



Impact of Attachment Styles on Social Isolation and Impulsiveness among Patients with Gender Dysphoria

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ABSTRACT

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Present study examined links between social isolation, impulsiveness and relationship attachment in patients with gender dysphoria. Total number of patients was ($N = 40$) with age range of 25-40 years ($M = 28.3$; $SD = 4.48$). Sample was selected through purposive sampling method. To measure adult attachment styles, impulsiveness and social isolation, relationship questionnaire (RQ), impulsiveness scale(revised) and friendship scale was used respectively. Statistical analysis revealed that patients with gender dysphoria manifested higher levels of social isolation and impulsiveness. While, Pearson correlation analysis indicated significant negative correlation between impulsiveness and social isolation. Moreover, results of linear regression analysis identified all attachment styles as significant predictors of social isolation. In addition, secure attachment style is significant negative predictor of attention impulsiveness and non-planning impulsiveness. Furthermore, the pre-occupied attachment style positively predicts the non planning impulsiveness and attention impulsiveness. Similarly, dismissing attachment style negatively predicts non-planning impulsiveness. Findings of the study can provide a significant aid for mental health practitioners working with gender dysphorics. It can also help in developing a better management plan as it gives more insight in understanding different aspects of their psychological life.

Keywords:

Relationship attachment, social isolation,
impulsiveness

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1. Introduction

There is an innate desire of human being to maintain important and positive relationships, human possess ability, of motivation for interpersonal relationship, by birth and this ability protect them and increase the chances of survival in life hardships [1]. Interpersonal relationship can also be defined as bonding or attachment and attachment is a desire to obtain and maintain closeness with other individual [2].

According to Love and Murdock [3] different attachment styles have been linked to psychological wellbeing. The process of attachment to the caregiver initiated early in life and a four months old infant can use perception to locate their mother. According to [2] infants can recognize that how

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acceptable or unacceptable they are in the eye of their mother. The child parent interaction shapes the child view about relationships with other people [4]. According to Bartholomew and Horowitz [5] the inner working model of attachment has a positive and negative structure with context to self and others and an individual could be categorized as having secure or insecure attachment style.

Secure individuals accept and respond others with warmth, as they possess a positive inner working model for self and others. Whereas, preoccupied people perceived themselves worthless and have a desire to gain more and more acceptance of others. They have a positive working model for others. In contrast, Dismissing individual have positive model of self and negative for others. They avoid relationship and love their independence.

Fearfully attached individual overall have negative inner working model. They avoid others and expect that others are rejecting and are not trustworthy. They see themselves as worthless individual [5]. Harlowand and Suomi [6] found that kids who grow up without sufficiently accepting consideration from parental figures later displays temperamental and behavioral issues. Likewise examine on grown-ups has demonstrated that individuals who don't have imply romantic relation experienced more anxiety and sickness [7] and were, in general, troubled, and had depression.

In a study, college students with insecure attachment styles tend to suffer from feeling of emotional loneliness and are fail to develop close relationships with other people [8]. In other words, students with insecure attachment style believe that people will not response to their disclosure feelings, so it is better to maintain a distance with others [9].On the other hand, college students with secure attachment styles were more likely to share problems with other and experience comparatively low conflict [10]. They feel more positivity and competent on tasks and like to explore social situations [11].

Social isolation is considered as distancing yourself, psychologically or physiologically, or both, from your desired network or relationship. It can be voluntary or involuntary [12]. According to Lin [13] isolation occurs at four layers of the society. Community is outermost social layer, a person feel isolated from the larger social structure. Second layer is organization that includes school, office etc, followed by the third layer confident (family, friends, love one). Finally, the innermost layer is the person's personality, intellectual ability and the sense of interpret relationships.

Now a day, social isolation is viewed as a deprivation in social contacts, which is actually loneliness not social isolation [14]. Loneliness has been referred to as detachment of the self. It is viewed as disagreeable, uncomfortable, and more terrible than anxiety [15]. The individual with serious chronic disease perceive themselves different from others [16]. This perception leads to the rejection of the disable people, their disability. There are different factors that contribute to social isolation for instance, socioeconomic factors, lower income with less education negatively influences the health status and is associated with limitation of social circle and increase loneliness [17].

The other factors include family, one study found that older adults with children tend to be less social isolated than individual with children [18]. Gender and marital status is another factor that contributed to social isolation. Antonucci [19] argue that social circles of women are more extensive than men. However, in married couples if one spouse is chronically ill, they spend more time together and give less time to social networks [20].

Impulsivity (impulsiveness) is incapacity to avoid improper behaviors, to wait and act with provision [21] and lack of ability to examine the situation before acting out [22]. However, it is considered as dysfunctional behavior can lead towards substance abuse and antisocial behavior. Impulsive people are usually engaged in those experiences which have a considerable risk, they act and take risks. There are two kinds of impulsivity dysfunctional and functional impulsivity [23]. In dysfunctional impulsivity a person have no control of himself, on the other hand functional impulsive are usually daring and thrill seeker [22]. The Barratt three factors model is an essence of four

perspectives: the medical model, psychological model, behavioral model, and social model. There are three components of this model; Attention impulsiveness refers to the impotence to make quick decisions or inability to maintain task and cognition. Motor impulsiveness refers to act without thinking or taking action without assuming its consequences. Non-planning impulsivity refers to absence of forethoughts or self control.

2.1 Material and Methods

2.1.1 Participants

40 individuals suffering from gender dysphoria disorder were selected from the city of Sargodha. age range of 25-40 years ($M = 28.3$; $SD = 4.48$). Sample was selected through purposive sampling method. The age range of participants was 25-40 years ($M = 28.3$; $SD = 4.48$).

2.2.2 Materials

All the participants filled three questionnaires consisting (i) relationship questionnaire (ii) impulsivity (iii) social isolation. To assess QR, we used Bartholomew and Horowitz [5] Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology. This is a 4-item questionnaire designed to measure adult attachment style. The RQ extends the original attachment Three-Category Measure [23] by rewording the descriptions of each of the attachment styles, and by adding a fourth style –dismissing avoidant. It consists of 4 item scale and each item measure on category and the scoring system of scale is likert scoring system 1 to 7 Strongly Disagree Strongly Agree. To assess impulsivity, we used Barratt Impulsiveness Scale (Revised) Ernest Barratt developed the Barratt Impulsiveness Scale Test in 1995 to measure a person's level of impulsiveness.1 This is a revised test incorporating my comments to help you identify and be aware of ways in which you react and think as an investor. This scale consists of 30 item first eight items are based on Attentional Facet 9 to 19 items of scale are based on Motor Facet and last items 20 to 30 are based on Planning Facet. Reverse score questions are: 20, 21, 22, 23, 24, 26, 27, and 30. Scoring system of scale is based on 4 item rating scale 1 Rarely/Never 2 Occasionally 3 Often 4 Almost Always/Always.

To assess social isolation we used, Friendship Social Isolation Scale this scale is construed by hawthorne in 2006 based on 6 item scale and each item measure the level of social isolation. The six items measure six of the seven important dimensions that contribute to social isolation and its opposite, social connection. The psychometric properties suggest that it has excellent internal structures as assessed by structural equation modeling ($CFI = 0.99$, $RMSEA = 0.02$), that it possesses reliability ($Cronbach \alpha = 0.83$) and discrimination when assessed against two other short social relationship scales.

3. Results

Correlational analysis was run among FS, BIS-11(total and subscales scores) and RQ (dimensions score) total scores by computing Pearson's correlation. Furthermore, to investigate predictors and variance, a regression analysis was performed on FS total and BIS-11 (subscale), using RQ dimensions scores as predictor.

Forty subjects (gender dysphoric) participated in the study. Table 1 shows demographic features of the participants and data about psychometric variable.

Table 1
Demographic variables of the study (N = 40)

	<i>M</i>	<i>S.D</i>	Range
Age (years)	28.3	4.48	22-35
Impulsiveness	77	7.94	65-88
Social isolation	10.6	2.36	6-15
Attachment styles	19	2.1	12-19

Note. AS = Attachment style; I = Impulsiveness

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

Table 2
 Pearson correlation between impulsiveness and attachment styles (N = 40)

	1.	2.	3.	4.	5.	6.	7.	8.	9.
Variables									
1 Secure AS	-	-.70**	-.93**	.83**	-.51**	-.16	-.71**	-.62**	.52**
2 Fearful AS		-	.81**	-.49**	.26	-.04	.29	.23	-.42**
3 Preoccupied AS			-	-.63**	.61**	.04	.74**	.62**	-.49**
4 Dismissed AS				-	-.14	-.22	-.43**	-.38*	.53**
5 Attention I					-	.39*	-.74**	.86**	-.44**
6 Motor I						-	.22	.63**	-.55**
7 Non-planning I							-	.88**	-.27
8 Impulsivity								-	-.49**
9 Perceived Social Isolation									-

Table suggests that fearful attachment style is significant and positively correlated with preoccupied attachment style and significantly negative correlated with dismissed attachment style and perceived social isolation. Pre-occupied attachment style is negatively correlated with dismissed attachment style and social isolation. It shows significant positive correlation with two domains of impulsivity including attachment impulsivity, non-planning impulsivity and total impulsivity as well.

Dismissed attachment style is significant negatively correlates with non-planning impulsivity and impulsivity and is positive and significantly correlates with perceived social isolation. Attention impulsivity is significantly positive correlated with motor impulsivity ($r = .39^*$) and total of impulsivity and negatively with non-planning impulsivity and perceived social isolation.

Motor impulsivity is significant positive correlated with impulsivity and significant negative with perceived social isolation. The correlation between non-planning impulsivity and impulsivity is

significant positive. Total impulsivity is significant and negatively correlated with perceived social isolation.

The results from the regression analysis show that all four attachment styles are predictor of social isolation. Secureattachment style ($\beta = .57$, $p < 0.001$) and dismissed attachment style ($\beta = .53$, $p < 0.001$), with 25% and 26% variance respectively, are positive predictors. Whereas, fearful attachment style ($\beta = .42$, $p < 0.001$) explaining 15% variance and pre-occupied attachment styles ($\beta = .49$, $p < 0.001$) contributing 26% variance, are negative predictors of social isolation.

Furthermore, the results reveal that secure attachment style is negative and significant predictor of attention impulsiveness ($\beta = -.51$, $p < 0.001$) with 24% variance and non-planning impulsiveness ($\beta = .71$, $p < 0.001$) with 49% variance. Results further elaborate that impulsiveness is positively predicted by pre-occupied attachment style ($\beta = .74$, $p < 0.001$), contributing 54% variance and negatively predicted by dismissed attachment style ($\beta = -.43$, $p < 0.001$) with 16% variance.

4. Discussion

The aim of the present study was to examine links between social isolation, impulsiveness and relationship attachment in patients with gender dysphoria. The findings indicate that secure attachment style has significant negative correlation with fearful, preoccupied and secure attachment style. Moreover, it is also significantly negative correlated with two domains of impulsiveness including attention impulsiveness non-planning impulsiveness, and impulsiveness as well. On the other hand, Secure attachment style is positively significant correlated positive correlated with dismissed attachment style and social isolation. Studies conducted on different clinical population have concluded that attachment styles are significant predictors of impulsiveness and aggression [24]. Another study conducted on patients of gender dysphoria is inline with the findings of current research. The results showed an intensification, among people with gender dysphoria, of uncertain situations of the mind and of unsettled/confused situations of the mind with respect to traumas or losses [25].

Moreover, theorists believe that adolescents with gender identity disorder are prone to low self-esteem, social isolation, and distress, and are especially vulnerable to depression and suicide. Preoccupied with cross-gender wishes, they fail to develop both romantic relationships with the opposite sex and peer relationships with members of their own sex, and their relationships with their parents may suffer as well [27,28].

5. Limitations

The study was a cross-sectional design with relatively small and non-random sample includes forty gender dysphoric patients thus the findings have a limited external validity so the results are not widely generalizable.

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