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## **The relationship between attachment and anxiety. a comparative study of adolescents with disabilities from paternal vs. maternal single-parent families**

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**Abstract:** Starting from the premise that the strengthening of a different type of attachment from the secure one gives rise to anxiety - as a disruptive phenomenon in the adaptation to the social environment through exaggerated fear, led us to focus on adolescents with multiple disabilities - this being the motivation of the chosen theme. After establishing the main objective: to analyze with reference to the chosen sample, if there are significant differences in the development of adolescents with disabilities from single-parent paternal vs. paternal family environment involved in the study - the relationship between the level of anxiety and attachment style in adolescents with multiple disabilities in the sample. The specific objectives of the research were: identification of relationships between attachment style and anxiety; the identification of relationships between anxiety and single-parent family. The theoretical basis of the present work provides information on the type of attachment and the level of anxiety in adolescents, as well as their consequences in relation to those with multiple disabilities from single-parent maternal and paternal families. Therefore, in the present study we wanted to capture the relationship between attachment style and anxiety in adolescents with multiple disabilities, and especially whether there are significant differences between these variables.

**Keywords:** relationship, attachment, teenage anxiety, disabilities, families

### **Introduction**

The present academic research focuses on the emerging phenomenon of single-parent structures, an upward trend in the dynamics of family conceptualization. There is an accelerated expansion of these family entities, manifesting itself both globally and in local contexts.

The present study aims to explore and elucidate the possible correlations between attachment and anxiety among adolescents with multiple disabilities, identifying the single-parent family configuration as the determining variable.



From our academic perspective, affectivity is a defining attribute of the human condition. The individual is endowed, from the moment of his birth, with the ability to receive and internalize external stimuli. Emotions and affective states are seen as essential for spiritual vitality and access to the emotional sphere of existence. Although the process of affectivity is often the subject of debate, it is indisputable that it occupies a central role in the functioning of the human psyche, being at the intersection of the rational and the emotional.

Adolescents with disabilities face specific barriers in forming attachments due to their particular needs and experiences that differ from their peers. The presence of disabilities significantly affects the dynamics of social interactions, self-perception and emotional balance. Our study aims to discern the link between attachment styles and the prevalence of anxiety in this demographic.

In addition, this analysis aims to examine the link between attachment patterns and increased incidence of anxiety states in adolescents with multiple disabilities from single-parent families, either paternal or maternal, as well as two-parent families. Based on the premise that these adolescents may experience heightened fears, separation concerns, barriers to developing trust in others, and an intense need for social belonging, the research aspires to bring new insights and understanding to this area of study.

### **1. Multiple disability**

Disability is a difficulty in functioning in the body, person or society in one or more domains of life - a difficulty experienced by a person with a disorder or illness in interaction with contextual factors (Leonardi et al., 2006, p. 1220).

The term disability according to Verza (1996), refers to the result or effect of complex relationships between the individual's health condition, personal factors and external factors that represent the life circumstances of that individual. Thus due to this relationship, the impact of different environments on the same individual with a given health condition can be extremely different.

The term "multiple disability" is defined by the interaction and multiplication of effects that exceed the sum of each disability taken separately (Snell and Brown, 2000).

Sensory, cognitive and neuromotor impairments, as well as autism spectrum disorders and behavioural and socio-emotional impairments, constitute a spectrum of significant impairments that can limit an individual's ability to function in society.

According to the literature, a cardinal attribute of persons with multiple disabilities is manifest delay in multiple developmental domains and functional abilities, as identified by Sailor and Guess (1983). Studies indicate that there is no uniform profile of abilities and behaviours for people with multiple disabilities; instead, each individual exhibits a distinct configuration of physical, cognitive, motor, communicative and social characteristics.

The aetiology of multiple disabilities is heterogeneous and can be attributed to genetic or hereditary factors, infectious complications, perinatal or postnatal trauma, exposure to toxins or environmental factors. Often multiple disabilities result from the complex interaction of several such causes.

The relevant literature provides an overview of the aetiologies involving the occurrence of multiple disabilities and their associated percentages, according to Aitken and Buultjens (2000): 30% of cases remain with unclarified aetiology; 15% are related to perinatal conditions such as hypoxia and birth-related complications; 5% are caused by postnatal conditions, including infections and trauma; and 50% are attributed to prenatal conditions, such as various infections or genetic syndromes.



This variety of disorders correlates with the severity and number of interconnected symptoms that manifest in various underlying syndromes. In the context of multiple disabilities, we are faced with significant dysfunctions that can disrupt the individual's functional capacity at the psychophysical level, producing adverse consequences on his or her overall psychological state, as highlighted by Verza (1996).

## **2. Teenager**

### **2.1 Conceptual delimitations**

Adolescence is a transitional phase in human development, characterised by substantial biological, psychological and social changes. This period of development begins at approximately 10-11 years of age and extends to around 18-20 years of age, and is subject to variation according to the cultural and social environment of the individual.

Somatic transformations are one of the most remarkable aspects of adolescence. During this phase, young people undergo rapid physical development, marked by an increase in stature and body mass, maturation of the sexual organs and the emergence of secondary sexual characteristics.

According to the definition given by Larousse in 1993, adolescence is defined as the transitional period between childhood and adulthood.

At this critical stage, the adolescent faces a critical developmental task: that of building a stable identity and moving toward full and productive adulthood, as illustrated by Perkins in *Adolescence: Developmental Tasks* (2001).

### **2.2. Cognitive and emotional development**

According to Piaget's (1998) theories, the adolescent is distinguished from the child by his or her ability to transcend the immediate and to formulate conceptualisations of various phenomena.

At this stage of their development, adolescents acquire an advanced cognitive arsenal, which gives them the ability to carry out logical analyses, evaluate hypothetical scenarios, construct future perspectives, consider various alternatives, plan and anticipate future events, self-analyse and responsibly manage tasks involving critical decisions.

During adolescence, intellectual advancement manifests itself in the evolution from rote to logical memory, facilitated by the refinement of sensory perceptions and improved observational acuity, the development of critical judgment, the internalization of complex algorithms, and the conscious mobilization and voluntary effort to achieve personal goals and ideals, as Modrea pointed out in his 2006 study.

### **2.3. Identity development and ego formation in adolescence**

The concepts of identity and identity crisis are defining in adolescence:

"In the social jungle of human existence there is no stronger sense of being alive without identity" (Erickson, 1968, p. 130).

Erikson characterizes identity as a subjective and persistent sense of personal unity and continuity over time.

According to Iluț P., (p.37), identity is a human subsystem that guides our complex actions and evaluation of self in the world, especially in the social world. This subsystem consists of three main coordinates:

1. the shift from a biological-unconscious level to a reflexive-intentional level;
2. the shift from behaviours that are motivated by rewards and punishments to



autonomous morality based on axiological principles;

3. the shift from feedback from interpersonal relationships to macro-social factors, which in recent times are increasingly global and planetary in nature, having a profound influence on our everyday thoughts and behaviours as well as on the process of self-identification and self-reconstruction.

#### **2.4. Barriers in the development of adolescents with disabilities**

During adolescence, young people without disabilities experience a range of somatic, emotional and social transformations. However, adolescents with disabilities face distinct developmental challenges and opportunities that are shaped by the nature and severity of their disability. For example, adolescents with physical impairments may face barriers in developing motor skills and participating in social activities that require mobility, while those with intellectual disabilities may face difficulties in understanding complex concepts and advancing communication and social interaction skills.

Access to education and personalised learning opportunities is a central issue for adolescents with disabilities. It is essential that education systems provide tailored programmes that promote the development of individual abilities and the realisation of the potential of these young people. In this context, adolescents with cognitive disabilities can benefit from tailored educational programmes incorporating adapted learning methods such as visual or auditory presentation.

Social and emotional development is another crucial area for adolescents with disabilities. They may face challenges in forming social relationships due to barriers imposed by their disabilities, such as communication impairments or restricted mobility. These adolescents may experience a variety of emotions and may require additional support to develop emotional and communication skills.

A study in the journal *Disability and Rehabilitation* (2015) explored access to mental health services for adolescents with disabilities and found that these young people face significant difficulties in accessing such services, highlighting the need for increased efforts to improve these services.

Other research published in the *Journal of Autism and Developmental Disorders* (1990) investigated the development of verbal and nonverbal communication in adolescents with autism spectrum disorders. The results indicate that adolescents with autism develop communication skills at a slower rate than their non-disabled peers and could benefit considerably from early intervention programs to improve these skills.

### **3. Attachment and anxiety in disabled children**

#### **3.1. Attachment**

Attachment can be conceptualised and examined through observable behavioural manifestations, especially through emotions that are expressed both physiologically and hormonally. Attachment, and in particular the attachment style that characterises each individual, is the pinnacle of affective manifestations, observable from the earliest moments of an infant's existence.

According to the Larousse psychological lexicon, attachment is defined as the totality of relationships established between the newborn and the maternal figure, starting with the mutual sensations and perceptions of the infant and the mother.

Attachment theory, which emerged as an essential framework for understanding the origins and dynamics of close interpersonal relationships, was highlighted in research in the



1940s and 1950s. These studies illustrated that the separation of infants from their mothers generates a range of reactions that can be characterized as protest, despair, and, ultimately, estrangement, as documented by Michael P. Nicholas and Richard C. Schwartz.

Attachment is essentially the child's tendency to seek closeness and safety in the presence of their caregivers, a behaviour vital to fulfilling the need for security.

Originally proposed by John Bowlby (1969), attachment theory describes the pathway of social and emotional development from childhood to adulthood, integrating concepts from psychoanalysis, aetiology and cognitive psychology. Bowlby theorized attachment as a lifelong construct in which initial bonds with parents are maintained and evolve throughout childhood and adolescence.

In this context, Bowlby stressed the importance of nurturing the child in a way that balances and regulates affective impulses so that neither excessive libidinal tendencies nor negative feelings reach intensities that are harmful to the harmonious development of the individual.

Bowlby (1988, apud Muntean, 2009, p.205) developed the concept of attachment with reference to the primary affective relationship between the child and the caregiver (usually the mother, but it can also be the caregiver).

Bowlby emphasizes the biological basis of attachment, with the aim of ensuring the survival of the new being. The child's attachment is structured within a dual system of mutual love between the two. The early childhood period is defined by 4 functions with fundamental roles (Lazarus, 2011, p.405):

1. seeking contact with the mother for protection and care (coordinated by the attachment system),
2. avoidance of potentially dangerous events or people (coordinated by the fear/caution system),
3. social interaction through play (coordinated by the affiliation system),
4. exploring the non-social environment (coordinated by the exploratory system).

John Bowlby postulated that humans are biologically endowed with certain innate behavioural patterns that are elicited by environmental stimuli, as described in Muntean's (2009) work. These behavioural tendencies are manifested through physical contact such as cuddling, stroking and rocking, which are forms of closeness that have soothing effects on the child.

Attachment is the foundation for the development of subsequent interpersonal relationships and is a significant indicator of the healthy development of the individual from childhood to adulthood. The process of attachment formation is progressive, going through different stages and is significantly influenced by the quality of the interaction between child and caregiver.

According to attachment theory, deficits in bonding in early life are associated with difficulties in developing close and intimate personal relationships in adulthood.

Current research on attachment focuses on its development during the transition from childhood to adolescence and adulthood. Research evidence suggests that poor attachment may be a risk factor for future behavioural and emotional difficulties; however, this association is neither invariable nor completely deterministic.

### **3.2. Attachment in adolescents with disabilities**

Attachment refers to the emotional bonds we develop with other people, and a secure attachment influences the development of self-confidence, self-esteem and communication skills.



Adolescents with disabilities may experience difficulties in developing secure attachment due to a number of factors, including communication difficulties, learning disabilities and mobility problems, etc. These adolescents may be more vulnerable to experiences of rejection or stigma and may need additional support to develop healthy relationships and secure attachment.

A study published in the *Journal of Intellectual Disability Research* examined attachment in adolescents with intellectual disabilities. The results showed that adolescents with intellectual disabilities have higher rates of insecure attachment than adolescents without disabilities. Also, adolescents with intellectual disabilities who had a stronger relationship with their parents showed more secure attachment. (Leffert, J.S., Siperstein, G.N., Millikan, A.M., & Ponzio, N.M., 2000).

Another study, published in the *Journal of Autism and Developmental Disorders*, investigated attachment in adolescents with autism. Results showed that adolescents with autism have higher rates of avoidant attachment than adolescents without autism. It was also found that adolescents with autism who had higher levels of social anxiety showed more insecure attachment (Mundy, P., Sigman, M., & Kasari, C., 1990).

To develop a secure attachment type we recommend:

- Providing a safe and stable environment for adolescents. It is important that adolescents with disabilities feel safe in their environment and have access to the resources and support they need.
- Create opportunities for socialisation. Adolescents with disabilities may need additional support to establish social relationships with other adolescents. Service providers and parents should work together to provide opportunities for socialization and interaction with other adolescents.
- Provide emotional support and open communication. It is important that adolescents with disabilities have emotional support and access to open and healthy communication. Service providers and parents should be available to provide emotional support and to discuss the teen's problems or concerns.

## **5. Research methodology, results and their significance**

### **5.1. Research objectives**

The main objective of the present research is to analyse, with reference to the chosen sample, whether there are significant differences in the development of adolescents with disabilities from single-parent paternal vs. paternal family backgrounds involved in the study. In other words, we aimed to examine the relationship between anxiety level and attachment style in adolescents with multiple disabilities in the sample.

The specific objectives of the investigation were:

- To identify differences/relationships in attachment style and anxiety in adolescents with multiple disabilities;
- to identify differences/relationships in attachment style and anxiety in adolescents with multiple disabilities from single and two-parent families;
- identification of differences/relationships in attachment style and anxiety in adolescents with multiple disabilities from single-parent paternal and maternal families.

### **5.2. Research hypotheses**

I. It is assumed that there are significant differences between adolescents with multiple disabilities from single-parent paternal families and two-parent/nuclear families in terms of the



type of secure attachment.

II. Significant differences are presumed to exist between adolescents with multiple disabilities from paternal single-parent and maternal single-parent families in terms of anxious attachment.

III. It is presumed that there are significant differences between adolescents with multiple disabilities from single-parent paternal families and single-parent maternal families in terms of anxiety levels.

IV. It is presumed that there is a correlation between insecure attachment style and anxiety level in adolescents with associated disabilities from single-parent families.

V. It is presumed that there is a correlation between secure attachment style and level of anxiety in adolescents with multiple disabilities from two-parent families.

### **5.3. Batch of participants**

The target population of the present scientific investigation consists of preadolescent and adolescent subjects, both male and female, affected by multiple or associated disabilities, coming from both two-parent and single-parent family structures. We determined the sample size at 50 participants, aged 15 to 18 years. Subsequent to data collection and analysis, in order to establish a baseline, we applied a non-random stratified quota sampling methodology, ensuring that the population met specific selection criteria. These criteria include: female and male preadolescents and adolescents aged 15 to 18 years, from single-parent or nuclear (two-parent) families, with multiple or associated disabilities, excluding cases of severe intellectual disability or other conditions that might restrict their ability to understand the assessment instruments. Consideration was given to equalising the numbers of female and male participants and balancing those from single-parent versus two-parent families.

### **5.4. Research Instruments**

In this research, I have chosen to use two questionnaires that aim to identify the attachment style and anxiety in adolescents. Initially, I employed the standardized test, the Attachment Style Questionnaire (A.S.Q.) developed by Collins and Read in 1990.

### **6. Analysis and interpretation of results**

Hypothesis I. It is assumed that there are significant differences between adolescents with multiple disabilities from single-parent paternal families and two-parent/nuclear families in terms of the type of secure attachment.

	secure_attachment
Mann-Whitney U	146,500
Wilcoxon W	336,500
Z	-,513
Asymp. Sig. (2-tailed)	,608
Exact Sig. [2*(1-tailed Sig.)]	,639 <sup>b</sup>

Thus, viewing the above table, the value of Asymp. Sig.(2 tailed) is greater than 0.05, which indicates that we did not obtain statistically significant differences, therefore the hypothesis cannot be confirmed.





In other words, the test results indicated that there were no significant differences between the groups of adolescents with multiple disabilities from single-parent paternal and nuclear families in terms of the type of secure attachment ( $U = 146.500$ ,  $Z = -0.513$ ,  $p = 0.608$ ).

Therefore, the data analysis does not provide sufficient empirical support to validate the hypothesis that there are significant discrepancies in the manifestation of secure attachment between adolescents with multiple disabilities originating from single-parent paternal family structures compared to those from two-parent/nuclear families.

The current academic literature does not present extensive studies on the effects of single parenthood on shaping secure attachment style in adolescents with disabilities. However, it is noteworthy that there is some research that postulates that factors such as the social support network, the quality of interactions in the family dynamic, and the characteristics of attachment relationships are determinants in the development of minors with disabilities.

Adolescents with multiple disabilities face specific demands, which predisposes them to additional difficulties in establishing and maintaining a secure attachment. This attachment style, considered optimal in the literature, develops in a positive and supportive family environment. According to John Bowlby's attachment theory, the quality of early interaction with parents or caregivers has significant consequences for the developmental trajectory of the individual. Studies suggest that children who form secure attachments with both parents show higher levels of confidence and competence than those who form secure attachments with only one parent.

In the context of the single-parent paternal family, this family arrangement can bring unique challenges, including the father's sole responsibility for the care of the child with multiple disabilities. On the other hand, the two-parent/nuclear family could provide additional support and resources from both parents, contributing positively to secure attachment formation among adolescents with multiple disabilities.

In conclusion, in the absence of conclusive scientific data, no categorical assertions can be made about differences in secure attachment style between adolescents with multiple disabilities from single-parent paternal versus two-parent/nuclear family structures. It is assumed, however, that family variables such as support, resources and intra-family interactions exert a significant influence on the development of secure attachment in these communities.

**Hypothesis II.** Significant differences are hypothesized to exist between adolescents with multiple disabilities from paternal single-parent families and maternal single-parent families in terms of anxious attachment.

	atasament_anxios
Mann-Whitney U	102,500
Wilcoxon W	255,500
Z	-,700
Asymp. Sig. (2-tailed)	,484
Exact Sig. [2*(1-tailed Sig.)]	,518 <sup>b</sup>

Subsequently, the Mann-Whitney U test was implemented to assess the presence of statistical disparities between two different groups regarding anxious attachment. The results of the analysis did not indicate significant statistical differences between adolescents with



multiple disabilities originating from single-parent family structures of the paternal type compared to those of the maternal type, given that the p-value (asymptotic, two-way) of 0.484 exceeds the conventional threshold of 0.05.

Consecutively, the data suggest the absence of significant differences regarding anxious attachment between the two categories of adolescents with multiple disabilities from single-parent families.

In the context of the nuclear family, the role of parents in the life of adolescents is to support them in the transition to adulthood, and the manifestation of emotional intelligence on the part of parents involves recognizing and understanding their own emotions and those around them, empathic involvement in the perspectives of others, maintaining a calm and positive attitude, as well as setting and pursuing personal goals.

For adolescents originating from single-parent structures, the literature shows a tendency towards more problematic behaviors when raised by a single parent. This has been documented in studies showing a correlation between single parenthood and a range of negative outcomes, including diminished academic performance, social adjustment difficulties - such as problems interacting with parents, teachers or peers - and an increased incidence of disruptive behaviors delinquents.

Some authors also discuss the increased risks among children from single-parent families of developing psychiatric problems, including conduct disorders, depressive symptoms, anxiety, and suicidal tendencies or attempts. Carlsund et al (2012) found that 15-year-olds from single-parent families were almost twice as likely to smoke, drink alcohol, and initiate sexual activity compared to those from nuclear families.

**Hypothesis III.** It is hypothesized that there are significant differences between adolescents with multiple disabilities from single-parent families and single-parent families in terms of anxiety levels.

**Test Statistics<sup>a</sup>**

	anxiety
Mann-Whitney U	117,500
Wilcoxon W	222,500
Z	-,060
Asymp. Sig. (2-tailed)	,952
Exact Sig. [2*(1-tailed Sig.)]	,953 <sup>b</sup>

a. Grouping Variable: mediul familial

b. Not corrected for ties.

Statistical analysis produced a Mann-Whitney U statistic of 117.500 and a Z value of -0.060. The two-way asymptotic p-value (asymptotic sig. (2-tailed)) is 0.952, while the two-way exact p-value is 0.953.

These values suggest the absence of a significant statistical disparity between the anxiety levels of adolescents with multiple disabilities from paternal and maternal single-parent family structures. High statistical significance (0.952 or 0.953) implies insufficient statistical evidence to reject the null hypothesis, which assumes the absence of a significant difference



between the analyzed groups.

Despite these results, which could be influenced by the limited size of the studied sample, the relevant literature provides data supporting this theme. Baumeister, Campbell, Krueger, and Vohs (2003) found that adolescents from single-parent families showed significantly lower self-esteem compared to those raised in the presence of both parents.

Additionally, McKay (2016) argued that parental figures and the family context exert a notable influence on the conformation of adolescents' self-image. Hypothesis IV. It is hypothesized that there is a correlation between the insecure attachment style and the level of anxiety in adolescents with associated disabilities from single-parent families.

*Correlations*

		insecure attachment	anxiety
insecure attachment	Correlation Coefficient	1,000	-,058
	Sig. (2-tailed)	.	,687
	Spearman'srho	50	50
	N		
anxiety	Correlation Coefficient	-,058	1,000
	Sig. (2-tailed)	,687	.
	N	50	50

In the table above showing the correlation coefficient and its significance between two variables: insecure attachment and anxiety level, the correlation coefficient is - 0.058, indicating a negligible correlation between the two variables. The p-value of 0.687 indicates that this correlation is not statistically significant.

In conclusion, according to the results obtained, there is no significant correlation between the insecure attachment style and the level of anxiety in adolescents with associated disabilities from single-parent families, so the previous hypothesis is not confirmed, but according to Harwood, Miller and Vasta (2010), the family environment in which the child grows up plays a significant role in the development of self-esteem.

According to this statement, conflicts between parents can cause the child to feel insecure, which can affect the child's self-esteem and generate internal conflict felt by the adolescent.

**Hypothesis V.** It is assumed that there is a correlation between secure attachment style and level of anxiety in adolescents with multiple disabilities from two-parent families.



### Correlations

			secure attachment	anxiety	family environment
Spearman's rho	secure attachment	CorrelationCoefficient	1,000	-,297	,072
		Sig. (2-tailed)	.	,036	,621
		N	50	50	50
	anxiety	CorrelationCoefficient	-,297	1,000	,015
		Sig. (2-tailed)	,036	.	,916
		N	50	50	50
	family environment	CorrelationCoefficient	,072	,015	1,000
		Sig. (2-tailed)	,621	,916	.
		N	50	50	50

Data analysis generated the following findings:

A significant inverse correlation is found between the construct of "secure attachment" and the variable "anxiety" ( $r = -0.297$ ,  $p = 0.036$ ), suggesting that adolescents with multiple disabilities characterized by a secure attachment tend to report lower levels of anxiety.

No statistically significant correlation was observed between "secure attachment" and "family environment" ( $r = 0.072$ ,  $p = 0.621$ ), indicating that the secure attachment style does not seem to be conditioned by the family configuration — be it two-parent, single-mother or single-parent paternal

Similarly, no significant correlation was identified between "anxiety" and "family environment" ( $r = 0.015$ ,  $p = 0.916$ ), which suggests that anxiety levels are not directly correlated with the typology of family structure.

These results suggest that the mechanism of secure attachment could have a mitigating function on anxiety in adolescents with multiple disabilities, independent of the family structure in which they develop. However, in the light of the attachment theory promoted by Bowlby (1988), it is postulated that parental separation exerts a significant influence on the self-esteem of adolescents, influencing them through two distinct mechanisms: the first being the disruption of attachment, manifested by a decrease in self-confidence and trust in others, and the second being the impact of perceived social acceptance on self-esteem, as documented by Page and Bretherton (2001) and Freeney and Monin (2008).

### Conclusions

The present research explored whether adolescents with multiple disabilities from paternal versus maternal single-parent family structures and from two-parent families show significant variation on variables such as attachment style and anxiety. Our investigation indicated that these differences were not significant in the sample studied, suggesting that methodological limitations may be responsible for the inconclusive statistical results.

Regarding the initial hypothesis, which assumed the existence of significant differences between adolescents with multiple disabilities from single-parent and biparental/nuclear family structures relative to secure attachment, the data did not indicate statistical significance. The current literature does not provide extensive studies regarding the



influence of single parenthood on secure attachment style among adolescents with disabilities, although existing research suggests that variables such as social support and family relational dynamics may contribute to their development.

Regarding the second hypothesis, which examined the differences in anxious attachment between adolescents from single-parent families, it was also not confirmed, no significant differences were observed.

Regarding the third hypothesis, which assessed the discrepancies in the level of anxiety between the same single-parent groups, the results showed no significant variations, supporting that the differences in anxiety between adolescents from paternal and maternal single-parent families are not statistically significant, as indicated by the high p-values (0.952 or 0.953).

The analysis of the fourth hypothesis, regarding the correlation between insecure attachment and anxiety in the single-parent family context, concluded the absence of a significant correlation between the two variables, suggesting that these characteristics are not exclusively determined by the single-parent family structure, despite the literature indicating an association between them .

Finally, the last hypothesis, which assumed a correlation between secure attachment style and anxiety level among adolescents from two-parent families, did not generate statistically significant results.

In conclusion, it should be emphasized that our study encountered methodological limitations, including a small sample and possible inaccuracy of responses, which contributed to statistically inconclusive results.

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