by using patterns of secure attachment and it's good for the development of the respondents because, as described by Howe (2005) that individuals who have secure attachments can behave in an open and flexible in a relationship, feel secure (safe) when expressing the needs

of its attachment to others, communicate honestly and accurately, as well as reflect the thoughts, feelings, and behaviors they are objectively and wisely.

CONCLUSIONS

Based on the results of the study, it is known that the hypothesis proposed in this study is accepted, meaning that there is a very significant difference in the resilience of adolescents based on the pattern of attachments. This shows that respondents with secure attachment patterns have a higher level of resilience

than respondents who pattern anxious attachments and avoidant attachments.

SUGGESTION

The results of this study note that there are significant differences between resilience with attachments patterned secure, anxious, and avoidant in late adolescents. Therefore, it is important for teens to improve resilience in themselves and keeping in touch with family, friends, and the surrounding environment in order to become a better individual. It is better for teenagers to

know themselves better and see the potential that exists within themselves so that even if they are in an environment that is less supportive and confronted with complicated conflicts, the teenager can stay up and not get worse.

For subsequent researchers who want to investigate the resilience of adolescents can research about things that might have an influence on such variables as cultural factors or characteristics of the individual. In addition, further research may be able to use different research subjects, for

example on adult subjects, or on parents of research subjects or can also be specific to adolescents who have certain problems, such as victims of earthquakes, tsunamis, in other words the use of subjects can be more specified in further research.

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