

The Relationship Between Attachment Style, Mental Health and Coping Strategies in Irish Farming.

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Abstract

The aim of this study was to investigate the relationship between attachment styles, general mental health, and emotional and instrumental coping strategies in full-time Irish farmers. Participants (n = 81) were recruited by means of convenience and snowball methods via email and social media and were asked to complete an on-line questionnaire. The Revised Adult Attachment Scale (Collin, 1996) was used to measure 3 dimensions of attachment i.e. close, depend and anxious attachment. The General Health Questionnaire (Goldberg, 1992) measured levels of distress and the Brief COPE Questionnaire (Carver, 1997) measured emotional and instrumental coping strategies. Multiple regression analysis showed that farmers high on depend attachment had lower levels of distress and are more inclined to use emotional and instrumental coping strategies. Farmers high on anxious attachment had higher levels of distress. This study found that being comfortable depending on others is a protecting factor against psychological distress for farmers.

1. Introduction

Mental health has become a major problem among farmers. An Irish Examiner survey that one in five farmers between the ages of 35 and 44 stated they had an immediate connection with suicide while 42% of farmers between the ages of 55 and 64 stating that they had experienced suicide in the local community with 16% of this age group experiencing it within immediate or wider family (O Fatharta, 2014).

Biological factors such as disabilities, psychological factors such as cognition, and social factors such as environment and socio-economic factors all contribute to mental health, but also individual attributes such as attachment play their role (Mikulincer & Shaver, 2012). This study aims to investigate what role attachment styles have in mental health and the role they play in the coping strategies deployed by Irish farmers to deal with stress.

1.1 Attachment Theory

Attachment theory was founded by the psychiatrist and psychoanalyst John Bowlby and his theory was published in the trilogy: *Attachment and Loss* in 1969 (Howe, 2011). Attachment is an emotional bond between people that lasts across the life span which begins before birth and influences relationships with an infant's parents and later in life influences relationships with an individual's partner, their children, and other adults (Kurth, 2013). Attachment theory (Bowlby, 1969) is rooted in evolutionary history and for the infant it is concerned with seeking support from its caregivers for the purpose of survival as many species find safety with the support from others and for some of the weaker members of a species isolation often ends with death (Howe, 2011). For adults attachment has two functions, firstly to seek

social support in times of distress, and secondly to give social support to others in distress which serves the purpose of not only survival of the individual but also survival of the species (Kurth, 2013).

Research by Mary Ainsworth (1973) sought to provide empirical support for Bowlby's theory. In her research on Ugandan mothers and their infants, Ainsworth realised that infants formed an attachment with their primary caregiver regardless of socio-cultural differences (Berger, 2011). After studying these relationships over time Ainsworth categorised attachment into four different attachment types, A, B, C, and D (Berger, 2011). Type B is secure attachment and is where the caregiver becomes a secure base for exploration and the infant feels confident and comfortable (Berger, 2011). Infants with type A have insecure-avoidant attachment and is where the infant plays independently without contact with the caregiver, however at the same time the infant can display fear, anxiety, anger, or indifference (Berger, 2011). Type C is insecure-resistant/ambivalent attachment and is where the infant may display the same fear or anxiety as type A, but may not be willing to leave the caregivers side (Berger, 2011). Infants with type D have disorganised attachment and is where infants either actively or passively show hostility towards the parent and the infants behaviour can shift from one extreme to another such as staring blankly to crying hysterically (Berger, 2011).

As the infant grows repeated interactions with attachment figures allow the infant to develop an internal working model consisting of representations of the self, other people and the relationship between the self and other people (Howe, 2011). It is a model of the infants own worthiness based on other people's availability, ability and

willingness to provide care and support (Ainsworth, Blehar, Waters, & Wall, as cited by Howe, 2011). This model provides the foundation of how that individual will seek and respond to relationships with others as adults and attachment styles of infants have been translated into adult attachment styles which are secure attachment, anxious attachment and avoidant attachment (Hazan & Shaver, 1987).

Secure Attachment.

As a result of the internal working models adults with secure attachment find it relatively easy to get close to others, are comfortable depending on others and having others depend on them, and they don't worry about being abandoned or about someone getting too close to them (Hazan & Shaver, 1987). The internal working model of the secure adult is where there is a positive view of the self, others and relationships (Howe, 2011).

Anxious Attachment.

In contrast, adults with anxious attachment find that others are reluctant to get as close as they would like, they worry that their partner doesn't really love them or wouldn't want to stay with them, they show a strong need for closeness but fear being rejected, they often want to merge completely with another person and this sometimes drives other people away (Hazan & Shaver, 1987; Mikulincer, Shaver, & Pereg, 2003). The internal working model of the anxiously attached adult has negative views of the self, therefore self-esteem and self-efficacy can be low and they worry that failure of any kind puts them at risk of being abandoned (Park, Crocker, & Mickelson, 2004). When self-doubt is high, concentration and motivation can be low, the anxious adult can dwell on the negative aspects of the self (Shaver & Mikulincer,

2004). However for the anxiously attached adult others are viewed positively and they have a strong desire to be close to them (Howe, 2011).

Avoidant Attachment.

Moreover, adults with avoidant attachment tend to be uncomfortable being close to others, find it difficult to trust others completely, find it difficult to allow themselves to depend on others, are nervous when anyone gets too close and they find that partners often want to be more intimate than they feel comfortable being (Hazan & Shaver, 1987). The internal working model for adults with avoidant attachment consists of a negative view of the self, including a lack of confidence and fearing rejection, but these adults also have a negative view of others, with a lack of trust for others and dissatisfaction with peer friendships therefore distress can be experienced in their close relationships (Howe, 2011). Both anxious and avoidant attachment styles fail to relieve distress from supporting others (Mikulincer, Shaver, & Pereg, 2003).

Attachment in the workplace.

Not only can attachment styles influence close relationships with parents, family and partners, but can also influence individual functioning at the workplace. Adults with secure attachment were found to have more confidence in their work, had higher levels of overall job satisfaction and that others evaluated them favourably through peer appraisals. (Hazan & Shaver, 1990; Krausz, Bizman, & Braslavsky, 2001). Adults with anxious attachment styles expected to be undervalued by co-workers (Krausz et al., 2001), possess anxiety about relationships at work and possess anxiety about job performance (Hardy & Barkham, 1994). Adults with avoidant

attachment styles gave themselves lower self-ratings in terms of job performance and expected to receive low performance ratings from co-workers (Krausz et al., 2001). Adults with avoidant attachment also reported more conflict with co-workers, raised more concerns about hours of work and reported more difficulties with relationships outside of work (Hardy & Barkham, 1994). Other studies have shown that secure attachment was negatively correlated to social dysfunction and positively correlated to psychological and physical well-being, whereas insecure attachment styles showed the opposite (Joplin, Nelson, & Quick, 1999). It has also been found that insecure attachment styles are correlated with lower organisational commitment, prosocial behaviour, and spontaneous productive behaviours, with avoidant attachment styles more prone with the intention to quit their job (Richards & Schat, 2011). Geller and Bamberger (2009) found that instrumental co-worker helping behaviour can be predicted by an individual's attachment style.

Attachment and Mental Health.

In regards to mental health a review of cross-sectional, longitudinal and prospective studies found that attachment high in anxiety or avoidance was common among individuals with a wide variety of mental disorders (Mikulincer & Shaver, 2012). However attachment insecurities are unlikely to be causes of mental disorders. Studies of large community samples found no relationship between attachment avoidance and self-reported measures of global distress (Mikulincer & Shaver, 2012). However studies on highly stressful events found a relationship between avoidant attachment and greater distress and poorer long-term adjustment (Mikulincer & Shaver, 2012). This research highlights the relationship between attachment and

mental health in stressful events which this study aims to investigate in the farming community.

1.2 Mental Health

Health, according to the World Health Organisation (WHO, 2014), is defined as “A state of complete physical, mental and social well-being, and not merely in the absence of disease” (WHO, 2014, para. 1). An important component of health is mental health, which is more than just the absence of mental disorders such as bipolar and schizophrenia or disabilities such as intellectual and learning disabilities (WHO, 2014). Mental health is where an individual can cope with the normal day to day stresses of life, can work productively, realise their own abilities and contribute to their community (WHO, 2014).

According to WHO (2014) one in every 15 individuals in Europe suffer from major depressive disorder, however when all forms of depression and anxiety are included that rate increases to one in every four individuals affected by mental illness. In Ireland research by Cannon, Coughlan, Clarke, Harley, and Kelleher (2013) found that one in five individuals aged between 19 and 24 and one in six individuals aged between 11 and 13 were experiencing some form of mental illness. The study also found that experiencing mental health problems early in life increased the risk of future episodes in later life (Cannon et al., 2013). It is estimated that 804,000 individuals died by suicide worldwide in 2012 (WHO, 2014). Ireland has the fourth highest rate of suicide in Europe with 500 individuals taking their own life in 2011 (O Fatharta, 2014). The Irish agricultural sector accounted for 12.5% of suicides in 2011

(O Fatharta, 2014). In order to understand what maybe contributing to the mental health problems of farmers, a review of the current research is needed.

1.3 Review of Mental Health Research in Farming

The agri-food sector is one of Ireland's biggest manufacturing industries with raw materials being bought from approximately 139,800 family farms throughout Ireland (Teagasc, 2010). See Change (2012) conducted a nationally representative survey of 1,038 Irish people measuring their attitudes to mental health. The survey found that farmers emerged as particularly vulnerable group (See Change, 2012). Forty-two per cent of farmers were most likely to hide a diagnosis, 27% were unlikely to seek help in fear of others finding out, 45% didn't know how to help others with mental health difficulties, and 35% would find it hard to talk to someone with mental health problems (See Change, 2012). Moreover 38% had some experience of mental health issues, 57% would not want others to know if they had a mental health problem, and 16% feel that their friends would distance themselves if they knew they had a mental health problem (See Change, 2012). The study also found that 31% believe that having a mental health problem would have a negative impact on their relationship with work colleagues and 18% believe that having a mental health facility in a neighbourhood downgrades the area (See Change, 2012).

The popular myth that farming is an idealistic lifestyle and that farmers are happier and healthier than their urban counterparts is a long way from reality (Rautiainen et al., 2005). Farmers work long hours in physically demanding, hazardous and stressful working environments (Rautiainen et al., 2005). High levels of suicide and mental health problems have been a serious health issue for farmers

worldwide and male farmers are especially vulnerable to experiencing high job related stress, mental health challenges, resisting seeking help, and are highly susceptible to self-medicating and suicide compared to other men and women (Alston & Kent, 2008). It is suggested that some of the reasons why male farmers do not seek help include being too busy, pride, lack of confidence in the help available, and stigma associated with needing and accessing help (Roy, Tremblay, Oliffe, Jbilou, & Robertson, 2013). It is also suggested that male farmers maintaining a masculine ideal reduces help-seeking behaviour and increases risky non-fatal suicide behaviours such as alcohol overuse (Roy et al., 2013). The socially isolating aspect of the job does not help and can lead individuals to drug and alcohol overuse (Roy et al., 2013).

Australian studies have shown that people living in rural communities have higher rates of lifestyle disease and certain cancers compared with their urban counterparts (Australian Institute of Health and Welfare, 2008). Male farmers are exposed to higher rates of cardiovascular deaths, suicide and certain cancers within those rural populations (Frager & Franklin, 2000). Both male and female farmers risk higher mental health problems due to social isolation, socio-economic constraints, increased alcohol intake and lack of exercise (Alston, 2004). In a recent survey of farming men ($n = 957$) and farming women ($n = 835$), 46% of farmers were classified as psychologically distressed and this distress was scientifically related to obesity, elevated abdominal adiposity and high body fat percentages (Brumby, Chandrasekara, McCoombe, Kremer, & Lewandowski, 2012). This sample also revealed that one third of the participants experienced severe body pain (Brumby et al., 2012). Other studies have also shown that the psychologically distressed have lower levels of physical activity (Camacho, Roberts, Lazarus, Kaplan, & Cohn, 1991) and is

suggested that the reasons for this is due to long working hours, limited social interactions and increasing industrialisation of farming (Brumby, et al., 2012).

A Kenyan study investigated the effects of industrialisation in a rural farming community where African communities are in a transition from a subsistence based economy, where members of a community raise animals and grow crops to support themselves, to a market based economy, where prices for agricultural products are based on international markets (Walt, Kinoti, & Leonard, 2013). These individuals must adapt to socio-political change and this change can create a sense of resource loss and decrease community and social support contributing to psychological distress (Walt et al., 2013). Research has shown that individuals with certain traits such as openness, a strong sense of self-efficacy, and a high degree of autonomy can deal with these socio-political changes with minimal psychological distress (Inkeles, 1975).

On the other end of industrialisation is community gardening which has increased in popularity in developed countries in recent years (Northrop, Wingo, & Ard, 2013). A focus group consisting of a group of community gardeners was formed to investigate the benefits of community gardening and it found the benefits to include sharing experiences and knowledge with others, community development and mental health benefits (Northrop et al., 2013). From the research mentioned one could suggest that the more industrialised farms become the more isolated the farmers get from the local community.

Another Australian study studied the associations between mental health and measures of sense of place, adversity, community and social support networks, and

perceived problems in a rural population with specific focus on response to drought (Stain et al., 2008). The study found that being older, greater community support and greater physical functioning were protective factors against mental health problems in the rural community (Stain et al., 2008). However community support had less of an influence on distress for farmers compared to non-farmers (Stain et al., 2008). Farmers place more value on having a sense of place, i.e. the land, than community support and that this was associated with higher levels of distress during periods of drought (Stain et al., 2008). The researchers suggest that increasing community support to farmers during times of drought would decrease levels of distress (Stain et al., 2008). Statistics showed that one farmer died by suicide every four days during the drought in Australia (Guiney, 2012).

An Irish study by McNamara, Ruane, Whelan and Connolly (2007) indicated that disabilities are a major problem in farming. Disability was found in 19.5% of farm households with 43.9% of disabilities relating to physical health, 14.3% related to injury and 12.9% related to intellectual disability (McNamara et al., 2007). Where the farm operator was reported as disabled, farm income for that household was reduced and participation in off-farm employment was also reduced forcing other family members to gain employment off the farm increasing the distress for farmers with disabilities (McNamara et al., 2007). Irish farmers with disabilities report that the services and support for them are insufficient and also farmers often fail to avail of currently available services and support due to a lack of awareness and eligibility of the services (Whelan, Ruane, McNamara, Kinsella, & McNamara, 2009).

The research mentioned investigating mental health in the farming community highlights how the lack of social support can negatively impact a farmer's mental health especially during stressful events (Alston, 2004; Stain et al., 2008; Walt et al., 2013). Mikulincer and Shaver (2012) highlighted the importance of attachment styles in regards to mental health and with modern farming being an isolating profession, attachment styles could play a role for farmers in seeking out social support. There is currently a gap in the literature investigating the relationship between attachment styles and mental health. This study aims to investigate that relationship but also to investigate the role of coping strategies. An individual can employ a range of coping strategies in order to deal with their mental health.

1.4 Coping Strategies

Coping can be defined as “cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984). It is important for an individual's health to have a flexible set of strategies such as both problem solving and emotion-focused strategies as different challenges require different solutions (Nordin, Anderson, & Nordin, 2010). Coping strategies can be adaptive or maladaptive in that certain positive coping behaviours, such as problem solving or seeking advice, correlate with positive health outcomes and negative coping behaviours such as self-blame, escape or avoidance, and wishful thinking are correlated with negative health outcomes (Mark & Smith, 2010). Social support can be summarised into two dimensions, emotional and instrumental. Emotional coping included receiving comfort, understanding, and appreciation (Lakey & Cohen, 2000). Instrumental coping includes receiving practical help, information and advice (Lakey

& Cohen, 2000). Social support is important for aiding problem solving and helping individuals deal with emotions (Brugha et al, 2005). Low social support is correlated with morbidity, mortality (Lakey & Cohen, 2000) and is associated with poor mental health (Brugha et al., 2005). Stigma and limited social activity can limit the opportunities for social support (Gibson, Cheavens, & Warren 1998).

Richards and Schat (2011) found that the types of coping strategies employed in the workplace can be influenced by an individual's attachment style. Both secure and anxious attachment styles show high emotional and instrumental coping strategies (Richards & Schat, 2011). Avoidant attachment styles showed low emotional and instrumental coping strategies (Richards & Schat, 2011). What Richards and Schat (2011) found is that anxious attachment styles seek out support in the workplace and this does not relate to previous research as the anxiously attached individual should fear rejection from others. The researchers suggest that the anxiously attached individual does not fear this rejection as much from supportive managers and supervisors and these individuals will seek out support (Richards & Schat, 2011). In the highly stressed working environment of a fire fighter results also showed that anxious attachment styles seek out this support, however the results were approaching significant that they were less inclined to seek out the support (Lander & Wang, 2010). The stressful job of a fire fighter relies on team work and there is limited research on the effects of attachment styles on coping strategies and mental health in an isolated working environment such as farming.

1.5 Rational for study

It is especially evident from the research that a lack of social support has been identified as a major problem for mental health in farming, and how people seek out social support is very important to understand. One recent study that looked at coping strategies in Irish farmers showed that male farmers were less inclined to use emotional and instrumental coping strategies (Kehoe, 2013). Research that has investigated the relationship between attachment styles and coping strategies has looked at individuals that are part of an organisation and work as part of a team (Richards & Schat, 2011; Lander & Wang, 2010). There are currently limited studies that focus on the relationship between attachment styles and coping strategies with individuals that work in an isolating environment such as farming and how this relationship affects mental health. This study aims to investigate the relationship between attachment style, people working in an isolating environment, their ability to seek out emotional and instrumental support and what affect this has on mental health. The benefits of this study will be to enhance knowledge and understanding of mental health in the farming community.

1.6 Hypothesis

The study will question if individual farmers whose attachment styles are low in either anxiety or avoidance will use emotional support, e.g. sharing life experiences, and instrumental support, e.g. asking for help, as coping strategies for dealing with their mental health more so than farmers that have attachment styles high in anxiety or avoidance. Also this study will question if there is a relationship between an individuals attachment style and their general mental health in the farming community.

Hypothesis 1: Farmer's attachment styles will significantly predict general health questionnaire scores.

Hypothesis 2: Farmer's attachment styles will significantly predict emotional coping strategies

Hypothesis 3: Farmer's attachment styles will significantly predict instrumental coping strategies.

2. Method

2.1 Participants

Participants for this study were full-time Irish farmers over the age of 18. Participants were recruited by means of convenience and snowball methods. A total of 111 participants took part in the study and of this 81 ($n = 81$), of which 78 were male and 3 were female, completed the questionnaire. The average age of the participants was 37.7 (Mean = 37.7, SD = 11.86) with the oldest participant being 64 and the youngest participant being 19. In this sample 39 were single, 38 were married, 2 were divorced and 2 were separated. Thirty-seven participants regularly attended discussion groups while 44 did not regularly attend discussion groups. Participants were invited to take part in the study via email, an on-line farming forum and the social networking site Facebook. Participation involved the completion of an on-line questionnaire. Thirty-eight per cent of participants were recruited via the on-line farming forum, 35% were recruited via email, and 26% were recruited via Facebook. The number of participants ($n = 81$) was sufficient for the study based on Cohen's Power Primer (1991) which states that based on the number of variables being measured, 76 participants would be needed for accurate analysis of the data. Those participants that were not in full-time farming or under the age of 18 were excluded from the study. Participation was voluntary and there was no incentive to participate in the study.

2.2 Design

This study was a quantitative correlation design in that a single group of farmers were measured at one time point for their attachment styles, coping strategies

and general health. This study was questionnaire based. The three predictor variables in this study were close attachment, depend attachment, and anxious attachment. The three criterion variables in this study were emotional coping, instrumental coping and general health questionnaire scores. Multiple regression analysis was used to examine the relationship between the predictor variables and the criterion variables. All the variables were scale measures.

2.3 Materials

A self-administered on-line questionnaire was used to gather the data for the study (See Appendix 1). The on-line survey tool used was Kwiksveys.com. The first page of the survey contained the cover letter (See Appendix 1). The second page gathered demographic data, which included gender, age, marital status and asked if the participant regularly attended discussion groups about their agri-business. Data relating to the Revised Adult Attachment Scale (Collins, 1996) was collected on the third page. The fourth page contained the General Health Questionnaire (Goldberg, 1992). Questions relating to the Brief COPE questionnaire (Carver, 1997) were on the fifth page. On the final page of the questionnaire there was a thank you page containing the researchers contact details and a link to mental health organisations which was the end of the questionnaire.

Revised Adult Attachment Scale (Collins, 1996).

The Revised Adult Attachment Scale (RAAS), which was developed by Collins (1996), was used to measure each participant's attachment in three dimensions, which were close, depend and anxious attachment. To relate to previous research the attachment dimensions of the RAAS (Collin, 1996) need to be

understood. Close attachment is a measure of the extent an individual is comfortable with closeness and intimacy with others (Collins, 1996). Depend attachment measures the extent in which an individual is comfortable depending on others (Collins, 1996). Anxious attachment is a measure of the extent an individual fears rejection from others (Collins, 1996). High scores on the close and depend coupled with low scores for anxious attachment equals secure attachment, high scores on the anxious dimension coupled with moderate scores on close and depend equals anxious attachment, and low scores for close, depend, and anxious dimensions equals avoidant attachment (Collins & Read, 1990). The measure consists of 18 statements, e.g. 'I find it relatively easy to get close to people', in which the participants rate themselves on a likert scale between one and five, with one being 'not at all characteristic of me' and five being 'very characteristic of me' (Collins, 1996). In the paper version of this measure the participant was requested to write a number between one and five beside each of the 18 statements, however this was not very practical for the on-line questionnaire. This was made more practical by stating all the possible responses and requesting that the participant to simply click on the response that most relates to them. The possible responses were as follows; one was 'strongly disagree', two was 'disagree', three was 'neutral/not sure', four was 'agree', and five was 'strongly agree'. The statements that measure close attachment were 1, 6, 8, 12, 13, and 17, with 8, 13, and 17 being reversed scored (Collins, 1996). Depend attachment was measured with statements 2, 5, 7, 14, 16, and 18, with 2, 7, 16, and 18 being reversed scored (Collins, 1996). Statement that measured anxious attachment was 3, 4, 9, 10, 11, and 15, with no reverse scoring (Collins, 1996). The RAAS does not group individuals into different attachment categories but rather it rates each individual on all three dimensions of attachment (Collins, 1996). The Cronbach's alpha for this

measure was .81 for Close, .78 for Depend, and .85 for Anxiety (Collins, 1996). Domingo and Chambliss (1998) found adequate validity of this measure ($r = .42$).

General Health Questionnaire 12 item (GHQ-12) (Goldberg, 1992).

The GHQ 12 was designed by Goldberg (1992) and was used in this study to measure levels of mental distress. The measure asks 12 questions relating to how the participant felt over the last couple of weeks e.g. 'Have you recently lost much sleep over worry?' (Goldberg, 1992). Participants then clicked on one of the four possible choices which were scored from zero to three. Zero was 'not at all', one was 'no more than usual', two was 'rather more than usual', and three was 'much more than usual' (Goldberg, 1992). The total score ranged from zero to 36. Scores ranging from 11 to 12 were typical, however scores above 15 indicated evidence of mental distress and scores of above 20 suggested severe psychological distress (Goldberg, 1992). The GHQ 12 has an internal consistency range of between .82 and .90 as assessed by Cronbach's alpha (Goldberg, 1992). Lopez and Dresch (2008) found high reliability ($r = .78$) and validity ($r = .75$) to assess overall psychological well-being.

Brief COPE Questionnaire (Carver, 1997).

The Brief COPE questionnaire was designed by Craver (1997) to measure the different ways in which individuals cope with stress in their lives. The questionnaire consists of 28 items which measure 14 different coping strategies which included self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion, and self-blame (Craver, 1997). As this study was looking at attachment styles and how individuals related to others, only two

measures from this questionnaire will be used; the use of emotional support and the use of instrumental support. Emotional coping is seeking moral support, sympathy or understanding from others, and is measured using items 5 and 15 from the questionnaire (Craver, 1997). Instrumental coping is seeking advise, assistance or information from others and is measured using items 10 and 23 from the questionnaire (Craver, 1997). Participants were requested to respond to each item on a likert scale ranging from one to four. One was 'I haven't been doing this at all', two was 'I've been doing this a little bit', three was 'I've been doing this a medium amount', and four was 'I've been doing this a lot'. Each measure was scored out of a possible eight; the higher the scores for both measures indicated high use of that coping strategy (Craver, 1997). Yusoff, Low, and Yip (2009) found a fairly good reliability for emotional coping ($r = .57$) and instrumental coping ($r = .69$) and found fairly good validity

2.4 Procedure

Before the study was conducted a research proposal and an ethics form was presented in written format to the Dublin Business School ethic's committee which highlighted the rational and nature of the study and also any ethical issues that may arise during the study. After the research was approved the study began. To recruit participants via email the author contacted an agricultural adviser to email out an invitation to the advisers farming clients to take part in the study. The agricultural adviser also forwarded on the email invite to other agricultural advisers in different parts of the country requesting them to send out the invite to their farming clients. Also there was an invite to the study posted on a popular farming forum website to recruit participants. In addition an advert containing the invite was also placed on the

social networking website Facebook, the ad was specifically targeted towards Irish farmers over the age of 18. The invite stated that all participants had to be over 18 and be full-time Irish farmers, it also indicated the nature of the study, what was expected of them, who the researcher was and stated that the study was voluntary and anonymous (See Appendix 2). If participants wished to proceed with the questionnaire there was a link on the invite that directed the participant to the on-line questionnaire. On the first page of the questionnaire the participant read through the cover letter which detailed in more depth the nature of the study with the researchers and supervisors contact details. It was also stated that by submitting the completed questionnaire the participant was consenting to participate (See Appendix 1). To maintain anonymity, no participant was asked for their names or contact details. When the questionnaire was completed the participant was directed to the “thank you” page. The participants were thanked for taking part in the study and were encouraged that if they had any questions about the study to get in contact with the researcher whose contact details were made available again. Also it stated that if any part of the study caused the participant distress or they were currently suffering from any form of distress to click on a link which directed the participant to the mentalhealth.ie website which contained contact details for mental health organisations available in Ireland. The questionnaire took approximately ten minutes to complete which the participant was made aware of in the cover letter. The procedures discussed follow the ethical guidelines set out before the study began. All data was stored on a password protected computer. The data was then analysed using SPSS version 22.

3. Results

This section will report the results of the study in two parts. Firstly, it will outline the descriptive statistics for the population sample, emotional coping, instrumental coping, GHQ-12, and attachment styles. Secondly it will report the inferential statistics detailing the correlations between variables using multiple regression analysis.

3.1 Descriptive statistics

Table 1 gives an overview of mean scores and standard deviations for emotional coping, instrumental coping, and for the GHQ-12.

Table 1: *Descriptive Statistics of Coping Strategies and GHQ-12*

Variable	Mean	Standard Deviation
Emotional Coping	3.46	1.42
Instrumental Coping	3.60	1.41
GHQ	12.14	5.75

The average score for emotional coping was 3.46 (Mean = 3.46, SD = 1.42) out of a possible total score of 8. The average for instrumental coping was 3.60 (Mean = 3.60, SD = 1.41) out of and possible total score of 8. The closer the score is to 8 on both the emotional and instrumental coping measure indicates a more positive use of that coping strategy. The average score for GHQ-12 was 12.14 (Mean = 12.14, SD = 5.75) out of a possible total score of 36. Scores of about 11 – 12 are typical for the

GHQ-12 with scores ranging from 12 – 15 indicating evidence of distress and scores of above 20 suggesting severe psychological distress.

The following Table 2 shows the mean scores for close attachment (Mean = 3.24, SD = .53), depend attachment (M = 3.13, SD = .71) and anxious attachment (M = 2.67, SD = .73). Each item on the measure was scored out of a possible five. The maximum score when the items for each attachment variable were added together was 30.

Table 2: *Descriptive Statistics of Attachment Styles*

Variable	Mean	Standard Deviation
Close Attachment	3.24	.53
Depend Attachment	3.13	.71
Anxious Attachment	2.67	.73

3.2 Inferential Statistics

Multiple regression analysis was conducted to test the three hypotheses. To investigate the data further an independent samples t-test was conducted to test if there was a significant difference in GHQ-12 scores between farmers that do attend discussion groups about their agri-business and those that do not attend discussion groups. Also a multiple regression was conducted to test whether coping strategies were predictors for GHQ-12 scores.

Hypothesis 1.

The first hypothesis set out to test if attachment styles were predictors of GHQ-12 scores. The results of the multiple regression indicated that two of the predictors explained 36.1% of the variance ($R^2 = .361$, $F(3,77) = 16.082$, $p < .001$). It was found that depend attachment predicted GHQ-12 scores ($\beta = -.279$, $p = .036$, 95% CI = -4.376 - -.157). This result shows a negative correlation between depend attachment and GHQ-12 scores. As shown in figure 1, the lower the score is for depend attachment the higher the score is for GHQ-12. It was also found that anxious attachment predicted GHQ-12 scores ($\beta = .307$, $p = .015$, 95% CI = .482 - 4.369), which shows a positive correlation in that the higher the score is for anxious attachment the higher the score will be for GHQ-12 (see figure 2). The null hypothesis was rejected. Table 3 gives an overview of the results and all checks for normality were satisfactory for this analysis.

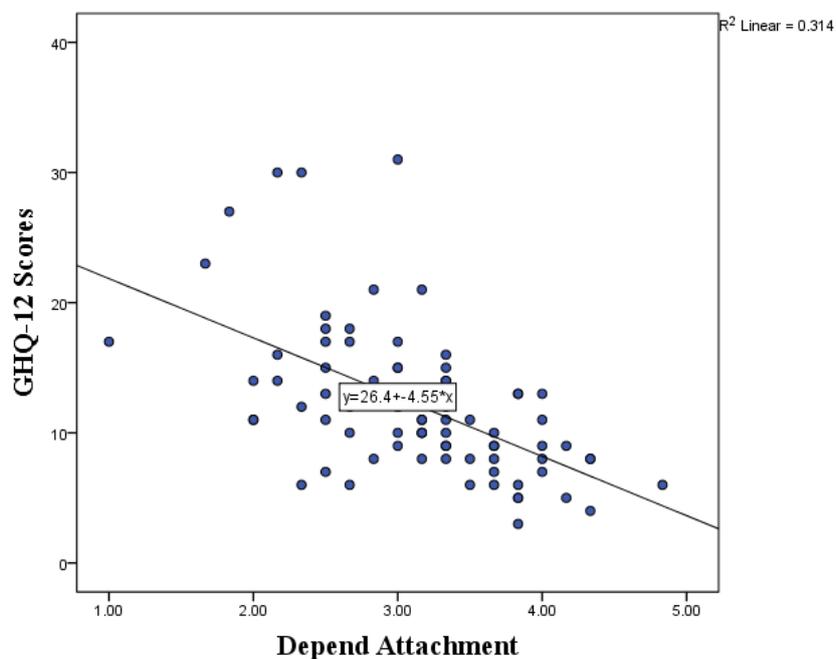


Figure 1: Scatter Plot Showing Relationship Between Depend Attachment and GHQ.

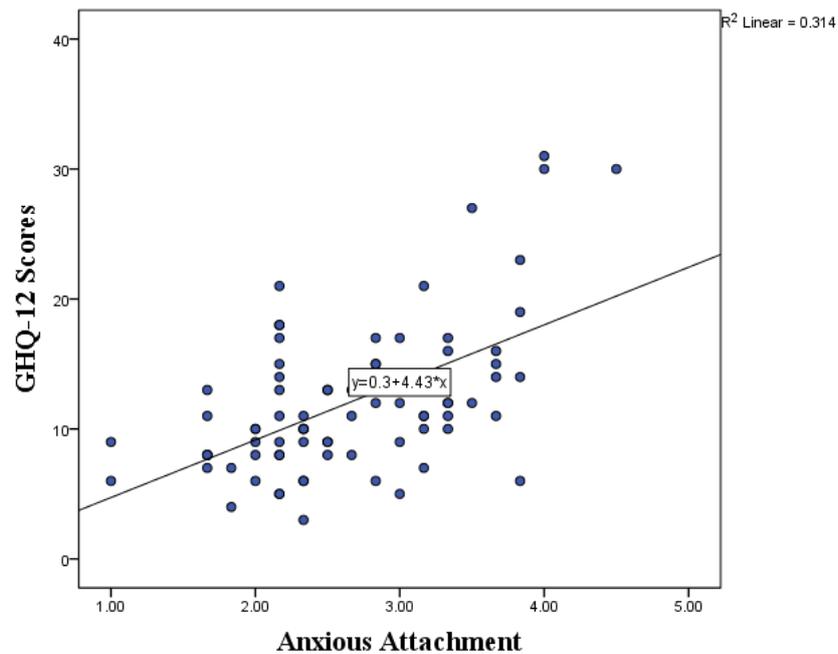


Figure 2: Scatter Plot Showing Relationship between Anxious Attachment and GHQ.

Table 3: Multiple Regression for Hypothesis 1

Variable	Mean	SD	Beta	<i>P</i>	CI Lower	CI Upper
GHQ-12	12.14	5.75				
Close	3.24	.53	-.129	.252	-3.807	1.011
Depend	3.13	.71	-.279	.036*	-4.379	-.157
Anxious	2.67	.73	.307	.015*	.482	4.369

Note: p significant at .05 level.

Hypothesis 2.

The second hypothesis set out to test if attachment styles were predictors of emotional coping strategies. The results of the multiple regression indicated that one of the predictors explained 7.8% of the variance ($R^2 = .078$, $F(3,77) = 3.244$, $p = .026$). It was found that depend attachment predicted emotional coping ($\beta = .318$, $p = .046$, 95% CI = .011 – 1.260). This has shown that there is a positive correlation

between depend attachment and the use of emotional coping strategies; the higher the scores for depend attachment the higher the scores for emotional coping (see table 4).

The null hypothesis was rejected.

However it needs to be noted that multicollinearity checks to test the second hypothesis are not ideal, correlations between close attachment and the criterion were below .3 with a value of .253. Moreover the correlations between anxious attachment and the criterion were also below .3, with a value of -.151. This breach of multicollinearity checks needs to be taken into consideration when interpreting the results, however other normality checks for this analysis were all satisfactory.

Table 4: *Multiple Regression for Hypothesis 2*

Variable	Mean	SD	Beta	<i>P</i>	CI Lower	CI Upper
Emotion	3.46	1.42				
Close	3.24	.53	.138	.308	-.345	1.08
Depend	3.13	.71	.318	.046*	.011	1.26
Anxious	2.67	.73	.133	.372	-.316	.834

Note: p significant at .05 level.

Hypothesis 3.

The third hypothesis set out to test if attachment styles were predictors of instrumental coping strategies. The results of the multiple regression indicated that one of the predictors explained 9.1% of the variance ($R^2 = .091$, $F(3,77) = 3.674$, $p = .016$). It was found that depend attachment predicted instrumental coping strategies ($\beta = .416$, $p = .009$, 95% CI = .212 – 1.448). This has shown that there is a positive

correlation between depend attachment and the use of instrumental coping strategies; the higher the scores for depend attachment the higher the scores are for instrumental coping (see table 5). The null hypothesis was rejected.

Multicollinearity checks to test the third hypothesis were not ideal in that correlations between close attachment and the criterion were below .3 with a value of .195. Also the correlations between anxious attachment and the criterion were also below .3, with a value of -.164. Multicollinearity checks need to be taken into consideration when interpreting the results, however all other normality checks for this analysis were satisfactory.

Table 5. *Multiple Regression for Hypothesis 3*

Variable	Mean	SD	Beta	<i>P</i>	CI Lower	CI Upper
Instru.	3.60	1.41				
Close	3.24	.53	.202	.882	-.653	.759
Depend	3.13	.71	.416	.009*	.212	1.448
Anxious	2.67	.73	.126	.393	-.324	.815

Note: p significant at .05 level.

Further Analysis.

Figure 3 shows the difference in GHQ-12 scores between those farmers that do attend discussion groups (Mean = 11.38, SD = 6.37), and those that don't attend (Mean = 12.77, SD = 5.16). Further analysis was conducted to test if the difference was significant between the two groups. An independent samples t-test found that

there was no significant difference between the two groups ($t(79) = -1.089$, $p = .279$, 95% CI = -3.943 – 1.154).

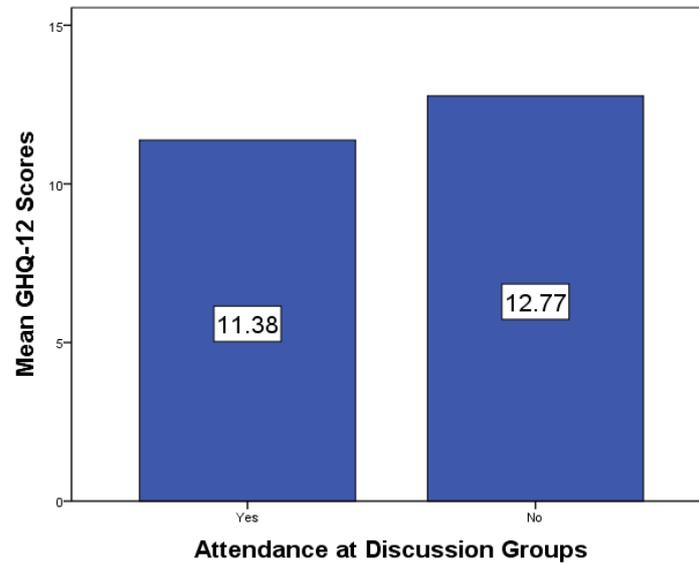


Figure 3: Bar Graph Showing Differences Between Groups on GHQ -12 Scores

Moreover a multiple regression was conducted to test whether emotional coping and instrumental coping strategies were predictors for GHQ scores. The results of the regression indicated that no predictors explained the variance ($R^2 = .022$, $F(2,78) = .145$, $p = .865$).

4. Discussion

The aim of this study was to investigate the relationship between attachment styles, general mental health, and emotional and instrumental coping strategies in individuals that work in an isolating working environment. More specifically the study asks if attachment styles predict general mental health and coping strategies in Irish farmers. Previous research found that there was a relationship between avoidant attachment and levels of distress in stressful events (Mikulincer & Shaver, 2012). Richards and Schat (2011) found that an individual's attachment style can influence the types of coping strategies employed and more specifically the researchers found that avoidant attachment types do not seek out emotional or instrumental coping strategies. However this previous research was conducted on individuals that work as part of a team with social support (Richards & Schat, 2011). In regards to farmers, research has highlighted how the lack of social support due to the isolating nature of the profession can negatively impact mental health (Alston, 2004; Stain et al., 2008; Walt et al., 2013), and also research has shown that male farmers in Ireland were less inclined to use emotional and instrumental coping strategies (Kehoe, 2013). There is currently a gap in the research investigating the relationship between attachment, general health and coping strategies in farmers and the rationale for this study is to fill that gap in the research.

4.1 Findings

The first hypothesis asked if attachment styles will significantly predict GHQ-12 scores. Analysis of the data found that both dependent attachment and anxious attachments were significant predictors of GHQ-12 scores, but close attachment was

not a predictor. Hypothesis two asked if attachment styles were predictors of emotional coping strategies. This study found that depend attachment was a significant predictor of emotional coping; however both close and anxious attachments were not predictors. The third hypothesis questioned if attachment styles were significant predictors of instrumental coping. Results of the analysis showed that depend attachment was a significant predictor, however both close and anxious attachments were not predictors. The results of this study show support for all three hypotheses. A discussion of the three predictor variables will now be provided.

Close attachment.

The close attachment subscale is a measure of the extent in which an individual is comfortable with intimacy and closeness with others which are aspects of both secure and avoidant attachment (Collins and Read, 1990). Previous research has shown that individuals that are high in secure attachment have higher levels of psychological well-being and also show high use of emotional and instrumental coping strategies with individuals displaying insecure attachments showing the opposite (Joplin et al., 1999; Richards & Schat, 2011). The findings of this study have found that the close attachment aspects of secure and avoidant attachment do not predict GHQ-12 scores or emotional and instrument coping strategies, therefore do not support the previous research. In contrast the findings did support research found by Mikulincer and Shaver (2012) which stated that no relationship was found between avoidant attachment and measures of global distress. However as the close attachment subscale only measures some aspects of secure and avoidant attachment i.e. closeness and intimacy, the results discussed here may be misleading as there are other aspects of secure and avoidant attachment i.e. the extent to which a person is comfortable

depending on other, which was measured by the next criterion variable to be discussed; depend attachment.

Depend Attachment.

The depend attachment subscale measures the extent to which an individual is comfortable depending on others (Collin & Read, 1990). The higher the individual scores for depend attachment the more comfortable that individual will be depending on others which is the other aspect of secure attachment (Collins & Read, 1990). Individuals that score low on the depend dimension find it difficult to trust others completely, find it difficult to allow themselves to depend on others, which are some of the aspects of avoidant attachment (Collins & Read, 1990; Hazan & Shaver, 1987). This study found a significant negative correlation between depend attachment and GHQ-12 scores in that farmers high on depend attachment had lower levels of distress and farmers low on depend attachment had higher levels of distress. Reasons for which may be due to farmers that are high on depend attachment being able to seek out social support and farmers low on depend attachment being less inclined to seek out this support, evidence for which was found in the results for hypothesis two and three in that there was a positive correlation between depend attachment and the use of emotional and instrumental coping strategies. The findings for depend attachment in this study support the previous research by Joplin and colleague (1999) in that secure attachment is positively correlated with psychological well-being and also supports previous research by Richards and Schat (2011) which stated that individuals with secure attachment show high use of emotional and instrumental coping strategies. The findings of this study also support previous research by Mikulincer and Shaver (2012) who found a relationship between avoidant attachment and higher

levels of distress in stressful events. The reason this study has found the same results could be due to farming being a stressful profession consisting of stressful events which has being highlighted in previous research (Rautiainen et al., 2004; Brumby et al., 2012; Guiney, 2012). This study has also found support for research by Richards and Schat (2011) which found that individuals with avoidant attachment showed low use of emotional and instrumental coping strategies in the workplace. However it must be noted that this current study so far has highlighted that it appears to be to the extent in which an individual is comfortable depending on others that is the important factor of secure and avoidant attachment in predicting GHQ-12 scores and the use of emotional and instrument coping strategies rather than the extent to which an individual is comfortable with intimacy and closeness.

Anxious Attachment.

Anxious attachment was a measure of the extent an individual fears rejection from others, the higher an individual is in anxious attachment the more that individual will fear rejection from others (Collins and Read, 1990). The finding of this study indicated that farmers high on the anxious attachment scale showed higher scores on the GHQ-12 which supported previous research by Joplin and colleagues (1999) that found that insecure attachment styles have lower levels of psychological well-being. Other findings from this study found no relationship between anxious attachment and the use of emotional or instrumental coping strategies which does not support the previous research by Richards and Schat (2011) who indicated that there is a relationship between anxious attachment and coping strategies. To understand why there is no relationship between anxious attachment and coping in this current study one needs to understand that the previous research was conducted in workplaces that

involved working as part of an organisation or team. As an individual high on anxious attachment fears rejection from others, working within an organisation or team may provide the social support needed for the anxiously attached individual. However this current study looked at farmers that work alone in an environment which limits social support (Gibson et al., 1998), therefore emotional or instrumental coping strategies may not be an option for farmers high on anxious attachment which could explain why no relationship was found.

Further Analysis.

Previous research highlighted the importance of social support for dealing with mental health problems in farmers (Alston, 2004; Stain et al., 2008; Walt et al., 2013). It was decided to investigate if social support by means of attending discussion groups was a protecting factor against mental distress. The results showed no significant difference between farmers that do attend discussion groups about their agri-business and farmers that do not attend discussion groups. This result would need further investigation to establish the reasons why no significant difference was found.

4.2 Strengths and Limitations

Potential Problems with the Study.

A couple of potential problems with the current study have been identified. Firstly a total of 111 participants took part in the study, however only 81 of those completed the questionnaire. It is recognised that a few participants withdrew from the study by their own choice, however after investigating the data it was found that participants withdrew from the study after answering the last question at the end of a page. It is suggested that participants may not have noticed the 'next page' button and

perceived that the last question was the end of the survey. The second potential problem of the study was the normality checks for the multiple regression analysis which was reported in the results section. It was felt that little could be done with this and it is suggested that this breach of normality checks needs to be taken into consideration when interpreting the results.

Weaknesses.

Along with some potential problems with the study a number weaknesses have also been identified. The main weakness of this study is the population sample. The sample was recruited via email and social media which would mean that the sample would have been active email and internet users. This may not have been representative of the Irish farming population. The second weakness of this study was that there was only three females in the sample which is not representative of the Irish farming population as 13% of Irish farmers are female (Dineen, 2013), this study was made up of just 3.7% females. Both of these weaknesses may have had an influence on the results.

Strengths.

This study also had a number of strengths. Firstly there was a good sample size, Cohn's Power Primer (1991) suggests a sample of 76 or more was needed for accurate analysis of the data, this current study had 81 participants which was satisfactory. Also the age (Mean = 37.7) of the participants appeared to be a good representation of the population. Also the measures used in this study are widely used in research and had good reliability and validity. The aspects of this study also support previous research (Joplin et al., 1999; Richards and Schat, 2011; Mikulincer

and Shaver, 2012), and this current study also highlights the importance of an individual being comfortable depending on others as a protection against distress in occupations lacking in social support.

Future Directions.

Based on the findings of this study it is suggested that future research should be directed to better understand the relationship between attachment and measures of social isolation in Irish farmers. Taking into consideration the limitations of this study it is suggested that future research would look at a more representative sample of Irish farmers which would include 13% of the sample being female, but also recruiting participants that are both computer and non-computer users by some form of random selection process. It is also suggested that future research needs to further examine the role discussion groups play in mental health for farmers.

4.3 Implications

Based on 2011 statistics, the agricultural sector accounts for 12.5% of suicides in Ireland (O’Fatharta, 2014) highlighting the fact that mental health in Irish farming has become a major problem. This study highlights the importance of being able to depend on others as a protection against mental health problems in Irish farming. This information is important to guide future policies and research that aims to deal with the problem of mental health in Irish farming. This research may also be important to not only to help understand mental health in Irish Farming, but also to understand mental health in other occupations that lack social support.

4.4 Conclusion

To conclude this research has found that measures of close attachment in Irish farmers i.e. being comfortable with closeness and intimacy were not predictors of levels of distress nor were they predictors of the use of emotional and instrumental coping strategies. However the study found that farmers that scored high for depend attachment i.e. were more comfortable depending on others to be there when needed had lower levels of distress and were more inclined to use emotional and instrumental coping strategies. It was also found that farmers that scored high for anxious attachment i.e. were more fearful about being rejected by others have higher levels of distress, however anxious attachment was not a predictor for the use of emotional and instrumental coping strategies. This research has highlighted the importance of being able to depend on others as a protection against mental health problems for Irish farmers.

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Appendix 1: Copy of the Cover Letter and Questionnaire

Please note that this was an on-line questionnaire and will appear differently here in paper form.

Mental Health in Irish Farming

My name is Ultan Cavanagh and I am conducting research in the Department of Psychology at Dublin Business School exploring mental health in Irish farming. This research is being conducted as part of my studies and will be submitted for examination.

If you are over 18 and a full-time farmer you are invited to take part in this study and participation involves completing this anonymous survey which will take no more than 10 minutes to complete. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult feelings for you, contact information for support services are included by clicking on the link provided on the last page of this survey.

Participation is completely voluntary and so you are not obliged to take part. Also you are free to withdraw at any point during the questionnaire.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The questionnaires will be securely stored, data from the questionnaires will be in electronic format and stored on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

Should you require any further information about the research, please contact Ultan Cavanagh, . My supervisor, Pauline Hyland, can be contacted at.

Thank you for taking the time to complete this survey.

A few basic questions to start with.

1) What sex are you?	
Male	

Female	
--------	--

2) What age are you?

3) What is your status?	
Single	
Married	
Divorced	
Separated	
Widowed	

4) Do you regularly attend discussion groups about your agri-business?	
Yes	
No	

The following questions concern how you **generally** feel in **important close relationships in your life**. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends. Respond to each statement in terms of how you **generally** feel in these relationships.

5) I find it relatively easy to get close to people	
Strongly Disagree	
Disagree	
Neutral / Not sure	
Agree	
Strongly Agree	

6) I find it difficult to allow myself to depend on others.	
Strongly Disagree	
Disagree	

Neutral / Not Sure	
Agree	
Strongly Agree	

7) I often worry that other people don't really love me.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

8) I find that others are reluctant to get as close as I would like.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

9) I am comfortable depending on others.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

10) I don't worry about people getting too close to me.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

11) I find that people are never there when you need them.	
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Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

12) I am somewhat uncomfortable being close to others.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

13) I often worry that other people won't want to stay with me.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

14) When I show my feeling for others, I'm afraid they will not feel the same about me.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

15) I often wonder whether other people really care about me.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	

Strongly Agree	
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16) I am comfortable developing close relationships with others.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

17) I am uncomfortable when anyone gets too emotionally close to me.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

18) I know that people will be there when I need them.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

19) I want to get close to people, but I worry about being hurt.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

20) I find it difficult to trust others completely.	
Strongly Disagree	
Disagree	

Neutral / Not Sure	
Agree	
Strongly Agree	

21) People often want me to be emotionally closer than I feel comfortable being.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

22) I am not sure that I can always depend on people to be there when I need them.	
Strongly Disagree	
Disagree	
Neutral / Not Sure	
Agree	
Strongly Agree	

The following questions are aimed to find out how your health has been over the last few weeks.

Have you recently:

23) Been able to concentrate on what you are doing?	
Better than usual	
Same as usual	
Less than usual	
Much less than usual	

24) Lost much sleep over worry?	
Not at all	
No more than usual	

Rather more than usual	
Much more than usual	

25) Felt that you are playing a useful part in things?	
More so than usual	
Same as usual	
Less than usual	
Much less than usual	

26) Felt capable of making decisions about things?	
More so than usual	
Same as usual	
Less than usual	
Much less than usual	

27) Felt constantly under strain?	
Not at all	
No more than usual	
Rather more than usual	
Much more than usual	

28) Felt you could not overcome your difficulties?	
Not at all	
No more than usual	
Rather more than usual	
Much more than usual	

29) Been able to enjoy your normal day to day activities?	
More so than usual	
Same as usual	
Less than usual	
Much less than usual	

30) Been able to face up to your problems?	
More so than usual	
Same as usual	
Less than usual	
Much less than usual	

31) Been feeling unhappy or depressed?	
Not at all	
No more than usual	
Rather more than usual	
Much more than usual	

32) Been losing confidence in yourself?	
Not at all	
No more than usual	
Rather more than usual	
Much more than usual	

33) Been thinking of yourself as a worthless person?	
Not at all	
No more than usual	
Rather more than usual	
Much more than usual	

34) Been feeling reasonably happy, all things considered?	
More so than usual	
Same as usual	
Less than usual	
Much less than usual	

Almost there, just a few more questions.



35) I've been getting emotional support from others	
I haven't been doing this at all	
I've been doing this a little bit	
I've been doing this a medium amount	
I've been doing this a lot	

36) I've been getting help and advice from other people.	
I haven't been doing this at all	
I've been doing this a little bit	
I've been doing this a medium amount	
I've been doing this a lot	

37) I've been getting comfort and understanding from someone.	
I haven't been doing this at all	
I've been doing this a little bit	
I've been doing this a medium amount	
I've been doing this a lot	

38) I've been trying to get advice or help from other people about what to do	
I haven't been doing this at all	
I've been doing this a little bit	
I've been doing this a medium amount	
I've been doing this a lot	

Appendix 2: Invitation to Participant in the Study

My name is Ultan Cavanagh and I am conducting research on behalf of the Psychology Department at Dublin Business School.

If you are over 18 and in full-time farming you are invited to participate in survey about mental health in Irish farming.

The survey is anonymous and is also completely voluntary so you are not obliged to take part.

The survey takes on average 10 minutes to complete, and please read the instructions carefully.

If you have any questions about the survey, you can contact myself, Ultan Cavanagh at or my supervisor Pauline Hyland at .

Here is the link to the survey

<http://kwiksurveys.com/s.asp?sid=2jnl4p7y4r3bcpz453790>

Regards

Ultan Cavanagh