Impacts of Attachment Theory and Family Support on the Depressive Symptoms of Immigrant College Students

Alyssa Lamb, Victoria Hernandez, Yadira Limon, Ethan Perez, Ayurda Pathak, Isabella Torres

Department of Psychology, University of North Texas

Introduction

- Immigrants face unique barriers, including limited familiarity, financial challenges, and cultural adjustment (Ikonte et al,. 2020). College students with immigrant background have higher rates of depression versus students with non-immigrant backgrounds (Cadenas & Nienhusser, 2021).
- Family support significantly increases the negative effects of depression in college students in college freshman in low stress situations, and lowered the negative effects with less effectiveness in high stress situations (Levens et al,. 2016).
- Developed from Bowlby (1979)'s framework, attachment theory looks at the way people behave and think in close relationships.
  - People with higher levels of avoidant attachment are less likely to depend on the support from others due to internalized negative working models of the other people (Rholes et al., 2011)
  - Family support acts as a protective factor for anxious attachment, reducing the likelihood that people with anxious attachment styles will experience depression—especially when the support is consistent, emotionally responsive, and affirming (Murray et al., 2014).

Hypotheses

1. Insecure attachment will be associated with higher depression symptoms in 1st and 1.5th immigrant generation college students.
2. Family support will moderate the relationship between avoidant attachment and depression.
3. Family support will moderate the relationship between anxious attachment and depression.

Figure 1. Conceptual model depicting the moderating role of family support on the relationship between avoidant attachment and depression

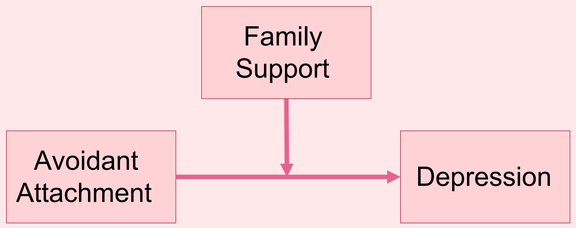
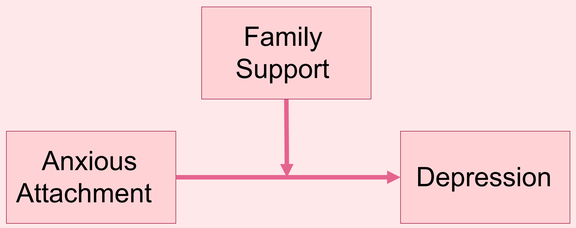


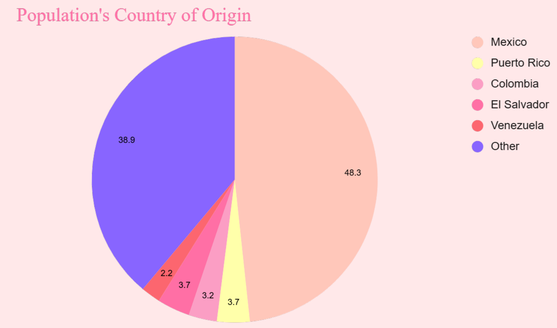
Figure 2. Conceptual model depicting the moderating role of family support on the relationship between anxious attachment and depression



Methods

Procedure and Participants

Surveys were distributed to campuses across North Texas via Qualtrics. This study included a sample of 775 participants, who identified as 1st generation and 1.5 immigrant college students (mean age = 21.7 year). 77% participants were women. Half of the participants identified their country of origin as Mexico.



Results

Variables	1	2	3	4	5	6
1. Age	1	.026	.250**	.077	.067	-.167**
2. Gender	.026	1	.088*	-.112	.045	.126**
3. Anxious Att.	.250**	-.088*	1	.380**	-.330**	-.551**
4. Avoidant Att.	.077	.122	.380**	1	-.351**	–.343**
5. Family Support	-.067	0.045	-.330**	-.351**	1	.375**
6. Depression	-.167**	-.126**	-.551**	-.343**	.375**	1

Model 1: Anxious

The first model examined whether family support moderated the relationship between avoidant attachment and depression. The overall model was significant ($F(2,754) = 18.986$, $p < .001$) There was a significant main effect between attachment avoidance and depression ($b' = -1.343$, $t = -1.742$, $p < .001$). However, the interaction effect of family support x attachment avoidance on depression was insignificant ($b' = -1.343$, $t = -1.742$, $p - .083$).

Measures

Attachment: Anxious and avoidant was measured using the *Experiences in Close Relationships - Revised Scale* (Brennan et al., 1998). This scale consists of 34 items: 17 items are dedicated to anxious attachment, and the other 17 items are dedicated to avoidant attachment. Participants are given items such as "*I find it difficult to allow myself to depend on romantic partners.* " and are asked to respond with a 7-point Likert scale (1= Strongly agree to 7 = strongly disagree) for avoidant attachment. For anxious attachment, items given include examples such as "*When my partner is out of sight, I worry that he or she might become interested in someone else*" .

Family Support: Family support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1990). The scale consists of 12 items, with 4 items for the family subscale, which measures emotional support from family members. Participants are given items such as "*I get the emotional help and support I need from my family* " and "*I can talk about my problems with my family* ". They are are asked to respond with a 7-point Likert scale ranging from 1(strongly agree) to 7 (Strongly Disagree), with lower scores indicating higher perceived family support.

Depression: The Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995) scale consists of 21items, with a 7-item depression subscale. The depression scale includes items "I felt downhearted and blue." Responses e provided on a 4-point Likert scale ranging from 1(Never) to 4 (Almost Always), with higher scores indicating greater levels of depressive symptoms.

Model 2: Avoidant

The second model examined the moderating role of family support in the relationship between anxious attachment and depression. The overall model was significant $F(2,754) = 167.98$, $p < .001$). There was a significant main effect between anxious attachment and depression ($b = -2.095$, $SE = .115$, $t = -18.247$, $p < .001$). In addition, the interaction effect of anxious attachment x family support on depression was also significant ($b = -.375$, $SE = .153$, $t = -2.459$, $p < .01$).

References

Discussion

Consistent with our first hypothesis, anxious and avoidant attachment was associated with higher depressive symptoms in 1st and 1.5 generation immigrant college students. This is consistent with literature on general population, which suggests that insecure attachment is associated with worse mental health (Levens et al., 2016).

In addition, 1st and 1.5 generation immigrant college students with higher levels of anxious attachment are more likely to develop depressive symptoms, but this is moderated by the role of family support. This is consistent with previous literature, which suggests family support acts as a protective factor for people with anxious attachment (Murray et al., 2014)

However, results suggested that family support did not moderate the relationship between avoidant attachment and depression. This is likely due to the fact that people with higher avoidant attachment may not value social support due to having a negative worldview of others (Rholes et al., 2011).

Clinical Implications

These findings highlight the importance of tailoring our interventions to the client's attachment style, particularly when addressing family dynamics in the context of depressive symptoms. For anxiously attached clients, enhancing perceived family support may be a fruitful therapeutic target. For avoidantly attached clients, it may be more effective to work on developing trust, emotional openness, and alternative sources of resilience outside traditional family structures.

Future Directions and Limitations

- Data was collected from college campus in Texas, so information collected may not be reflective of all experiences of 1st and 1.5th immigrant students
- Further studies may include…
  - Collecting more diverse sample: different countries of origins, collecting participants from areas outside of Texas
  - Obtaining data from personal interviews or other forms of data collection

Acknowledgements

We would like to acknowledge Dr. Chiachih DC Wang and the Cross-Cultural Attachment Lab for providing data to conduct this study