

Attachment Styles and Self-Efficacy in Blind and Non-blind Female High School Students



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ABSTRACT

Objective: The present study aimed at investigating the relationship between attachment styles and self-efficacy in blind and non-blind female high school students in Tehran.

Methods: The statistical population consisted of all female students studying in grades one or two in Tehran girl's high schools, in the academic year 2014. The study design was causal-comparative, conducted on 120 subjects consisting of 60 blind girls selected through convenient sampling method and 60 non-blind girls selected through randomized clustering sampling method. Data were collected through two questionnaires of attachment styles of Collins and Read (1990) (RAAS) and self-efficacy scale (SEQ-C) of Muris. To analyze the data, descriptive (mean and standard deviation) and inferential statistics (multivariate analysis of variance) were used.

Results: The study results indicated a significant difference between blind and non-blind students' efficacy and attachment styles. Avoidance attachment style as well as emotional, social, and public efficacy of these two groups revealed no significant difference. Moreover, the results indicated a significant difference between anxiety attachment style and emotional, social, and public efficacy of these two groups ($P > 0.05$). Finally, a significant difference was observed between secure attachment style and emotional, social, and general efficacy of blind and non-blind students.

Conclusion: The blind and non-blind students are significantly different with regard to anxiety and secure attachment styles. However, their emotional, social, and academic self-efficacy seems to be the same. Although there was a significant difference between blind and non-blind students with regard to attachment styles, a significant association was seen between different dimensions of self-efficacy of blind and non-blind students ($P < 0.05$).

1. Introduction

Living with a disabled child has such a profound impact on the parents and other family members that reduces the family

performance. The birth of a disabled child may increase parental stress, and negatively affect their mental and physical health; even some parents may feel guilty of their child's disability which may reduce the self-esteem of both parents (Reichman, Corman, & Noonan, 2008).

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An epidemiology study conducted in Tehran in 2007 indicated that the prevalence of blindness is 0.28 and low vision is 13.20 in Iran (Mirzaei, & Saeedi, 2013). The World Health Organization estimated that there were 285389 persons with visual impairments in the world in 2010, out of them, 2460204 people had low vision and 39365 persons were blind. Blindness is a prevalent type of sensory disability, affects people who suffer from total blindness and those with visual impairment.

The blind may perceive the world differently and consequently develop social and emotional problems such as the lack of activity, compatibility with, and interest in others. They may also suffer from depression and low self-concept (Maleki Tabar, Khosh Konesh, & Khodabakhshi Koolaei, 2011). They may also become nervous because of feeling insecure and lost (Mirzaei, & Saeedi, 2013). Brown (2011) found out that severe visual disorders were associated with symptoms of depression and lower life satisfaction. These indicators have important roles in effects of vision disorder on reducing the quality of life, but their most important impact relates to self-efficacy.

Troster and Brambring (1992) studied the effect of child blindness on mother-child interaction. They believed that different emotional and social growth of the blind people compared to non-blind ones was due to role of eye contact on the parent-child interaction. Blindness brings about defects in perception and cognitive skills and confines the ability to control the environment and obtaining necessary experience in blind people (Ravidas Nagar, & Pandey, 2013). Similarly, Preisler (1991) in his research pointed out that blind babies experienced a lot of problems to express their feelings to their mothers. Schore (1994) also believed that the eye contact between mother and child facilitated attachment between them. In other words, the blind children, because of their lack of eye contact and low vision, experience environmental problems and communicational problems with their mothers. They not only have delayed reaction to social smile (Dorn, 1993), but also grow higher insecure attachment styles, especially anxiety attachment style compared to normal children (Mirhashemi, & Nikgkoo, 2008).

The original concept of attachment theory points out that as soon as mothers are available and help children meet their needs, the children make sense of security and trust towards the main caretaker. This facilitates the children's emotional and social growth; so the early childhood experiences are basic foundation of healthy growth, relationships, and future behaviors in adulthood (Roa, & Madan, 2013). Securely attached people are emotionally close to others, comfortably depend on others, and are

trusted by others. They are more capable of dealing with stressful situations they may encounter (Mikulincer, Shaver, & Pereg, 2003). Furthermore, they tend to have positive views of themselves (Mikulincer, 1995). In addition, a secure attachment accompanies a high level of confidence, high emotional intelligence, better cognitive system, and proper emotional relationships.

People who are anxious or preoccupied with attachment may exhibit high levels of emotional expressiveness, worry, and impulsiveness in their relationships. Also, they have low self-esteem, emotional intelligence, and their low cognitive system impairs their emotional relationships with others (Kim, 2005). Therefore, the quality of parental attachment makes children feel positive towards themselves (Cotterell, 1992) and avoid participating in antisocial activities (Arbona, & Power, 2003). In this regard, it plays a great role in the formation of people's identity and psychological well-being (Abubakarro et al., 2013).

Fraley and Shaver (1999) reported that people with anxiety attachment tend to aggravate their distress; they constantly think about their loss which can lead to chronic grief. In fact, people with anxiety attachment style have a negative view of themselves (Pietromonaco, & Barrett, 2000), tend to have self-defeating ideas (Cantazaro, & Wei, 2010), yield to their negative thoughts and feelings, and believe that the unfortunate experiences and happenings occur only for them (Wei, Liao, Ku, & Shaffer, 2011). However, people with secure attachment style, have higher self-confidence and enjoy more healthy relationships with others. Wright, McGovern, Boo, White (2014) in their research also concluded that students with secure attachment styles experienced better academic self-efficacy.

Momeni, Malekpor, Molavi, and Amiri (2010) believed that there was a significant difference between young people with vision/hearing impairments and the healthy youth considering attachment styles, so that defective young people are more at risk of developing insecure attachment. Amiri, Bani-Jamali, and Ahadi (2013) found a significant difference between self-efficacy of people with secure style and those with dismissive-avoidant attachment style. In other words, people with secure attachment styles have higher self-efficacy compared to individuals with dismissive-avoidant attachment styles.

Self-efficacy is one of the key concepts in Bandura cognitive-social theory. It strongly influences person's ability to face challenges competently and the person's choices likely to make (Bandura, 1977). According to Albert Bandura self-efficacy is one's believe in his or her ability to succeed in a particular situation. Parents who

are responsive to their children's communication, provide them with opportunities of a proper environment, freedom, exploration, experiences, and effective dominant skills. They rear children who are faster in their social, cognitive, and verbal developments (Tahmasibian, & Fata, 2006). Consequently, it seems that people with higher self-efficacy tend to have better self-management and self-caring behaviors and rely on their attachment relationships in times of stress (Boyer, & Paharia, 2008).

Individuals with poor self-efficacy focus on their shortcomings and incompetencies and avoid the social activities which are potentially rewarding (Maddux, & Lewis, 1995). Bandura believed that people with high self-efficacy consider the life obstacles and aversive experiences as challenges, assign strong objectives for themselves, and keep on their efforts despite the obstacles and failures. Teens who have weak self-efficacy are prone to psychological disturbance and behavioral problems, but proper guidance of the teens can turn potential stimuli into opportunities for the growth of self-government and avoidance of future problems (Bandura, 1997).

The most important areas of self-efficacy include social, emotional, and academic self-efficacy. Social self-efficacy refers to person's believe in his or her ability to start a social relationship and establish a rapport with others (Gecas, 1989). Social sense of self-efficacy leads to positive social relationships, while its lack throws the person into the social alienation (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). Academic self-efficacy refers to one's perception of one's ability to learn, solve problems, and achieve academic success (Bandura et al., 1999). Emotional self-efficacy means one's perception of one's emotional abilities (Bandura, 1982); in the sense that the individual believes in having the ability to cope with own negative feelings and emotions (Muris, 2002).

Research done in this area suggests that self-efficacy is an important indicator of the students' quality of life (Kvarme, Haraldstad, Helseth, Sørnum, & Natvig, 2009), educational success (Tella, Tella, & Adeniyi, 2009; Carroll et al., 2009), academic performance (Usher, & Pajares, 2008), psychological well-being (Momeni, Molavi, Malekpor, & Amiri, 2010), and not cheating on their exams (Finn, & Frone, 2004). Some researchers have reported that blind people compared to normal counterparts feel more lonely and isolated (Hadidi, & Khateeb, 2013); have weak self-concept (Halder, & Datta, 2012), weak body image (Pinquart, & Pfeiffer, 2012), low self-esteem (Papadopoulos, Montgomery, & Chronopoulou, 2013); suffer from more emotional problems (Pinquart, & Pfeiffer, 2012), depression and anxiety (Bolat, Dogangun,

Yavuz, Demir, & Kayaalp 2011); experience more physical activity (Aslan, Calik, Kitis, 2012), limited social participation (Engel-Yeger, & Hamed-Dahe, 2013), and have lower compatibility and emotional intelligence. However, Bolat et al. (2011) in their research tried to compare the blind and non-blind teen's self-concept and concluded that they did not have significant differences with each other with regard to their self-concept. In other words, the blind have enough compatibility and necessary capabilities, so their disability does not influence their attitude.

Lackay, Margalit, Ziv, and Ziman (2006) reported that students with learning disabilities and disorders compared with their normal counterparts have lower social self-efficacy, although the two groups were not significantly different regarding emotional self-efficacy. Disabled people need more care and attention in their lifetime (Reichman et al., 2008). Self-efficacy seems to be one of the key concepts in promoting mental health and preventing social and psychological damages in adolescence (Muris, 2002).

The literature has clearly indicates the importance of the relationship between self-efficacy and attachment styles on psychological and educational field. Hence, understanding the factors affecting self-efficacy can provide us with the theoretical foundations, practical strategies, and essential training programs to cope with such stress creating conditions. In this regard, we aimed to explore the attachment styles and self-efficacy, as one of the essential measures, and identify the psychological dimensions of blind and non-blind students. To the best of our knowledge, there are few studies exploring the attachment styles and self-efficacy of the blind and non-blind students and clarify their possible commonalities and particularities to be used in both curriculum design and instructional programs. No research study, however, was found which investigated the effects of blindness on the attachment styles, emotional relations, and self-efficacy dimensions of blind students.

The present research, therefore, aims at studying attachment styles and self-efficacy in blind and non-blind female high school students. We try to find out the effects of blindness on their emotional relationships, attachment styles, and self-efficacy.

Therefore, the following hypothesis are presented:

- There is a significant difference between the attachment styles and self-efficacy dimensions of blind students.
- There is a significant difference between the attachment styles and self-efficacy dimensions of non-blind students.

- There is a significant difference between the attachment styles of blind and non-blind students.
- There is a significant difference between self-efficacy dimensions of blind and non-blind students.

2. Methods

The study design is causal-comparative. The statistical population consists of all female (blind and non-blind) high school students studying in grades one or two in Tehran girl's high schools in the academic year 2014. The sample comprised 120 subjects consisting of 60 blind girls selected through convenient sampling method and 60 non-blind girls selected through multistage clustering sampling method.

First, one educational district was selected randomly, then one school in this district was selected through random method. Finally 60 students were randomly selected out of the students studying in first or second grades in that high school. The subjects in two groups were almost matched with regard to age and educational grade. To observe the ethical principles, the researchers explained the importance of the present study for the improvement of the blind students' lives in future. Then the subjects expressed their willingness to take part in this research.

Both the blind and non-blind students filled in forms and declared their consent to participate in this study. In all stages of the research, permission was acquired from parents, principals, and educational organization. The group of non-blind students read the study questionnaires and completed them on their own. The blind group, delivered their answers in braille which were turned into normal language.

Self-efficacy scale (SEQ-C) assesses student's beliefs about personal abilities to complete schoolwork successfully. (Muris, 2001) developed children's self-efficacy questionnaire to measure their self-efficacy. It is a 23-item self-expressing scale and uses a 5-point Likert-type score ranges from strongly disagree (1) to strongly agree (5). It has three subscales of academic self-efficacy (questions 1 to 8), social self-efficacy, (questions 9-16) and emotional self-efficacy (questions 17 to 23). Overall score of self-efficacy ranges between 23 and 115, social and academic between 8 and 40, and emotional between 7 and 35. Internal consistency for the whole test, and subscales of social, academic, emotional self-efficacy were reported as 0.80, 0.78, 0.87, and 0.80, respectively (Muris, 2001).

Tahmosebian examined main characteristics of mental self-efficacy questionnaire in Iranian samples and

showed that the Cronbach α of general self-efficacy was 0.73, social self-efficacy 0.6, emotional self-efficacy 0.84 and academic self-efficacy 0.73. The validity of the questionnaire has been confirmed using factor analysis, so internal validity of this questionnaire is acceptable. In the present study, the Cronbach α of the scale based on the sample of 30 blind students was calculated and internal validities for social self-efficacy, emotional self-efficacy, academic self-efficacy, and general self-efficacy were 0.71, 0.72, 0.87, and 0.85, respectively.

Collins and Read's adult attachment scale (RAAS) is an 18-item scale, developed with a sample of undergraduate students. It measures adult attachment style dimensions, including comfort with closeness and intimacy (close subscale), comfort with depending on others (dependence subscale), and worry about being rejected or unloved (anxiety subscale).

Each item is rated on a 5-point scale ranging from 1=not at all characteristic to 5=very characteristic. Collins and Read (1990) reported the Cronbach α coefficients of 0.81 for "close," 0.78 for "dependence," and 0.85 for "anxiety" subscales. Test-retest correlations for a 2-month period were 0.68 for "close," 0.71 for "dependence," and 0.52 for "anxiety" subscales. The scale designers defined attachment styles as follows:

- Secure: High scores on "close" and "dependence," low score on "anxiety,";
- Anxious: High score on "anxiety," moderate scores on "close" and "dependence"; and
- Avoidant: Low scores on "close", "dependence," and "anxiety".

In Iran, Pakdaman (2001) reported the Cronbach α of 0.74 for "anxiety" subscale, 0.28 for "dependence" subscale, and 0.52 for "close" subscale. In the present study, the Cronbach α of the scale based on the sample of 30 blind students calculated for the different attachment styles and internal validities for secure, anxious, and avoidant attachment styles were 0.41, 0.69, and 0.24, respectively.

3. Results

Table 1 presents descriptive statistics (mean and standard deviation) of scores of attachment style and self-efficacy subscales in blind and non-blind female students. As it indicates, there are no significant differences between the means of subscales of two groups of blind and non-blind students.

Table 1. Descriptive statistics of variables and their subscales in blind and non-blind students.

Variables	Subscales	Vision Status	Mean	SD
Attachment style	Secure	Blind	16.16	3.95
		Non-blind	14.20	4.93
	Avoidant	Blind	10.43	3.16
		Non-blind	10.40	3.55
	Anxious	Blind	11.81	5.35
		Non-blind	13.91	5.28
Self-efficacy	Social	Blind	27.78	5.07
		Non-blind	27.36	4.70
	Academic	Blind	27.55	6.43
		Non-blind	27.60	5.47
	Emotional	Blind	19.88	5.05
		Non-blind	20.08	5.05
	General	Blind	75.21	12.90
		Non-Blind	75.05	11.66

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According to [Table 2](#), there is a significant difference between blind and non-blind students with regard to secure and anxiety subscales at 0.05 level of significance. However, there is no significant difference between blind and non-blind students with regard to avoidant style subscale at 0.05 level of significance. It also indicates no significant differences among the means of subscales of self-efficacy in two groups of blind and non-blind students. In other words, there is a significant difference be-

tween blind and non-blind students with regard to attachment styles, but no significant difference for self-efficacy at 0.05 level of significance.

[Table 3](#) shows the results of multivariate analysis of variance differences between scores of attachment styles in blind and non-blind female students in Tehran. As [Table 3](#) indicates, there is a significant difference in attachment styles of blind and non-blind female students

Table 2: The t test for two independent groups showing the difference between variables and their subscales in two groups of blind and non-blind students.

Variables	Subscales	Observed t	Critical t	Sig.	df
Attachment style	Secure	2.40	1.98	0.01	118
	Avoidant	0.05	1.98	0.95	118
	Anxious	2.16	1.98	0.03	118
Self-efficacy	Social	0.46	1.98	0.32	118
	Academic	0.46	1.98	0.48	118
	Emotional	0.21	1.98	0.41	118
	General	0.07	1.98	0.41	118

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Table 3. Multivariate analysis of variance for studying statistical differences between scores of attachment styles in blind and non-blind groups.

	Effect	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Vision	Pillai's trace	0.081	3.400	3.000	116.000	0.020	0.081
	Wilks' lambda	0.919	3.400	3.000	116.000	0.020	0.081
	Hotelling's trace	0.088	3.400	3.000	116.000	0.020	0.081
	Roy's largest root	0.088	3.400	3.000	116.000	0.020	0.081

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($P < 0.05$). To find out in which attachment styles they are different, 1-way analysis of variance was used in the context of MANOVA. The results are shown in Table 4.

Table 4 shows the level of significance for anxiety and secure attachment styles. Based on the results, there is a significant difference in anxiety and secure attachment styles of blind and non-blind female students ($P < 0.05$). According to Table 1, the mean score of secure attachment style of non-blind students (16.16) is more than that of blind students (14.20), while the mean score of anxiety attachment style of blind students (13.91) is more than that of non-blind students (11.81).

Table 5 presents the results of multivariate analysis of variance differences between scores of self-efficacy in blind and non-blind female students in Tehran. As above table indicates, there is a significant difference in self-efficacy of blind and non-blind female students at $P < 0.05$. To find out in which types of self-efficacy they are different, the 1-way analysis of variance was used in the context of MANOVA. The results are presented in Table 6.

Table 6 presents the level of significance for self-efficacy subscales. As it indicates, there is no significant differences in self-efficacy subscales of blind and non-blind female students ($P < 0.05$).

Table 4. The 1-way analysis of variance (ANOVA) for studying statistical differences between variables in blind and non-blind groups.

Tests of Between-Subjects Effects						
Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Secure attachment style	116.033	1	116.033	5.802	0.018	0.047
Avoidant attachment style	0.033	1	0.033	0.003	0.957	0.000
Anxious attachment style	132.300	1	132.300	4.692	0.032	0.038

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Table 5. Multivariate analysis of variance for studying statistical differences between variables in blind and non-blind groups.

Multivariate Tests ^a							
	Effect	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Vision	Pillai's trace	0.004	0.166	3.000	116.000	0.919	0.004
	Wilks' lambda	0.996	0.166	3.000	116.000	0.919	0.004
	Hotelling's trace	0.004	0.166	3.000	116.000	0.919	0.004
	Roy's largest root	0.004	0.166	3.000	116.000	0.919	0.004

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Table 6. The 1-way analysis of variance (ANOVA) for studying statistical differences between variables in blind and non-blind groups.

Tests of Between-Subjects Effects						
Dependent Variables	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Social self-efficacy	5.208	1	5.208	0.218	0.642	0.002
Academic self-efficacy	0.075	1	0.075	0.002	0.964	0.000
Emotional self-efficacy	1.200	1	1.200	0.046	0.831	0.000

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4. Discussion

The present study aimed at comparing the attachment styles and self-efficacy of blind and non-blind female students in Tehran. The results obtained from the analysis of multivariate variance (MANOVA) revealed a significant difference between attachment styles (secure, avoidant, and anxious) of two groups of blind and non-blind students. In order to analyze the data, the methods of descriptive (mean and standard deviation) and inferential statistics (multivariate analysis of variance) were used.

The results of t test in the two independent groups with regard to secure attachment and anxiety attachment styles were 2.40 and 2.16, respectively ($P < 0.05$). Thus, there is a significant difference between blind and non-blind students considering their secure and anxiety attachment styles, while there is no significant difference among them with regard to avoidance attachment style ($P > 0.05$). In other words, the healthy students got high scores in secure attachment style, while their blind counterparts got high scores in anxious attachment style. Apparently, eye contact between mother and child facilitates attachment between them. Because the blind children experience more problems in relations with their parents and other people, they tend to develop an anxious-insecure attachment style (Schore, 1994). The blind children fail to establish a proper eye contact with their mothers, so their quality of attachment expected to be quite different. The results of research conducted by Momeni et al. (2010) also confirm the findings of the present study indicating a significant difference between the youth with vision and hearing defects compared to the normal youth with regard to attachment styles, and defective young people are more at risk of having insecure attachment. The finding of this research is consistent with Khanjani (2009) study asserting that blind children showed no significant difference in attachment subscales, compared with the normal children.

Because eye contact is an important non-verbal communication tool between caretaker and child, blind students with vision defects are more at risk of growing insecure attachment style. Vision is one of the most vital sensory perceptions without which many people could not adapt with their environment, causing some developmental, emotional, behavioral, and communicative problems. All in all, blindness can affect the warm, safe, and proper relationship between the child and the caretaker, endangers formation of the secure attachment in blind children, and creates challenges for family members, especially parents of blind children causing parent-child relationship disorders.

The other finding of the present study supports no significant difference among the academic, social, emotional, and general self-efficacy of two groups of blind and non-blind students. The results are in line with the findings of research studies comparing two groups of blind and non-blind students in other fields such as self-dependence (Khanjani, 2009), self-confidence (Griffin-Shirley, & Nes, 2005), self-concept (Bolat et al., 2011), emotional problems (Pinquart, & Pfeiffer, 2012), depression and anxiety (Bolat et al., 2011), and psychological well-being (Kef, & Dekovic, 2004). Thus, blind people despite their sensory defects do not feel disable facing the difficulties in their lives. Blind students' self-efficacy is not affected by their disability, and they have a positive image of their academic, social, and emotional abilities, as their normal counterparts do. Thus blindness does not reduce their self-efficacy.

Research done by Pinquart and Pfeiffer (2011) revealed no significant difference between the two groups of blind and healthy teenagers regarding their self-efficacy. They concluded that higher self-efficacy might lead to better adjustment and academic success in people. The research conducted by Lackaye et al. (2006) indicated that the students with learning disorders compared with their normal counterparts had lower social self-efficacy, while they were

not significantly different with regard to emotional self-efficacy which did not agree with findings of the present research. In addition, the results supported a significant negative relationship between the anxiety attachment style and emotional self-efficacy and social self-efficacy; between the avoidance attachment style and emotional self-efficacy; and between the anxiety attachment style and emotional self-efficacy ($P < 0.01$) in female non-blind students.

The results also indicated a significant negative relationship between anxiety attachment style and academic self-efficacy, also between the anxiety attachment style and emotional self-efficacy, and finally between the anxiety attachment style and general self-efficacy ($P < 0.01$) in blind students. Thus, anxiety attachment style associates with people's negative beliefs about themselves and their ability to perform their activities. The individuals with anxiety attachment style do not believe in their interpersonal relationships and even cannot control their negative thoughts.

Bowlby (1983) believed that children with secure attachment had positive expectations about themselves and others, would interact the outer world with certainty, and in facing potential warning situations, react confidently or persist in overcoming the potential problems. Rice, Cunningham, and Young (1997) in their research found out that secure attachment style was associated with high levels of social self-efficacy. In other words, those with high levels of anxious or avoidant attachment have less social self-efficacy (Mallinckrodt, & Wei, 2005).

Wright et al. (2014) concluded that students with secure attachment style experienced higher academic self-efficacy. Amiri, Bani-Jamali, and Ahadi (2013), in their study concluded that there was a significant difference between the secure attachment style and self-efficacy, and between the insecure attachment style and self-efficacy. In other words, people with secure attachment have higher self-efficacy than that of individuals with anxious and avoidant attachment.

To sum up, blindness can negatively affect a warm, safe, and proper relationship between the child and the caretaker and creates an insecure anxiety attachment style in the blind students, while it does not influence their self-efficacy. In other words, their disability does not affect their self-efficacy, and they enjoy a positive image of their emotional, social, and academic abilities, as their normal counterparts do. Therefore, we can acknowledge that our study findings present promising outcomes for both the blind and the educational specialists. The study results confirm that the blind have a good understanding of their academic, emotional, social capabilities as their counterparts have. Therefore, educational

setting certainly plays a vital role in helping the blind develop their potential talents.

The present study have some limitations, too. The study findings should be interpreted with caution because the sample was collected from a specific geographic area. Samples chosen from different geographic areas with different ages and genders would provide more reliable data with broad results. The present study aimed at investigating the relationship between attachment styles and self-efficacy in blind and non-blind female high school students; therefore, additional studies examining the influence of other psychological constructs on the relationship between attachment styles and self-efficacy may provide a more accurate understanding of these relationships.

Since it is difficult to follow up the samples of the study, either in short-term and long-term, some results may also have been affected by the size and position of the sample. In this regard, a larger pool of participants in other places and organizations may yield more precise results. Thus, a longitudinal study was required to measure the precise relationship of attachment styles and self-efficacy of the subjects over time. Finally, a convenience sample of blind students used in this study has limited generalizability to other young people in other organizations.

The practical applications of these findings suggest that the youth may benefit from programs designed to increase their efficacy. Accordingly, self-efficacy can be developed through training programs followed by reality testing which is particularly effective for young people.

The results of this study can be used to reinforce the capabilities and behaviors of young adolescents in schools, educational, and other social institutions. Reflecting on the results of the study and considering the possibility of reinforcing self-efficacy, designing instructional programs to create and increase self-efficacy in students as well as strengthening the protective factors in training students should be stressed.

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Conflict of Interest

The authors declared no conflict of interests.

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