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Contribution of Adult Attachment Patterns and Personality Factors in Explaining Depression

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Abstract

This study aimed at identifying the interpreted variance rate of depression, which the attachment patterns and personality factors elucidate. The study sample consisted of (50) depressed patients (23 males, 27 females) of the mental health care departments of the Royal Medical Services in Jordan. The researchers applied Beck Depression Inventory and Al-Yarmouk Scale for adult attachment patterns. A personality factor scale was developed for the purposes of this study, and validity and reliability evidences of the scales were estimated.

The results showed that avoidant attachment is the most common with depressed patients, followed by the anxious attachment. Meanwhile, personality factors (rule-consciousness, flexible perfectionism, dominance, sensitivity, warmth and social boldness) are the most prevalent among depressed patients. The results further indicated that the personality factors (apprehension, social boldness and sensitivity) and the avoidant attachment explained (72.3%) of the depression variance rate. The results also showed differences between males and females on the (emotional stability and social boldness) of the personality factors, in favor of the males. Meanwhile, the differences in the conscience judgment factor were in favor of the females. However, there were no statistically significant differences attributed to the gender variable, in both adult attachment patterns and depression.

Keywords: Adult Attachment patterns - personality factors – depression.

مساهمة أنماط التعلق الراشدي وعوامل الشخصية في تفسير الاكتئاب

هدفت الدراسة الحالية الى التعرف على نسبة التباين المفسر في الاكتئاب الذي تفسره أنماط التعلق وعوامل الشخصية، وتألقت عينة الدراسة من (50) مكنباً منهم (23) من الذكور و(27) من الإناث من المراجعين لإقسام الرعاية النفسية للمستشفيات التابعة للخدمات الطبية الملكية في الأردن. وقد تم استخدام مقياس بيك للاكتئاب، ومقياس اليرموك لأنماط التعلق الراشدي، وتم تطوير مقياس لعوامل الشخصية لأغراض الدراسة الحالية. ثم تم إيجاد مؤشرات الصدق والثبات لهذه المقاييس. وقد أظهرت النتائج أن نمط التعلق التجنبي هو الأكثر شيوعاً يليه نمط التعلق القلق لدى المرضى المكنبيين، في حين كانت عوامل الشخصية (الحكم الواعي، والمرونة الكمالية، والسيطرة، والحساسية، والدف، والجرأة الاجتماعية) هي الأكثر انتشاراً لدى المكنبيين، وأشارت النتائج إلى أن عوامل الشخصية (الخوف والتوجس، والجرأة الاجتماعية، والحساسية) ونمط التعلق التجنبي فسرت مجتمعة ما مقداره (72.3%) من التباين المفسر للاكتئاب، كما أشارت النتائج إلى وجود فروق بين الذكور والإناث المكنبيين في كل من (الاستقرار الانفعالي، والجرأة الاجتماعية) من عوامل الشخصية لصالح الذكور، في حين كانت الفروق في عامل الحكم الواعي لصالح الإناث، أما عن أنماط التعلق الراشدي ومستوى الاكتئاب فلم تظهر النتائج وجود فروق ذات دلالة إحصائية تُعزى لمتغير الجنس.

كلمات مفتاحية: أنماط التعلق الراشدي، عوامل الشخصية، الاكتئاب.

Introduction and Background:

Depression is the most common psychological disorder in the world; it is not simply mood problems that the individual encounters. Rather, the increasing levels of the problems and their combination altogether make depression much more than a mere sadness or distress the individual faces during a temporary period in the individual's life. Subsequently, it develops into a daily-lived disorder, largely affecting the life course. In this concern, the individual, who experiences the depression-related vicious circle, also experiences too many troubles that worsen his/her condition (Ibrahim, 2006).

Many mental health specialists indicate that the conditions of life inflict people, such as exposure to family or social problems, or even financial insolvency, may lead to the development of depression. In fact, large numbers of people live in isolation due to the fast pace of life and high rates of violence that increase diseases and mental disorders (McKenzie, 2004 and McLaren, 2003).

Depression has the ability to deplete the resources of energy and propelling power of the individual, making his/her ability to complete the tasks and duties too weak, which, in turn will lead to a feeling of self-defeat and disappointment. People suffering from chronic depression feel that they are always in an ongoing defense state; always facing a countless number of problems (Wright & McCary, 2014).

Beck, (2011, p65) defined depression as "an emotional state, characterized by low mood of the person, expressed by feelings of isolation, keeping him/her away; lack of sleep, and apparent changes in the weight ". The response and reactions of the depressed toward the stimuli become slow for any activity. In this concern, the cause of depression occurrence is ascribed to the presence of a cognitive distortion, which led to the initiation of a negative attitude toward the self, the world and the future. Wolman, (cited in Ibrahim, 2006), defined depression as the feelings of helplessness, loss of hope and sadness.

Diagnostic and Statistical Manual of disorder (DSM-V), published by the American Psychiatric Association (APA, 2013,p155) defines depression as "a mental disorder causing a decline in the individual's mood, loss of enjoyment, loss of interest in life and personal affairs, noticeable changes in weight and sleep, loss of effort and energy, delayed psychomotor, feeling of the loss of self-esteem, difficulty in concentration and thinking, intermixing of thoughts and replication about feeling guilty, hesitation, and ideation of death or suicide". The depression diagnosis includes the following standards: (APA, 2013).

A- Presence of five (or more) of the following symptoms during two weeks, as this period represents the time of the performance change. And, presence of, at least, one of the following two symptoms: either (1) depressed mood, or (2) loss of interest or enjoyment (note: does not include symptoms that might be clearly attributed to another medical case).

- 1- Depressed mood most of the day, almost every day, as shown in the self-reports (for example, feelings of sadness, void, despair and weeping). (Note: in children and adolescents, the development of a bad or nervous mood).
- 2- Significant loss of interest or enjoyment of everything, and loss of fun of doing any of the daily activities.
- 3- Considerable loss of weight, with no diet regime followed; or weight increase (for instance, loss of more than 5% of the weight in one month). Decrease or increase in appetite, almost daily. (Note: in children, no increase in weight, as usually expected.)
- 4- Insomnia or excessive sleep, almost every day.
- 5- Psychological agitation (Psychological irritation), or delayed motion.

6- Tiredness or loss of energy, almost every day.

7- Feeling of inferiority, excessive guilt, or self-blame, almost every day.

8- Frequent diminished thinking or concentration ability, almost every day.

9- Frequent thoughts of death (not only fear of death), or frequent thinking of suicide; without a specific plan, or attempt to suicide, or setting up a specific plan for suicide.

B- These symptoms cause a great clinical adversity, or poor performance in the professional, social, or other areas, which are vital for the individual.

C- These symptoms are not attributed to the substance physiological effects, or a drug or medical condition. (Note: A-C standards represent the main depression attack).

D- Depression disorder is not meant to explain conditions of those who suffer from schizophrenia disorder, identity disorder, or other psychotic disorders.

E- Did not experience a mania attack (Note: this exception does not apply if the mania bouts are similar to the slight mania, or those who are drug/medicine addicts (APA, 2013).

Hoffman (2012) indicated that there are many reasons that explain depression. Most often, unexpected things may happen that cause its occurrence, such as experiencing miseries at a certain point of life, which effects on the individual are unpredictable in future. Furthermore, depression may result from biological, brain-related factors, such as failure of the brain cortex, or hyperactivity of the limbic system that represents the brain center, which is linked to feelings. The hyperactivity of this system leads to the occurrence of depression symptoms; subsequently, the occurrence of an imbalance state of the neurotransmitters of the brain (Wright & McCary, 2014).

Other factors causing depression include environmental and psychological factors. Regardless of the actual reason for depression onset, specialists of the psychological health agreed that there are risk factors that make some individuals more susceptible than others to develop depression disorder (NaserEddin, 2010). Peri (2001) indicated that belonging and love are among the most important basic needs the individual seeks to satisfy and realize. Bowlby (cited in Aidi 2008) indicated that the human is born with the features of attachment to others. Thus, the human is born seeking to satisfy security and love needs, as well as willingness to create good social relationships with defined people, who make him/her feel acceptance, and resort to them, if necessary.

The attachment patterns are defined as the "constant tendency of the individual to put on great effort to maintain closeness and communication with a certain individual or a limited number of people, from whom the individual expects that they represent a source of psychological security with him/her, as well as his/her physical safety" (Bartholomew & Horowitz, 1991). Fraley & Shaver (2000) indicated that the adult attachment is formed during the childhood stage; it is an extension of the memories lived during that period.

Bowlby (cited in Perry, 2001) illustrated that the parental ignorance, which the child encounters during the childhood stage, may not help him/her to establish safe and positive attachment relationships. This is due to the absence of dynamics and familial interaction, and lack of feeling the psychological security, which subsequently lead to social problems, such as withdrawal, negative interaction with the others, inability to establish friendship relations, deficits in openness to others. All these elements virtually lead to develop psychological problems with the individual. Therefore, attachment may be the starting point of many of the mental disorders, including depression.

In this study, the adult attachment patterns are the following:

1. **Secure attachment pattern:** Refers to individuals who possess positive patterns toward the self and others. The individual here is characterized by autonomy and self-dependence in gaining love and esteem.
2. **Anxious attachment pattern:** Refers to individuals who possess negative patterns toward the self and positive patterns toward others. These individuals are characterized by anxiety in the social relations and fear of abandonment.
3. **Avoidant attachment pattern:** Refers to persons who possess negative patterns toward the self and others. These individuals are characterized by avoiding the social relations for the fear of pain and disappointment, which are expected to occur due to interaction with others (Mikulincer & Shaver, 2007).

Bartholomew & Horowitz (1991) developed a model for the attachment patterns with the adults that included four patterns. **Secure attachment**, includes positive direction toward the self and others; **preoccupied attachment**, includes positive direction toward the self and negative toward others; **fearful attachment**, includes negative direction toward the self and others; and the **dismissive attachment**, includes negative direction toward others and positive toward the self. These four attachment patterns may contribute to the formation of the individual's personality, which forms the essence of the human, and are closely related to the others' responses. In other words, personality is a complex, constant, and unique behavioral pattern.

Wolman (cited in Al-Rabea', 2007) defined the personality factors as "the latent influences that are responsible for a part of the individual differences in terms of a number of behavioral features that appear with the individual." Eysenck (cited in Al-Rabea', 2007) defined personality as the "somewhat stable and permanent organization, which is related to the individual's nature, mood, and physical structure, which determines his/her harmony with the environment." Carducci (2009) indicated to Guilford and Allport's definition of the personality. In this concern, Guilford defined personality as the "unique and distinct pattern of the individual, consisting of specified qualities and traits." On the other hand, Allport sees that personality is "that unique dynamic system of the individual, which defines his/her behavior and thought characteristics." Personality psychologists were interested in personality factors, accumulated them as categories, then they reduced and listed them in the form of traits or qualities that refer to the acts performed by the individual, which are closely related to the constructive units underlying the personality. Allport, in 1936, published a study included a list of (18000) human traits, but Cattell revised this list and reduced it to (4500) traits. Thereafter, he reduced it to (35) traits. Later, he employed the factorial analysis of these traits and extracted sixteen personality factors. Then Costa & McCrae (1985) reduced this list to include five personality factors only, which were later named the five major personality factors. They are neuroticism, extraversion, kindness, conscience vigilance, and openness to experience, (Costa; Mathews et al, 2003 & McCrae, 1992).

For the purposes of this study, the personal factors are (Boyle et al, 2008; Salem, 2014 and Al-Amiri, 2015):

- 1-**Warmth:** a person with higher pole is characterized by warmth, kindness and good heart. Meanwhile, the low pole person is conservative, withdrawing and loner.
- 2-**Emotional stability:** a person with higher pole is characterized by emotional stability, maturity, able to face the reality, and having a strong ego. A person with low pole is easily arisen, nervous, easily disturbed, fickle, and has a lower ego.
- 3-**Dominance:** a person with high pole is aggressive, stubborn, tends to determination, assertion, dominance and competition. A person with low pole is nice, docile, courtly, tends to undergo, and lacks self-confidence.

4-Liveliness: a person with high pole is characterized by exhilaration and spontaneity; and a person with low pole is sober, little talking, serious and introvert.

5-Rule-consciousness: a person with high pole is perseverant, attending, creative, of high conducts and strong superego; and a person with low pole is seeking personal benefit and negligent.

6-Social boldness: a person with high pole is bold, active, effective, and adventurer; and the low pole person is shy, feeling threat, withdrawing, inactive and little interested.

7-Sensitivity: individual with high pole is characterized by thinking flexibility, sensitivity to the world experience, not sticking to his/her opinion; and the low pole person is stubborn and ornery.

8Apprehension: individual with high pole is characterized by confidence, complacency, and fear free; and the low pole person is deeply preoccupied in thoughts, stray, afraid, doubtful, having no trust in others.

9-Openness to change: individual with high pole is experienced, tolerant, tends to free and renovated thinking; and a low pole person tends to adhere to what he knows, traditional and lacks renovation.

10-Flexible perfectionism: individual with high pole is characterized by perfection, organization, self-disciplined; and the low pole person is characterized by tolerance and condoning.

Personality factors play a significant role in the individual's ability to adapt with the conditions and events he/she experiences (Al-Omairi, 2015). Study of Cohen, et al (1992) indicated that individuals who passed through bad childhood and their relationships with those around were abnormal, feel insecure and lack of confidence due to the absence of love, care and secure relations. These events had negative effects on their personalities as they age.

Study Problem:

Depression is one of the most common psychological disorders, which are categorized as second to the anxiety disorders in terms of prevalence. Depression can arise from multiple factors, such as the wrong familial interactions; and from personality factors that represent the individual's traits, which distinguish a person from others. The problem of the current study lies in looking for an explanation of depression, and showing the possibility of the presence of a linkage between the adult attachment patterns and the personality factors with depression.

World Health Organization (WHO, 2012) reported that about three hundred fifty million people all over the world have depressive symptoms (Marcus & et al, 2012). To make the therapeutic dealing with the depression cases successful, there is a necessity to understand depression and factors causing it. Without this, the therapeutic plans of depression will be limited. Perhaps, some types of attachment patterns of the adults and their personality factors have a role in forming depression or reinforcing its continuity.

The power of facing the environmental pressures and psychological problems depends on personality factors. Many researchers found that factors of extroversion, enduring ambiguity, optimism levels and type A personality pattern have a relation with the quality of behavioral depressive responses that are related to the post-traumatic stress. In this regard, the personality factors positively, or negatively, contribute to the individual's way to deal with the conditions that the person lives in (Salem, 2014). On the other hand, when the adult begins making new relations, he holds expectations about the reactions and feelings of the others toward them. These expectations come through the previous interactions of these patterns with others; particularly those related to the attachment patterns with any person. Subsequently, they use these patterns in interpreting the intention of others (Fraley & Shaver, 2000; Fraley, 2002). As attachment is one of the manifestations of healthy growth, and the main source of personal individual configured in the

future, the study is concerned with both variables. The adult attachment patterns and personality factors are considered effective in the personality of the individual. This is especially significant when talking about the individual differences between people and their influencing role in the emergence of depression in any human. Accordingly, this study was made to answer the following main question: what is the contribution extent of the adult attachment patterns and personality factors in interpreting the depression?

Study Questions:

In addition to the abovementioned main question, the study seeks to answer the following questions:

1. What are the most prevalent adult attachment patterns with the depressed patients?
2. What are the most prevalent personality patterns with the depressed patients?
3. What is the rate of variance in score attachment patterns, personality factors and gender, altogether, explained the depression score?
4. Are there statistically significant differences at ($\alpha = 0.05$) level, between the depressed males and females in the total scores of attachment patterns, personality factors and depression level?

The aims of the study are:

1. To pinpoint the most prevalent adult attachment patterns among the depressed patients.
2. To pinpoint the most prevalent personality patterns among the depressed patients.
3. To identify the rate of variance of adult attachment patterns and the personality factors with the interpretation of depression.
4. To identify the difference in adult attachment patterns and personality factors attributed to gender.

Study Significance:

This research study could provide information about depression, and identify the contribution extent of the attachment patterns and personality factors in interpreting the depression. This is very important to understand depression. However, the importance of this study could be illustrated through the two following aspects:

Theoretical Significance:

This study is an addition to the scientific knowledge of the studies that tackled the interpretation of the depression occurrence, which may contribute to understanding and interpreting depression. It also enriches the Arabic and international libraries with a scientific effort to understand the reasons that are behind depression.

Applied Significance:

This study is anticipated to highlight the factors related to depression on a sample of depressed patients, and help the workers with this category understand and explain the depression conditions and deal with them. It also assists the psychological therapists to set up the therapeutic plans and counseling programs. As a result, improvement may occur in the level of the health services in the area of psychological counseling provided to the clients and patients.

Conceptual and Operational Definitions:

Adult Attachment Patterns

Adult attachment patterns could be defined as the stable tendency of the individual to spend a great effort to maintain closeness and communication with a certain person. That person is

expected to represent a source of psychological security to the individual and his/her physical safety. It is a motivational system that leads to strengthening the emotional relation between the parents and their children; and is responsible for the relations that may occur later among the adults. (Mikulincer & Shaver, 2007).

Attachment patterns could be operationally defined as the score the examinee obtains on each of the attachment patterns scale according to Yarmouk Scale for Adult Attachment Systems (Y-SAAS).

Personality Factors:

Cattell (cited in Revelle, 2009) defined the personality as the integrated interaction of the physical, mental, emotional and social characteristics, which distinguish the individual from others, and make his/her pattern unique in his/her behavior, actions, and psychological components. Based on this definition, personality is the product of interaction between the genetics and environment.

Cattell provided a comprehensive description of the personality consisting of sixteen factors. In this study, the personality factors are (Warmth, Emotional stability, Dominance, Liveliness, Rule-consciousness, Social boldness, Sensitivity, Apprehension, Openness to change, and Flexible perfectionism). (Boyle et al, 2008; Salem, 2014 and Al-Amiri, 2015)

The personality factors could be "functionally" defined as the score the examinee obtains on each of the personality factors in the scale prepared for the purposes of the current study.

Depression:

Diagnostic and Statistical Manual of Mental Disorders (DSM-V) defined depression as a mental disorder that causes decline in the mood of the individual, loss of joy, fun and interest in life and personal affairs. It further causes changes in the appetite for food, weight, sleep, loss of effort and energy, difficulty in concentration and thinking, intermix of thoughts, replication of thoughts about feeling guilty, hesitation, lack of decisiveness, death ideation, and suicide attempts. (APA, 2013) However, it could be functionally defined, for the purposes of the current study, as the score the examinee obtains on Beck Depression Inventory (BDI)."

Previous Studies:

In this study, we examined many articles that are relevant to depression and adult attachment patterns and personality factors research, each separately. The studies about combined factors of depression and adult attachment patterns and personality are rare. The following section includes some of these previous studies, which are relevant to ours.

Al-Omairi (2015) conducted a study aimed at identifying the relations of the attachment patterns to the five major personality factors (neuroticism, extroversion, kindness, conscience vigilance, and openness to experience). The sample consisted of (10660) male and female university students of the third years in Umm Al Qura University, Kingdom of Saudi Arabia. The results showed that the most common attachment patterns were secure attachment, followed by avoidant attachment, and then anxiety attachment. The results did not show statistically significant relationships between openness to experience, on one hand, and each of the other attachment patterns, on the other. Moreover, there was a positive statistically significant relationship between neuroticism and preoccupied attachment. Finally, there were no statistically significant differences in the attachment patterns and the five major factors in the personality, attributed to gender variable.

Shahrazad et al (2015) study aimed at identifying the relationship between the personality traits, attachment patterns, and life satisfaction with the adolescents. The study sample consisted of

(315) of the adolescents of ages ranging between (18-21) years in Malaysia. The study showed a statistically significant relation between the personality traits, i.e. extroversion, openness and conscience vigilance, on one hand, and life satisfaction, on the other. There was also a concrete relatedness between the attachment patterns, confidence and life satisfaction. Finally, the study indicated a statistically significant relationship between most of the personality traits and the attachment patterns.

Salem (2014) conducted a study aimed at identifying the dominant personal traits in the victims of war. It also aimed at identifying the predictive ability of the personality factors on the post-trauma stress disorder (PTSD). The sample consisted of (542) individuals, (251 males, 291 females) of the Syrian refugees in Jordan, who were exposed to traumatic events. The results indicated that there is a predictive ability of four personality factors (i.e. power of the ego, anxiety, adventure and control) on the post-traumatic stress disorder. The researcher did not find statistically significant differences attributed to the age and gender variables.

The study of Abu Ghazal and Followwa (2014) aimed to identify the problem-solving method applied to solve the social problems, and to identify the most common attachment patterns. The study sample consisted of (627) students in Jordan (260 males and 367 females). The results showed a statistically significant difference in the attachment patterns and methods of solving the social problems, attributed to gender and age variables. The study also showed that the secure attachment pattern is the most common; and the rational problem-solving method is the most common for problem solving. The results further showed statistically significant differences attributed to the gender variable in the anxious attachment pattern, in favor of the males; and in favor of the females in the avoidant attachment pattern.

Erozkan (2011) studied the predictive role of the attachment patterns and solitude on the onset of depression. The researcher applied the study to a sample consisted of (652) individuals (313 females and 339 males) of the university students in Turkey. The results showed that the attachment patterns are largely linked to the feeling of isolation and depression, and there is a statistically significant relationship between feeling isolated and depression.

Abu Ghazal and Jaradat (2009) studied the relationship between the adult attachment patterns, feeling isolated, and self-esteem. The sample comprised (526) male and female students of Al-Yarmouk University, Jordan. The results showed that the anxious attachment pattern was related, in a statistically significant, positive manner, to the isolation feeling; and in a negative manner to the self-esteem. As for the secure attachment, it was positively linked to the self-esteem. Meanwhile, the results did not show any linkage between the avoidant attachment pattern, self-esteem and feeling isolated; and that the secure pattern was the most common among the others.

Al-Aidi (2008) explored the nature of the relation between the attachment patterns and depression among the adolescents. The study sample consisted of (500) male and female secondary stage students in Iraq. The results showed a positive, statistically significant relationship between the insecure attachment, avoidant attachment and anxious attachment, on one hand, and depression of the adolescents, on the other; and statistically significant differences between the two genders.

Bagby, et al (2008) studied the role of the personality in the depression diagnosis and treatment, using a sample consisted of (41) of the depressed patients in Canada. The study concluded many results, as follows. The neurotic personality plays the major role in depression;

treatment of persons with high level of neuroticism by drugs is better than that of the cognitive-behavior method; and the neuroticism is a median factor in the effectiveness of the depression treatment. As such, personality plays a decisive role in determining the susceptibility extend of developing depression; and that personality contributes to the defining of the treatment method.

Marlo & Lakey (2007) explored early depressive symptoms and the attachment patterns with a sample of adolescents consisting of (150) male students, with ages ranged between 15 and 18 years, in the United States of America. The results showed a relationship between the anxious pattern, the avoidant pattern and the depressive symptoms.

Kareman (2007) conducted a study aimed to explore the relationship between the personality factors and the future anxiety attributed to the age and gender variables. The sample consisted of (198) individuals (126 males and 72 females) of the Iraqi community in Australia, with their ages ranged between (18-58) years. The results indicated a high level of extroversion, vigilance of conscience and openness, and a medium level of neuroticism with the study members. In addition, there was a positive, statistically significant relationship between future anxiety and neuroticism. On the other hand, the results did not show relatedness between the future anxiety and each of extroversion, vigilance of conscience and openness to experience. Finally, the study did not report statistically significant differences in the age and gender variables between future anxiety and personality factors

Neustad, et al (2006) explored the relationship between the personality traits, work attachment and self-esteem, targeting a sample of (248) people (83 males and 165 females) of the citizens of both the United Kingdom and the United States of America. The results indicated statistically significant relationship between the secure attachment, attachment with work, self-esteem, extroversion, openness to work, kindness and conscience vigilance. The results also showed a positive relation between the insecure attachment and neuroticism.

Mari, et al (2002) studied the effect of life adverse events and hardships during the childhood stage and the insecure attachment, on predicting the depression, which targeted (80) individuals in Australia. The results indicated that the insecure attachment is a strong predicator of the risk of depressive symptoms occurrence, during the early adolescence stage. The study further found that the parental methods such as the excessive parental protection and ignorance affect the personal traits, which are related to the depression onset. The evidences showed that the depressed adolescent is characterized by feeling inability, introversion, negative self-esteem and poor self-confidence.

Finch, et al (2001) explored the possibility of predicting depression through the mood, personality, and social relations patterns. The study sample comprised (110) male and female undergraduate students from Texas University, the United States of America. The results indicated that the three personality traits (acceptance, extroversion and neuroticism) altogether, form a median role to link between mood and depression. In addition, the variables of the social support and negative social exchanges affect the mood. On the other hand, there was no evidence that the relation patterns differ between the males and females.

As shown above, the studies in the Arab world focused on the relation between the attachment patterns and many factors, such as a problem-solving (Abu Ghazal & Folowwa, 2014); future anxiety (Kareman, 2007); and feeling of psycho loneliness (Abu Ghazal and Jaradat, 2009).

As for Al-Aidi (2008), she focused on explaining depression through the attachment patterns, but she did not connect them with the personality factors. Meanwhile, the studies in other parts of the world linked between personality, attachment patterns and depression, but still independently. For instance, studies of Finch, et al (2001), Mari (2002), and Merlo & Lakey (2007). On the other hand, there are studies that explored the relationship between the attachment patterns and personality factors, without linking to depression, such as Sharazad, et al (2015).

In this concern, there is a scarcity in the studies that explored the relation of the personality factors and the adult attachment patterns, altogether, with depression and possibility of predicting the depression through these factors. The theoretical field indicates a possibility of explaining depression through these factors. Each of these factors is the product of the environment in which the individual lives. Accordingly, this study aims at clarifying the effect of the adult attachment patterns and personality factors in interpreting the depression.

Method and procedures:

Methodology: the study uses the descriptive, correlative and predictive approach, based on finding a relationship between two or more variables, to predict the phenomenon through variables or multiple factors (Melham, 2000).

Study population and sample: the study population consisted of all patients of the out-patient clinics who frequently visit the psychotherapy department, in the military hospitals of the royal medical services in Amman, Capital of Jordan; who were diagnosed for depression disorder (n=50). As for the study sample, it includes all the study population individuals. Table No. 1 illustrates the properties of the sample.

Table No. (1) Sample properties according to its variables.			
Variable	Variable categories	Frequency	%
Gender	Males	23	46.0
	Females	27	54.0
	Total	50	100.0
Age	20-29 years	16	32.0
	30-39 years	29	58.0
	40 and above	5	10.0
	Total	50	100.0
Marital Status	Married	22	44.0
	Single	24	48.0
	Divorced	2	4.0
	Widowed	2	4.0
	Total	50	100.0
Work	Works	42	84.0
	does not work	8	16.0
	Total	50	100.0

Study instruments:

1-Beck Depression Inventory (BDI) final version (1993), which is applied in the Jordanian environment in many studies such as (Reehani, 2012) and (Khalidi, 2004). The inventory is a self-assessment instrument consisting of (21) groups that describe different feelings. They are derived by

observing the symptoms of the patients attending the psychological departments of the hospitals. This inventory is useful in depression diagnosis.

Every group included four items, ranging, in terms of intensity, from 0 to 3, where (0) refers to no depression, (1) mild depression, (2) medium depression, and (3) severe depression. On the other hand, the overall score on the depression inventory ranged between 0 and 63, where (0) refers to no of depression, and (63) to the maximum score of depression. Accordingly, the scores are distributed over three levels: (0-20) low depression, (21-42) medium depression, and (42-63) high depression. The list in its foreign form gains wide international validity and reliability (Reehani, 2012).

Validity of the depression inventory (scale): to assure the accuracy of this inventory, the following evidences were made.

1. Content validity: for the purposes of the current study, the inventory was presented to (12) arbitrators of the university professors, specialized in psychological counseling, special education, and measurement and evaluation. The researchers requested to provide their views on the relatedness degree of every item to the inventory (scale), accuracy of wording, and clarity of the items. They were also requested to amend or delete whatever they deem necessary. The scale was adopted, as it gained an agreement percentage over 80% for keeping, deleting or amending the item. The instrument consisted of (21) groups for depression measurement. None of the items were amended or deleted, which is a proof and evidence of the validity of the study instrument.

2. Validity of the structure (internal consistency): the construct validity indicators were found by applying it on (15) depressed patients of the mental health clinics in Amman. The correlation coefficient was also calculated between each of the inventory items, which consisted of four alternatives, through the overall significance of the inventory. Table No. (2) illustrates the correlation coefficients.

Item. No	Correlation Coefficient	Item. No	Correlation Coefficient	Item. No	Correlation Coefficient	Item. No	Correlation Coefficient
1	*0.54	7	*0.45	13	0.70*	19	0.42*
2	*0.79	8	*0.62	14	0.62*	20	0.80*
3	*0.80	9	*0.46	15	0.67*	21	0.52*
4	*0.42	10	*0.39	16	0.79*		
5	*0.57	11	*0.47	17	0.53*		
6	*0.64	12	*0.55	18	0.53*		

* Statistically significant at ($\alpha \geq 0.05$) level.

Table (2) indicates that all the correlation coefficients between the items and the overall score of the instrument were statistically significant at ($\alpha \geq 0.05$) level; indicative of the validity of the internal consistency of the inventory.

Depression Scale Reliability:

In order to verify the reliability of the depression scale, it was applied to (15) depressed individuals of the study population from outside the sample. Following to the data collection, Cronbach Alpha was obtained, which value was (0.88). Furthermore, the researchers obtained the

reliability coefficient through the split half method, which value amounted (0.90); a value that is suitable for the purposes of the current method.

2-Adult Attachment Scale: the researchers used the Y-SAAS instrument (Yarmouk scale of adult attachment styles), which is widely applied to the Jordanian environment in many studies. For instance, Abu Ghazal & Jaradat (2009), Wraikat (2012), and Abu Ghazal & Followah (2014). This scale consists of (20) items distributed over three patterns, to be answered according to a five-point scale ranging between 1=Doesn't Apply, and 5=Fully Applies. On the other hand, the scale has not an overall grade, as every pattern is dealt with individually. The patterns, which the scale includes, are as follows.

1. **Secure attachment pattern:** refers to the positive level at which the individual sees himself/herself and the others. It consists of (6) items with score ranging between (6-30).
2. **Anxious (ambivalent) attachment pattern:** refers to the negative level at which the individual sees himself/herself and the positive level through which he/she sees the others. It consists of (7) items with score ranging between (7-35).
3. **Avoidant attachment pattern:** to the negative level at which the individual sees himself-herself and the others. It consists of (7) items with score ranging between (7-35).

Validity of the adult attachment patterns scale: For verifying the validity of this scale, the researchers adopted the following indicators.

1. Content Validity: for the purposes of the current study, the researchers presented this scale to (12) arbitrators of university professors specialized in psychological counseling, special education, and measurement and evaluation. They were requested to provide their views on the relatedness score of every item to the scale, accuracy of wording, and clarity of the items. They were also requested to amend or delete whenever needed. The inventory was adopted, as it gained an agreement percentage over 80% for keeping, deleting or amending the item. The scale consisted of (20) items. No items were amended or deleted, which is an evidence of the validity of the scale.

2. Validity of the structure (internal consistency): the construct validity indicators were found by applying it on (15) depressed patients of the mental health clinics in Amman. The correlation coefficient for each of the scale items to the dimension it belongs to was calculated. Table No. (3) illustrates the correlation coefficient of each item.

Table (3) Correlation Coefficient of Every Item of the Attachment Patterns Scale to the Dimensions into Which the Item is Included.			
#	Dimensions	Item. No Per Dimension	Correlation Coefficient of Every Item into to the Dimensions into Which the Item is Included
1	Secure attachment pattern	4	0.71*
2		7	*0.61
3		10	*0.73
4		11	*0.51
5		14	*0.79
6		19	*0.61
7	Anxious attachment	1	0.71*
8		3	0.68*

9	pattern	6	*0.70
10		9	*0.72
11		13	*0.69
12		16	*0.39
13		17	*0.72
14	Avoidant attachment pattern	2	0.60*
15		5	0.80*
16		8	*0.66
17		12	*0.55
18		15	*0.49
19		18	*0.51
20		20	*0.47

* Statistically significant at ($\alpha \geq 0.05$) level.

Table (3) shows that all the correlation coefficients of every item of the scale to the dimension, into which it is included, were statistically significant at ($\alpha \geq 0.05$) level. This means an evidence of the validity of the internal consistency of the scale.

Reliability of the adult attachment patterns scale. In order to verify the reliability of the depression scale, it was applied to (15) depressed patients of the study population from outside the sample. Following to the data collection, Cronbach Alpha was obtained, and the split half method was employed at the level of each dimension of the scale. Table No. (4) illustrates this.

Table No. (4) Reliability Coefficients of the Attachment Patterns Scale		
Dimensions	Cronbach Alpha	half split
Secure attachment pattern	0.91	0.93
Anxious attachment pattern	0.86	0.89
Avoidant attachment pattern	0.89	0.88

Results of Table (4) show that reliability coefficients of the attachment patterns to the dimensions, through Cronbach Alpha method, ranged between (0.86-0.91). Meanwhile, they ranged, through the half-split method, between (0.88- 0.93); values deemed acceptable for the purposes of the current study.

3-Personality Factors Scale:

The personal factors scale was developed in the light of theoretical literature concerning the personality factors, as well as other previous scales; for instance, Salem (2014) and Al-Omairi (2015). The scale consists of (80) items distributed over ten personality factors.

The factors are (warmth, emotional stability, control or dominance, liveliness and extroversion, rule consciousness, social boldness, sensitivity, openness to the changes, apprehension and fear, and flexible perfectionism). The instrument has a response scale consisting of: (strongly agree, agree, neutral, disagree and strongly disagree); and five-point scale ranging from (1=strongly disagree to 5=strongly agree); if the item was positive. The scale is reversed in case of negative evaluation of the items. The scale has no overall grade, as each factor is dealt with independently. Every factor consists of (8) items, and the total score of each factor ranges between (8-40).

Validity of the factors scale:

For verifying the validity of this scale, the researchers adopted the following indicators.

1- Content Validity: the researchers presented this scale to (12) arbitrators of university professors specialized in psychological counseling, special education, and measurement and evaluation. They were requested to provide their perspectives on the relatedness score of every item to the scale, accuracy of wording, and clarity of the items. They were also requested to amend or delete whenever needed. The scale was adopted as it obtained an agreement percentage over 80% for keeping, deleting or amending the item. The scale consisted of (80) items, out of which (10) items were amended in terms of wording. No items were deleted, which is an evidence of the validity of the scale.

2. Validity of the structure (internal consistency): the construct validity indicators were found by applying it on (15) depressed patients of the mental health clinics in Amman. The correlation coefficient of each item to the dimension it belongs to was calculated. Table No. (5) illustrates this.

Table (5) Correlation Coefficient of Each Item of the Personality Factors to the Dimension It Belongs to.

Item. No	Factor	Correlation Coefficient of Each Item	Item. No	Factor	Correlation Coefficient of Each Item	Item. No	Factor	Correlation Coefficient of Each Item	Item. No	Factor	Correlation Coefficient of Each Item
1	Warmth	0.70*	25	Liveliness	0.66*	49	Sensitivity	0.73 *	73	Flexible perfectionism	0.53*
2		0.82*	26		0.81*	50		0.82*	74		0.69*
3		0.68*	27		0.83*	51		0.77*	75		0.73*
4		0.55*	28		0.69*	52		*0.51	76		0.89*
5		0.46*	29		0.42*	53		*0.46	77		*0.59
6		0.49*	30		*0.46	54		*0.55	78		*0.45
7		0.82*	31		*0.48	55		*0.67	79		*0.78
8		0.50*	32		*0.79	56		*0.81	80		*0.59
9	Emotional stability	0.62*	33	Rule-consciousness	*0.62	57	Apprehension	*0.88			
10		0.69*	34		*0.71	58		*0.72			
11		0.73*	35		*0.72	59		*0.45			
12		0.67*	36		*0.51	60		*0.50			
13		0.74*	37		*0.61	61		*0.49			
14		0.80*	38		*0.80	62		*0.61			
15		0.55*	39		*0.86	63		*0.60			
16		0.47*	40		*0.51	64		*0.79			
17	Dominance	0.90*	41	Social boldness	*0.62	65	Openness to change	*0.64			
18		0.60*	42		*0.56	66		*0.69			
19		0.72*	43		0.80*	67		*0.55			
20		0.68*	44		0.69*	68		*0.81			
21		0.69*	45		0.56*	69		0.69*			
22		0.89*	46		0.58*	70		0.87*			
23		0.58*	47		0.69*	71		0.49*			
24		0.61*	48		0.50*	72		0.52*			

* Statistically significant at ($\alpha \geq 0.05$) level.

Table (5) shows that all the correlation coefficients of every item of the scale to the dimension it belongs to were statistically significant at ($\alpha \geq 0.05$) level; an evidence of the validity of the internal consistency of the scale.

Reliability of the personality factors scale.

In order to verify the reliability of the personality factors scale, it was applied to (15) depressed patients of the study population from outside the sample. Following to the data collection, Cronbach Alpha was obtained, and the split half method was employed for each of the personality factors. Table No. (6) illustrates this.

Table No. (6) Correlation Coefficients of the Personal Factors Scale		
Factors	Cronbach Alpha	half split
Warmth	0.86	0.89
Emotional stability	0.88	0.90
Dominance	0.83	0.83
Liveliness	0.91	0.92
Rule-consciousness	0.83	0.87
Social boldness	0.92	0.93
Sensitivity	0.86	0.90
Apprehension	0.91	0.91
Openness to change	0.88	0.89
Flexible perfectionism	0.90	0.91

Results of Table (6) show that reliability coefficients of the personality factors, through Cronbach Alpha method, ranged between (0.83-0.92). Meanwhile, they ranged, through the half-split method, between (0.83- 0.93); which are acceptable values for the purposes of the current study.

Ethical procedures:

The researchers obtained the official permission of the University of Jordan. For this purpose, they sent letters to the royal medical services in Amman, Capital of Jordan, to allow collection of the necessary and required data for this study. For this purpose, the researchers obtained the approvals from the director of professional training and human resources development; and Committee of the Research and pharmacological and clinical studies, and the ethics of career, which stipulate not to mention names of patients.

The collected information shrouded in secrecy, and for the purposes of scientific research, there was no need to mention names. Through emphasis on these points, there was cooperation from patients in the mobilization of the questionnaire with medical staff and researchers. The study was limited to the depressed patients, who were diagnosed for depression. Moreover, it was limited to the hospitals of the royal medical services, Amman, Jordan. The results of this study were determined by the diagnosis accuracy of the study population, and seriousness of their responses on the study measures. Finally, the study was applied during October - November 2016.

Study design:

Predictor variables: adult attachment patterns, and personality factors.

Predicted variable: depression.

Intermediate variable: sex.

Statistical processing:

The researchers used the means (M's) and standard deviations (SD's) of the study sample on the adult attachment patterns and personality factors. They also used the multiple linear regression analysis (stepwise) for the predictive variables. Finally, the researchers employed the One-Way analysis Variance (ANOVA) to compare between the depressed males and females, on the attachment patterns, personality factors and level of depression.

Results and Discussion:

Basically, the current study aimed at identifying the contribution of the adult attachment patterns and the personality factors with the interpretation of depression. It also aimed to identify the adult attachment patterns and personality factors by gender difference. The results will be shown and discussed according to the study questions.

Question One: What are the most prevalent adult attachment patterns with the depressed?

To answer this question, the weighted means, standard deviations, percentages, and relative significance of the study sample responses were calculated on the attachment patterns scale, which consisted of (secure attachment, anxious (ambivalence attachment, and avoidant attachment). Table (7) illustrates this.

Table (7) The Weighted Means, Standard Deviations, Percentages and Relative Significance of the Study Sample Responses on the Adult Attachment Patterns Scale.					
Level	Relative Significance	Percentages	Standard Deviations	Weighted Means	Attachment Pattern
High	77%	44.0	0.66	3.86	Avoidant attachment
Medium	71%	30.0	1.02	3.53	Anxious attachment
Medium	64%	26.0	0.91	3.21	Secure attachment

Table (7) indicates that the avoidant attachment pattern is the dominant among the depressed, with a (3.86) M, (0.66) SD, (77%) relative importance, and a high level. Anxious attachment pattern ranked second in prevalence among the depressed, with (3.53) M, (1.02) SD, (71%) relative importance, and medium level. The third and last rank was for the secure attachment pattern, with (3.21) M, (0.91) SD, and (64%) relative importance. Figure No. (1) explains the prevalence of the attachment patterns among the depressed.

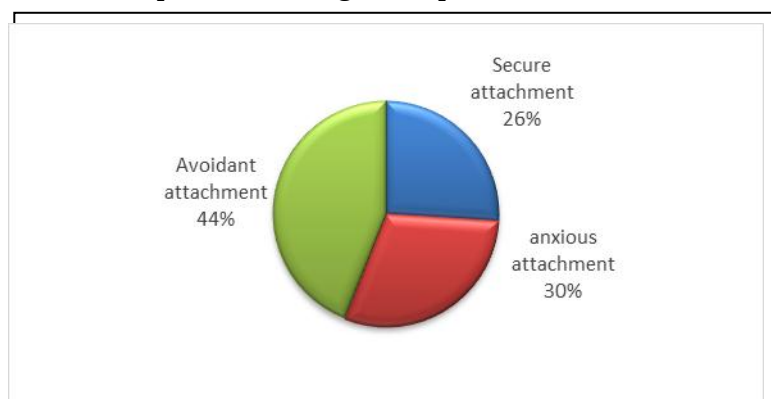


Figure No. (1): Percentages of the Prevalence of the Adult Attachment Patterns among the Depressed Patients.

These results show that the study sample is more characterized by the avoidant attachment pattern than the other two patterns; and the anxious or ambivalent attachment came second in order. The result that interrelates the depression with both the avoidant and anxious attachment patterns, could be explained by that the familial relations of the depressed, particularly during childhood, which were dominated by tension, parental rejection, refusal and discard, lead to the anxious or avoidant attachment. Beck indicated that the roots of depression spring from the painful childhood experiences, which motivate the individual to form negative thoughts about the self, the world and the future.

The result could also be interpreted based on the characteristics and properties of each pattern. The avoidant attachment pattern refers to the individuals who hold negative patterns about the self and the others. They tend to avoid social relations for the fear of pain and disappointment they expect because of their interactions with others. On the other hand, the anxious attachment pattern refers to individuals who possess negative patterns toward the self and positive patterns toward the others. They are characterized by worry during the social relations and fear of abandonment. These patterns are in line with the depression symptoms that are linked to a sad mood most of the time, isolation and loneliness, loss of interest in anything, lack of enjoyment and fun when performing the daily activities, feelings of guilt, self-blame, loss of concentration, or hesitation. This result is in agreement with the studies of Al-Aidi (2008), Merlo & Lakey (2007), which referred to the dominance of the anxious pattern followed by the avoidant attachment pattern with the depressed. Both patterns represent the forms of the insecure attachment, which is found in the studies of Mari, et al (2002), and Finch, et al (2001), as predictors of depression.

Question Two: What are the most prevalent personality patterns with the depressed?

To answer this question, the weighted means, standard deviations, percentages, and relative significance of the study sample responses were calculated on the personality factors scale. Table (8) illustrates this.

Table (8) The Weighted Means, Standard Deviations, Percentages and Relative Significance of the Study Sample Responses on the Personality Factors Scale					
Personality Factors	Weighted Means	Standard Deviations	Percentages	Relative Significance	Level
Rule-consciousness	3.51	0.69	26%	70%	Medium
Flexible perfectionism	3.36	0.67	16%	67%	Medium
Dominance	3.27	0.44	12%	65%	Medium
Sensitivity	3.06	0.58	12%	61%	Medium
Warmth	2.95	0.57	10%	59%	Medium
Social boldness	2.92	0.62	8%	58%	Medium
Openness to change	2.83	0.70	6%	57%	Medium
Liveliness	2.83	0.65	4%	57%	Medium
Emotional stability	2.80	0.61	4%	56%	Medium
Apprehension	2.79	0.72	2%	56%	Medium

Table No. (8) clearly illustrates that the most prevalent personality factor among the depressed is the rule consciousness with (3.51) M, (0.69) SD, and (70%) relative importance. Flexible perfectionism factor ranked second with (3.36) M, (0.67) SD and (67%) relative significance.

Dominance factor was third in the order with (3.27) M, (0.44) SD, and (65%) relative importance. The fourth rank was for the sensitivity factor with (3.06) M, (0.58) SD, and (61%) relative significance. Warmth factor came fifth with (2.95) SD, (0.57) SD, and (59%) relative significance. The sixth rank was for the boldness factor with (2.92) M, (0.62) SD, and (58%) relative importance. The last four ranks were, respectively, for each of: openness to change, with (2.83) M, (0.58) SD, and (57%) relative significance; liveliness-extroversion factor with (2.83) M, (0.65) SD, and (57%) relative importance; emotional stability with (2.80) M, (0.61) SD, and (56%) relative significance; and apprehension and fear factor, which came tenth and last in order, with (2.79) M, (0.72) SD, and (56%) relative significance. On the other hand, all the factors were with a medium level,. Figure No. (2) explains the percentages of the personality factors prevalence among the depressed.

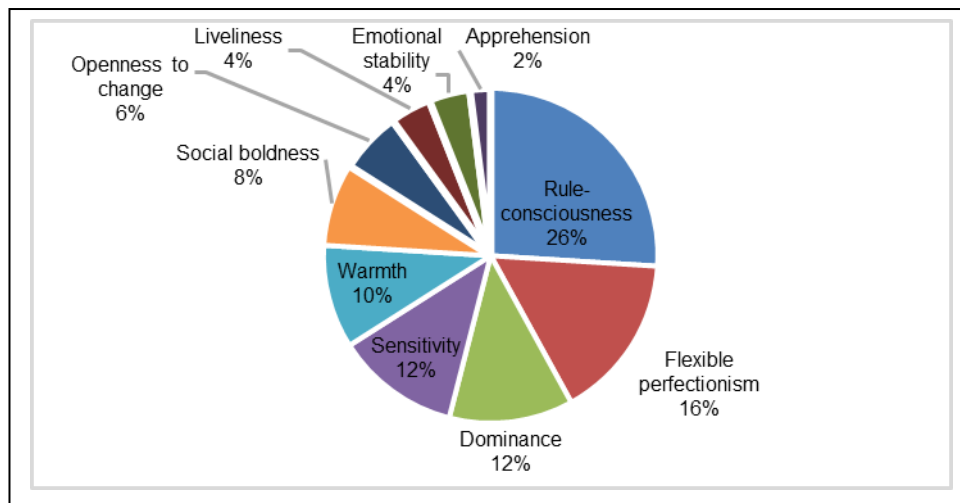


Figure No. (2): Percentages of the Personality Factors Prevalence among the Depressed

This result maybe explained based on the properties and qualities of the personality factors per se. In this concern, the dominant personality pattern with the depressed is the rule-consciousness, which is characterized by seriousness of judging matters; the thing that happens with the depressed who mostly look at themselves and the surroundings with all seriousness. Flexible perfectionism was second in order, characterized by seeking perfection and tendency to run things in an organized manner, just the way the depressed people want. In the third rank was the dominance factor, which is characterized by stubbornness, tendency to strictness, assertion and aggressiveness. Here, we see that the depressed seek affirmation of their loneliness, isolation and promptitude in their behaviors. Sensitivity ranked fourth, characterized by ornery, lack of flexibility. The depressed with this factor usually has a tendency to intellectual stagnation, and irrational thoughts about the self, the world, and the future.

Meanwhile, liveliness-extroversion, emotional stability and fear and apprehension factors were in the last ranks in terms of prevalence. In this connection, people with extroversion factor are known of exhilaration and spontaneity. Those with the emotional stability are known of emotional settlement and maturity. Finally, the fear and apprehension factor is not clearly displayed. This could be explained by that the depressed people are characterized by a mood of sadness, depressed mood and instable emotions and behaviors, contrary to the properties of the factors that do not match depression. This result agrees with study of Salem (2014), which found that the rule-consciousness and dominance are the most prevalent factors in people who suffer from PTSD (post-traumatic stress disorder).

Although the sample in Salem's study is different, yet there is similarity between the two samples, as the members of each are suffering from disorder. The current study also agrees with those of Finch, et al (2001), and Bagby, et al (2008), which indicated that the dominant neurotic personality plays the greatest role in depression. Finally, the study of Kareman (2007) aimed to identify the relation between the personality factors and anxiety of the future. The results indicated a high level of extroversion, rule-consciousness and openness, and a medium level of neuroticism with the normal persons, which indicate the presence of a difference in the traits between the disordered and normal people.

Question Three: What is the contribution extent of the attachment patterns, the personality factors and gender, altogether, in interpreting the depression?

For answering this question, the multiple, linear regression analysis (stepwise) was carried out to predict the power of the attachment patterns, personality factors and gender, altogether, to interpret the disorder. Table (9) illustrates this.

Table (9) Results of the Multiple, Linear Regression Analysis (Stepwise) of the Prediction Power of the Attachment Patterns, Personality Factors and Gender in Depression.						
Predicted Variables	Multiple correlation coefficient R	The contrast ratio of the cumulative interpreter	Addition to contrast the variable macro interpreter	Regression coefficient B weight of non-standard	Value of T	Significance level
Apprehension	0.783	0.613	0.613	-14.176	-8.712	0.000*
Social boldness	0.809	0.654	0.041	-11.675	-6.208	0.000*
				-5.126	-2.364	0.022*
Sensitivity	0.83	0.689	0.035	-8.170	-3.443	0.001*
				-5.743	-2.740	0.009*
				-5.768	-2.271	0.028*
Avoidant attachment	0.85	0.723	0.034	-6.976	-3.005	0.004*
				-4.747	-2.321	0.025*
				-6.518	-2.666	0.011*
				4.001	2.343	0.024*

* Statistically significant at ($\alpha \geq 0.05$) level

Table No. (9) shows that three of the personality factors (apprehension-fear, social boldness, and sensitivity) and one of the attachment patterns (avoidant pattern) indicated the existence of a prediction power about the depression level and interpretation thereof. Altogether, they explained (0.723) of the interpreted variance, with the apprehension-fear factor was the one with highest ability to interpret depression; explained (0.613) of the interpreted variance. It was followed by the social boldness factor that interpreted (0.041) of the variance, followed by the sensitivity factor, which explained (0.035) of the variance. Avoidant attachment pattern came in the fourth order as one of the adult attachment patterns, and explained (0.034) of the interpreted variance.

This result could be explained by the qualities and properties of the personality factors per se. In this regard, people with the apprehension and fear factor are characterized by preoccupation of thinking, fear, suspicion and lack of trusting others. People who have the social boldness factor are characterized by adventure; and its low pole is renown by shyness, withdrawal, stagnation, less interest, and feeling of threats. As for the sensitivity factor, holders of this factors are characterized by ornery and stubbornness. This is quite in consistency with the depressive personality, as it

suffers from a mood of fear, anxiety, so that the depressed will be preoccupied with thinking, astray, fearful, suspicious, untrusting others, stubborn, feeling of shyness, withdrawal, inactive, and with no interest in anything. This result agrees with the study of each of Bagby, et al (2008), and Salem (2014), who were interested in studying the personality factors among people with disorders. The results of the current study indicated that the avoidant attachment pattern plays a role in explaining depression. This result agrees with those of the study of Al-Aidi (2008) and Merol & Lakey (2007), which explored the familial relation of the depressed. The two studies further indicated that the anxious (ambivalent) attachment pattern, followed by the avoidant attachment pattern, play a role in the appearance of the depressive symptoms in future.

There is a rarity in the studies that directly linked the attachment patterns, personality factors and depression. As such, it is not easy to link the results of the current study with previous studies directly, as most of the studies in this concern linked between the attachment patterns and the personality factors; but did not link them with depression. For instance, Shahrazad, et al (2015), Neustad, et al (2006).

Question Four: Are there statistically significant differences at ($\alpha=0.05$) level, between the depressed males and females in the attachment patterns, personality factors and depression level?

To answer this question, the researchers calculated the M's and SD's of the performance of the depressed males and females on each of the attachment patterns, personality factors and depression level, as shown in Table No. (10).

Table No. (10) Means and Standard Deviations of the Performance of Male and Female Depressed on Each of the Attachment Patterns, Personality Factors and Depression Level.				
Variables	Dimensions or Factors	Gender	Means	Standard Deviations
Attachment pattern	Secure attachment pattern	Males	3.19	1.04
		Females	3.23	0.81
	Avoidant attachment pattern	Males	3.27	0.76
		Females	3.74	1.16
	Anxious attachment pattern	Males	3.68	0.69
		Females	4.01	0.60
Personality Factors	Warmth	Males	2.91	0.54
		Females	2.99	0.60
	Emotional stability	Males	3.03	0.56
		Females	2.60	0.59
	Dominance	Males	3.18	0.46
		Females	3.34	0.42
	Liveliness	Males	2.83	0.57
		Females	2.82	0.73
	Rule-consciousness	Males	3.27	0.67
		Females	3.71	0.64
	Social boldness	Males	3.17	0.56
		Females	2.71	0.60
	Sensitivity	Males	3.03	0.67
		Females	3.09	0.51
	Apprehension	Males	2.88	0.79
		Females	2.71	0.65
	Openness to change	Males	3.01	0.61
		Females	2.69	0.74

Depression	Flexible perfectionism	Males	3.55	0.49
		Females	3.19	0.75
	Depression Overall	Males	34.65	15.54
		Females	41.74	9.53

Results of Table No. (10) demonstrate apparent differences among the means of the performance of the study sample members, on each of the adult attachment patterns, personality factors and depression scale, according to the gender variable. To verify whether these differences were statistically significant, the researchers performed the one-way analysis of variance (ANOVA). Table No. (11) illustrates this.

Table No. (11) Results of ANOVA to Identify the Differences between the Depressed Males and Females in (Attachment Patterns, Personality Factors, and Level of Depression)							
Variables	Axis	Source of variation	Sum of squares	Score of freedom	Squares average	value of F	Level of significance
Attachment pattern	Secure attachment pattern	Inter-groups	0.020	1	0.020	0.023	0.879
		Intra-groups	40.803	48	0.850		
		Overall	40.823	49			
	Avoidant attachment pattern	Inter-groups	2.714	1	2.714	2.716	0.106
		Intra-groups	47.957	48	0.999		
		Overall	50.671	49			
	Anxious attachment pattern	Inter-groups	1.382	1	1.382	3.329	0.074
		Intra-groups	19.924	48	0.415		
		Overall	21.306	49			
Personality Factors	Warmth	Inter-groups	.066	1	.066	.203	0.654
		Intra-groups	15.680	48	.327		
		Overall	15.747	49			
	Emotional stability	Inter-groups	2.247	1	2.247	6.727	0.013*
		Intra-groups	16.031	48	.334		
		Overall	18.278	49			
	Dominance	Inter-groups	.291	1	.291	1.509	0.225
		Intra-groups	9.271	48	.193		
		Overall	9.563	49			
	Liveliness	Inter-groups	.000	1	.000	.000	0.991
		Intra-groups	20.969	48	.437		
		Overall	20.969	49			
	Rule-consciousness	Inter-groups	2.367	1	2.367	5.479	0.023*
		Intra-groups	20.739	48	.432		
		Overall	23.107	49			

Variables	Axis	Source of variation	Sum of squares	Score of freedom	squares average	value of F	level of significance
Personality factors	Social boldness	Inter-groups	2.577	1	2.577	7.519	0.009*
		Intra-groups	16.451	48	.343		
		Overall	19.028	49			
	Sensitivity	Inter-groups	.046	1	.046	.133	0.717
		Intra-groups	16.618	48	.346		
		Overall	16.664	49			
	Apprehension	Inter-groups	.348	1	.348	.670	0.417
		Intra-groups	24.947	48	.520		
		Overall	25.295	49			
	Openness to change	Inter-groups	1.274	1	1.274	2.714	0.106
		Intra-groups	22.527	48	.469		
		Overall	23.800	49			
Depression	Overall	Inter-groups	1.561	1	1.561	3.722	0.060
		Intra-groups	20.127	48	.419		
		Overall	21.688	49			
		Inter-groups	624.077	1	624.077	3.903	0.054
		Intra-groups	7674.403	48	159.883		
		Overall	8298.480	49			

Results of ANOVA in Table No. (11) indicate the existence of statistically significant differences at ($\alpha \geq 0.05$) level between the males and females, on each of the following factors: (emotional stability, rule-consciousness, and social boldness). Pursuant to the means of Table No. (11), it is apparent that the differences in both the emotional stability and social boldness factors were in favor of the males. Meanwhile, the differences in the rule-consciousness factor were in favor of the females. However, as for the adult attachment patterns and depression level, the results did not show statistically significant differences attributed to the gender variable among the depressed.

These results could be explained by that the depressed males are bolder and emotionally stable than the females. This is a state strongly connected to the social reality, which allows the males express their opinions and attitudes more than the females, in addition to more movement freedom of the males than the females. The social reality limits the female's freedom to express her opinion and move freely. This social reality is through the family upbringing methods, give the female less opinion expression than the male, and impose the social rules on her more than on the males. Subsequently, the rule consciousness, as one of the personality factors, is higher with the females than with the males. This is based on that this factor means adhering to the morals and the power of the superego, and observing the social values.

However, it is worth mentioning here the scarcity of the studies that dealt in the personality and depression factors, and underlining the most prevalent personal factors among the depressed of both genders. This result is not in line with those of Salem (2014), Kareman (2007), Al-Omairi (2015) and Finch, et al (2001). This disagreement may be imputed to the differences in the study samples; as these two studies were applied to normal persons, students and individuals suffering from PTSD (post-traumatic stress disorder), while the current study was applied to persons suffering from depression.

Recommendations:

In the light of the results of the current study, the researchers made the following recommendation:

1. It is quite necessary that specialists in the field, including psychiatrists, counselors, and workers with the depressed patients, focus on the insecure attachment patterns among these depressed patients. The specialists are also encouraged to develop and design programs aiming to reduce the effect of the attachment patterns and personal traits with the depressed patients.
2. Developing counseling programs aiming at amending the insecure attachment patterns with the depressed. In this concern, the results showed that the highest patterns were the avoidant pattern and anxiety pattern, which, both represent the insecure attachment patterns.
3. Designing training programs to help the depressed gain the necessary life skills. Skills largely needed to overcome thoughts and feelings related to the personal traits and the attachment patterns that lead to demonstration of depressive symptoms, before the development of the condition to become a depression disorder.
4. Conducting more studies on the relation between the attachment patterns, personality factors, and other psychological disorders.

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