ATTACHMENT STYLES, COPING STRATEGIES, AND PERCEIVED STRESS IN UNIVERSITY STUDENTS

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RESEARCH COMPLETION CERTIFICATE

It is certified that Ms. Syeda Khadeeja Imran (Session 2018-2022), Department of Applied Psychology has carried out this research work entitled '*Attachment Styles, Coping Strategies and Perceived Stress in University Students*' under my supervision.

It is assured that this research work is original and not yet published anywhere else.

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Abstract

This study aimed at examining the relationship between attachment styles, coping strategies, and perceived stress in university students. It also aimed to understand the role of attachment styles and coping strategies as predictors of perceived stress in university students. A sample of undergraduate university students (*N=200*) between the ages of 19 and 24 (M = 1.35, SD = .48) was taken from HEC-recognized universities in Lahore. All participants completed Adult Attachment Scale (Collins & Read, 1990), Brief-Cope (Carver, 1997), and Perceived Stress Scale (Cohen, 1994). Results showed a significant positive relationship between anxiety attachment and perceived stress. It also stated that coping strategies such as self-distraction, denial, emotional support, instrumental support, behavioral disengagement, and self-blame also have a positive correlation with perceived stress. The results also stated that close attachment was a predictor of perceived stress. Coping strategies such as religion, acceptance, active coping, and behavioral disengagement also predicted perceived stress among university students. Significant gender differences were there in close and dependent attachment styles among university students. Males had a more close and dependent attachment style than females.

Keywords: Adult Attachment, Perceived Stress, Coping Strategies, Anxiety Attachment, Dependent Attachment, Attachment Styles

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List of Abbreviations

Abbreviations	Full Form
AAS	Adult Attachment Scale
BC	Brief Cope
SD	Self Distraction
AC	Active Coping
D	Denial
SU	Substance Use
ES	Emotional Support
IS	Instrumental Support
BD	Behavioral Disengagement
V	Venting
PR	Positive Reframing
P	Planning
H	Humor
A	Acceptance
R	Religion
SB	Self Blame
PSS	Perceived Stress Scale
FCCU	Forman Christian College University

KC	Kinnaird College
FJMC	Fatima Jinnah Medical College
UMT	University of Management and Technology
LCWU	Lahore College Women University
SPSS	Statistical Package for the Social Sciences

List of Symbols

Symbols	Definitions
M	Mean
SD	Standard Deviation
N	Number of Participants
K	No of items
α	Cronbach alpha
ΔR^2	R square change
B	Standardized beta
SE	Standardized coefficients
UB	Upper bound
LB	Lower bound
CI	Confidence Interval
LL	Lower Limit
UL	Upper Limit

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Chapter I

Introduction

Stress among students in the present time is increasing due to various stressors such as academic pressure, workload, social anxiety, homesickness, personal issues, etc. It is very difficult to maintain a balance between university and personal life in the present time. Poor diet habits and lack of sleep cause stress in student life. Stress is a defensive mechanism as a response, transaction, and stimulus. It is the feeling of being unable to cope with emotional or mental pressure. The body's response to pressure depends on the attachment styles that mainly develop fearful-avoidant, secure, avoidant, and anxious attachments. Coping strategies help deal with stress to manage emotions and pain. They help in adjusting to emotional well-being and stressful events. They also help the individual cope with stress symptoms and attachment styles (Hemamalini, Ashok & Sasikala, 2018).

Stress

Every individual has a different ability to cope with stress depending upon personality, genetics, economic and social circumstances, and early life events. It is triggered when we come across a new and unexpected event. The body releases stress hormones to trigger a fight or flight response on encountering stress. Those hormones are adrenaline and cortisol which make the individual feel unwell. (Hemamalini, Ashok & Sasikala, 2018).

Stress could be the result of a specific situation or various small problems in life. The problems that can lead to stress are significant changes in life, worry, pressure, etc. Stress is caused by uncertainty, overwhelming responsibilities, lack of control over issues, hate, discrimination, abuse, and enough work. Past experiences, present resources, support, and going through present time affect stress externally.

The intensity of feeling stressed depends on various factors such as types of situations, going through different things at one time, feeling about yourself, resources of money, and support from the family. There is always a probability that some situations affect you, and some don't bother you depending upon influence by experiences and the level of support from people. Multitasking with restrictions is one of the probabilities of increasing stress. For example, working and shopping with a tight budget increases stress whereas having plenty of time and money to shop is pleasant (Hemamalini, Ashok & Sasikala, 2018).

Stress affects the emotions of individuals, how the body behaves in different ways, etc. At times, when people are stressed, they are not able to define or deliver what they go through. Thus, few symptoms help in understanding that a person is feeling stressed. Those signs are headaches, dizziness, muscle tension, high blood pressure, sadness, stomach problems, pains, and aches. A high level of stress is defined by severe symptoms such as anxiety, depression, chest pain, panic attacks, etc.

Stress makes you impatient, angry, anxious, irritable, overburdened, nervous, worried, tensed, lonely, neglected, lacking interest, and unable to enjoy. It also leads to severe symptoms of existing mental health issues and disturbing thought patterns leading to a negative perspective toward everything. People with high-stress levels go through suicidal thoughts and quitting activities and relationships (Hemamalini, Ashok & Sasikala, 2018).

The way stress-related hormones respond to stress affects the human body in different ways. It leads to sore or blurred eyesight, fatigue, difficulty and heavy breathing, panic attacks, sleep problems, constipation, diarrhoea, sweating, changes in the menstrual cycle, heartburn, indigestion, weight loss or weight gain, fainting, itchy skin, rashes, and physical health issues worsening. The two common situations worsen by stress are Takotsubo cardiomyopathy known as broken heart syndrome in which a person feels similar pain as a heart attack and the

other is secondary amenorrhea where periods are missed or stopped for more than three months (Hemamalini, Ashok & Sasikala, 2018).

Stress makes individuals behave differently than normal where decision making is difficult, concentration is disturbed, short term memory is disturbed, snapping at people, biting nails, feeling dread, constant worrying, grinding teeth, clenching jaw, sexual problems, disturbed, eating habits, smoking substance abuse, feeling tearful, spending too much, not exercising and withdrawing from people (Hemamalini, Ashok & Sasikala, 2018).

Stress can be controlled by many interventions that help in getting through it. It is important to learn ways to manage stress and overcome stressful feelings and situations. This ability to manage well-being and managing stress is referred to as resilience. Things that can help build resilience to stress also have barriers, making it harder to build resilience. This happens when causes of stress go beyond control (Hemamalini, Ashok & Sasikala, 2018).

These barriers are long-term mental and physical health problems, facing hate and discrimination such as racism, biphobia, transphobia, and homophobia. Distance from family and friends, poverty, single parent, poor quality of life, and lack of health, transport, and educational facilities act as barriers. Loneliness, relationship problems, poor policing, and lack of justice and security add more to the barriers of stress. Resilience building is easier if these barriers are not present (Hemamalini, Ashok & Sasikala, 2018).

Self-relief strategies include exercises and daily, weekly, or monthly goals, psychotherapies, relaxation activities, positive gratitude, staying connected with people, taking good care of yourself, etc. Stress can be long-term or short-term. Using stress management techniques regularly helps reduce stress (Hemamalini, Ashok & Sasikala, 2018).

Ways to build resilience and manage stress are looking after well-being. It includes being kind to yourself, and help how to feel in different situations, rewarding yourself for

achievements, and not doubting your skills on failures. Give yourself time to relax when you are stressed while working. Manage taking short breaks in between and enjoying. Make healthy hobbies and take interest in activities you like to spend time on. Socialize with friends, colleagues, and relatives to stop isolation.

To improve wellbeing, try spending time in nature by going for a walk in the park, playing with animals, and taking care of plants. Focus on your mental and physical health by regularly exercising, getting enough sleep, and eating a healthy and balanced diet.

Building a good support network plays an important role in managing stress and building resilience. Telling friends and family how you feel helps find solutions to stress. Informing colleagues, managers, and human resources about your well-being helps produce a healthy working environment. Sharing problems with classmates, teachers, and administration provides support in all issues regarding academics. Talking to people with similar mindsets and feelings helps in overcoming stress and provides peer support (Hemamalini, Ashok & Sasikala, 2018).

Identifying what triggers your stress helps in dealing with it in a better way. Preparing for the triggers also helps deal with stress rather than avoiding them. Come up with situations that make you worry and disturbed. Preparing for life events like marriage, divorce, changing job, institute, city, country, or residence. Going through stressful events and discrimination causes stress. Repetition of stressful events such as meeting someone again, going to a specific place for a second time that makes you feel unpleasant, or facing a bad experience triggers stress (Hemamalini, Ashok & Sasikala, 2018).

Avoiding or reducing stress could be challenging for which organizing things, resources and time can help. Prefer working on time when you have better energy such as morning or evening. Focusing on tasks at this time can help in concentrating. Arranging and noting down

things to do can help by focusing on urgent first and doing others later. Making small targets are easy to achieve and causes less stress to the individual. Unrealistic goals and realistic goals coals could easily be differentiated and triggers to stress can be reduced accordingly.

Vary the activities to maintain a balance between interesting and boring tasks by mixing difficult tasks with easy tasks. Work in chunks and avoid not to work too much at one time. Individuals should have the strength and courage to say no to others when they want. It is not necessary to be available for others every time but tell them what is real and possible for you to do. Always availability for others can add more to your stress and harm your daily life. Seeking help from people is always a good option for dealing with daily tasks and reducing stress (Hemamalini, Ashok & Sasikala, 2018).

There is no specific treatment to deal with stress but the treatment to reduce symptoms can help. The options to deal with stress are therapy options, medication, alternatives, etc. medications include sleeping pills, muscle relaxers, antidepressants, and blood pressure medicines. Talking therapy with counsellors and experts can help with the problems. Marital, child, speech, etc. therapists can play an important role in these challenging situations. Alternatives include massage, aromatherapy, acupuncture, yoga, meditation, deep breathing, negative thought eradication, and herbal medicines.

The problems and symptoms could be discussed with friends and families. Sharing them lowers the burden and opens ways for possible solutions. People suffering from stress, or any relevant symptoms should be given space to tell what they feel. Help them by reassuring, relaxing, identifying the triggers, dealing with the causes, supporting them, being motivated to seek help, and taking care of them (Hemamalini, Ashok & Sasikala, 2018).

Attachment Styles

An individual's attachment style is the specific way to relate to people in relationships. The attachment styles are developed and shaped in childhood depending on the relationship with the caregivers. Adult attachment styles reflect dynamics the individual had with caregivers. It includes the way an individual responds emotionally to others or interacts with them. Among the four attachment styles, one is the secure attachment, and rest three are the subtypes of insecure attachment (Pasyar, Rezaei & Mousavi, 2018).

It is believed that the attachment style is developed in the first year of life, from age 7 to 11 months old. It depends on the response of the caretaker to the cues of the individual during stress and emotional disturbance. The following attachment styles are;

Secure – It involves the formation of loved and secured relationships with others whom you can trust, get loved, and get close to. Anxious – It is a type of insecure attachment having deep fear. People attached anxiously tend to be insecure about their relationships. They worry that their partner or any loved one would leave them. Avoidant – This style is marked by fear of intimacy and such people have a fear of coming close to others and having trust in them. So, they prefer to maintain a safe distance from them and are emotionally unavailable. Fearful Avoidant – This is the combination of avoidant and anxious attachment. People with this attachment style crave affection and at the same time, they try to avoid it as they are reluctant to develop any romantic relationship (Pasyar, Rezaei & Mousavi, 2018).

There are four characteristics of attachment styles. First is a Safe haven that means returning to figures attached for safety or comfort in threat and fear. The second is Separation distress which is the stress that occurs in absence of an attachment figure. Third is Proximity maintenance, a desire to stay close to the attached people. Last is a Secure base where the attachment figure helps the child explore surroundings by acting as a secure base.

Bowlby introduced three key propositions regarding attachment theory. First was that children are given confidence by the primary caregiver. They are less likely to fear situations if raised without conviction. He also believed that confidence is built during the growth and development of a child from the time of infancy to adolescence. He also stated that such expectations are a result of experiences. For instance, the children form expectations from their caregivers on how well they treat them (Pasyar, Rezaei & Mousavi, 2018).

Attachment styles adapted in childhood are followed in adult life. Thus, blaming relationship problems is not only linked to the people but the childhood experiences. Intervening experiences play an important role in developing attachment styles between the period of infancy and adulthood. Avoidant or Ambivalent attachment during childhood turnouts to be a secure attachment in adulthood. Whereas children having secure attachment in childhood can be insecure in adulthood.

Parental discord or divorce seems not to play an important role in attachment styles, but childhood attachment patterns have an impact on future relationships in adulthood. Adults with secure attachment believe in romantic love and state it as enduring, adults with avoidant attachment describe love as temporary or rare and adults with ambivalent attachment fall in love very often (Pasyar, Rezaei & Mousavi, 2018).

Securely attached children get upset when their caregivers are distant, and they become happy when they return. In situations where they are frightened, they seek comfort and peace from their caregivers. Children who are securely attached, respond positively to their parents when they initiate contacting them. These children are quite comfortable with strangers in absence of their parents, but they prefer parents over strangers (Pasyar, Rezaei & Mousavi, 2018).

Parents of children have secure attachment style play and spend more time with them. They are more responsive and caring towards their children and react quickly to their demands. Children who are securely attached are empathetic in their adulthood as studies suggest. They are described as less aggressive, more mature, and less disruptive compared to those who have avoidant or ambivalent attachment styles.

Research suggests secure attachment style depends on the response of the mother towards the child in the first year of development. Mothers who interfere in child's activities or avoid them, make them anxious and they cry more and explore less. Securely attached adults make a trustful and long-lasting relationship with others. They hold high self-esteem, social support, intimate relationships, and share feelings with others. Adults with secure attachment have a long-lasting and trusting relationship with great self-esteem. They also allocate their emotions to partners, family and friends and partners to gain social support. They tend to be more confident and face situations with strength (Pasyar, Rezaei & Mousavi, 2018).

Children become suspicious about others if they are ambivalently attached. They undergo distress when they are separated from their caregiver and are not comfortable with the return of the caregiver. At times they display aggression towards parents and refuse comfort or reject them based on trust issues. This attachment style is uncommon and hardly 7-15% of children display it in the US. It is linked to maternal unavailability or low availability. These children are described by teachers as over-dependent and clingy (Pasyar, Rezaei & Mousavi, 2018).

Ambivalently attached children are reluctant to interact with others or become close to them. They worry more about the feelings of their partner and consider them disloyal based on fears and trust issues. Thus, it increases the divorce rate, and breakups and makes relationships distant, weak, and cold. They feel distraught about ending a relationship and develop

insecurities about themselves and others also. These adults are reluctant to develop healthy relationships or come close to people around them. They keep worrying about their partners and doubt their loyalty. It is unhealthy and makes a person insecure throughout life (Pasyar, Rezaei & Mousavi, 2018).

Children with avoidant attachment tend to avoid their caretakers and parents. It occurs after a constant period of absence. They might not reject but would not also seek attention from them and would avoid contacting them preferably. The attachment of such individuals shows no clear difference between behaviour with strangers and parents. They learn to avoid caregivers and family followed by the absence of attention from caregivers towards them (Pasyar, Rezaei & Mousavi, 2018).

As adults, people with avoidant attachment styles find it difficult to maintain intimate and close relationships. They avoid partners for several reasons based on their attachment style. They don't prefer investing too much of their emotions in experiences and relationships to avoid distress when relationships end. They tend to avoid intimacy or fantasize about others by showing excuses of excess workload, responsibilities, health issues, etc. These individuals are more likely to accept and engage in casual relationships that could be intimate. Adults with avoidant attachment fail to support their partners in times of stressful situations and are unable to share their emotions, feelings, and thoughts (Pasyar, Rezaei & Mousavi, 2018).

Disorganized-insecure attachment develops a crystal-clear absence of attachment behaviour in children. The feedback and actions to their caregivers are altogether of avoidance and resistance behaviour. They display dazed behaviour and are at times apprehensive or confused towards their caregivers. This attachment style is a result of the inconsistent behaviour of parents towards their children. The fearing and reassuring behaviour of caregivers is a contributing factor to the disorganized attachment. The confusion in a child's

behaviour is a result of comfort and fear inculcated by caregivers (Pasyar, Rezaei & Mousavi, 2018).

Attachment disorders and relevant problems can be challenging for individuals to live healthy lives. They face social personality issues and interaction and communication with others become a problem for them. The struggle for healing childhood traumas also affects their adulthood and relationships. Trust, confidence, and comfort of individuals are threatened to various extent. Attachment Problems can be treated and managed by techniques such as psychotherapy, couple therapy, cognitive behavioural therapy, gestalt, and holistic therapy. Counsellors can use other ways of dealing with stress, trust issues, etc. to help (Hemamalini, Ashok & Sasikala, 2018).

Coping Strategies

These are usually used to face stress and trauma and to manage difficult and painful emotions. They also help in maintaining the emotional well-being of an individual. Traumatic life events such as miscarriage, death of someone close, divorce, breakup, or any failure cause grief or distress. Positive events such as marriage, the birth of a child, buying property, etc. can also be stressful causing emotional dysregulation that leads to depression and anxiety. Thus, coping strategies are used to deal with these external situations. These strategies can be active (Involve awareness of stressor) and avoidant (Involve ignoring the stressor). Coping strategies can be;

Problem Focused are associated with the process of dealing with the problems to reduce stress. These are helpful in situations where removing a stressful thing is necessary. For example, in relationships where there are high levels of sadness and anxiety, ending a relationship can resolve the problem. Problem-focused coping skills involve engaging in problem-solving, asking for support from a professional or friend, establishing healthy

boundaries, walking away from the situation causing stress, and managing time better (Hemamalini, Ashok & Sasikala, 2018).

Solution Focused strategies are effective for relieving stress as sometimes a small change helps in making a huge shift. At times there is no way that can help to change a situation, but you may get an opportunity to act in a way that can help change the circumstances. One change can start the positive cycle chain for other changes that eventually open opportunities for significant life (Pasyar, Rezaei & Mousavi, 2018).

Being thoughtful about actions to know which to take and which to avoid helps in gaining better solutions as every situation is unique and it is only possible with a less stressed mind that can choose beneficial action. These techniques are time-consuming and help in reducing stress and improving well-being including both, physical and mental. Solution-focused techniques are time management using strategies at the time when a person feels overwhelmed by a busy routine. Use of conflict resolution strategies in relationships to alleviate stress (Pasyar, Rezaei & Mousavi, 2018).

Emotion-Focused help to handle feelings of distress resulting from a problem. These strategies help in cultivating optimism and developing a sense of humour. It doesn't change the situation but changes the perception about it. They help in dealing with situations that are not under control. Here the stressors are observed as a challenge, not a threat. Other forms of emotion-focused techniques include the practice of loving and kindness meditation for increasing self-compassion, journaling about emotions, and the use of visualization strategies for increasing positive feelings (Hemamalini, Ashok & Sasikala, 2018).

Healthy emotion-focused coping skills involve caring for yourself by taking care of your hygiene. Engaging in relaxing hobbies such as painting, sketching, planting, or listening to music and focusing on tasks of house cleaning, gardening, cooking meals, or reading books. Regular exercising, yoga, walking, jogging, hiking, and engaging in a sport helps in a healthy

being. Practising mindfulness and using relaxation techniques such as playing with pets, muscle relaxation, etc. help in coping (Hemamalini, Ashok & Sasikala, 2018).

The common strategies used are adaptive and maladaptive. Adaptive strategies are relaxation, humor, support, problem-solving and physical activity. Maladaptive strategies are escapism, numbing, self-harm, compulsion, and unhealthy self-soothing. Coping involves tolerating or adjusting negative realities or events while you keep emotional and positive self-image equilibrium. It occurs in stressful and life-changing events where emotional disturbance is created (Hemamalini, Ashok & Sasikala, 2018).

Various unhealthy coping strategies endure pain but can create bigger problems in the long term are the use of a substance and alcohol to resolve issues. Overeating can stuff your feelings but cause health issues. Excess sleep never solves any problem but makes you lazy. Thus, a nap helps to temporarily relax the mind. Venting about your problems to others provides moral support but the person develops feelings of embarrassment or shame in front of others if the problem remains unresolved (Hemamalini, Ashok & Sasikala, 2018).

Overspending for joy on shopping, luxuries, possessions, etc. does not eradicate the problem and can bring backfire on affordability later. Avoiding problems rather than finding solutions can increase stress later. For example, watching movies or hanging out with friends instead of working on a budget or finding more ways to manage expenses can be temporarily helpful but problematic later (Hemamalini, Ashok & Sasikala, 2018).

To calm down physiologically, calming coping strategies are useful for reversing stress responses. On triggering stress response, process information makes a person feel emotionally and physically taxed. In cases where these states are prolonged, the person is pushed into chronic stress. To calm yourself, sit in a peaceful place and take a deep breath at intervals of five seconds. Repeat it several times by inhaling and exhaling slowly.

Aromatherapy, deep breathing, and Meditation are also helpful calming strategies (Pasyar, Rezaei & Mousavi, 2018).

Coping skills are reactive strategies to cope with problems when you feel bad or stressed. Proactive coping is an effective way to deal with future problems. For example, proactive coping helps maintain weight once you lose weight with hardcore exercises. Holiday planning and get-together invitations from friends and family help to cope with emotions previously caused (Pasyar, Rezaei & Mousavi, 2018).

This can help people with ways to deal with unexpected life changes. People who use proactive coping can deal with changes in a better way rather than facing a stroke afterwards. Proactive coping also help manage type 2 diabetes as those who plan and set goals before time, enjoy psychological well-being (Pasyar, Rezaei & Mousavi, 2018).

Strategies to cope with stress include a positive attitude toward thinking about things to offset difficulties. Accepting a situation that is not under the control expands energy to make things effective. Purposeful relaxation ways such as muscle relaxation, meditation, and deep breathing train the body to relax. Staying active helps a person's body fight stress easily. A healthy and balanced diet is a great strategy to manage stress. Taking rest and appropriate sleep is an important part of caring about yourself. Finding stressors and effective ways to cope with them is a great way to deal with such situations (Hemamalini, Ashok & Sasikala, 2018).

Coping involves tolerating or adjusting negative realities or events to maintain emotional equilibrium and a positive self-image. It occurs in conditions that are exposed to stress. Psychological stress is concerned with losing something or someone precious and life changes that are negative. Anyhow, changes require adaptation no matter positive or negative changes (Hemamalini, Ashok & Sasikala, 2018).

Changes are quite stressful as they require adjustment and in shortage of time, the perceived image is that situation is under control, adding more to stress. It leads to lower self-esteem and contributes to the development of depression and anxiety problems. In a few situations, physical illnesses develop if the capacity to adopt a change is worsened. It involves more effort and energy in the daily routine of life.

Hormones related to stress eventually lead to physical breakdown and severe illness. Stressors that occur for a long period such as chronic illness e.g., blood pressure, muscle fatigue, etc. Thus, timely precautions and coping strategies help reduce the symptoms of distress (Hemamalini, Ashok & Sasikala, 2018).

Theoretical Background

Stress

Stress has been a response, transaction, and stimulus. Conceptualizing stress is determined by the response, coping strategies, and adaptation. The theories related to stress, TTSC (Transactional Theory of Stress and Coping) is the Lazarus theory of stress, and it represents stress as the product of a transaction between a complex environment and a person. This model explains coping as the happening which involves behavioural and cognitive responses that are used for attempting to manage external or internal stressors (Hemamalini, Ashok & Sasikala, 2018).

As per the theories of Bowlby and Ainsworth, attachment theory holds the concept that an individual develops attachment relationships for their survival and for the survival of learning mechanisms for achieving a feeling of predictability and security. The normative development of infants includes the development of an attachment relationship with the caregiver. Every infant develops this relationship to gain reassurance and comfort. This support and comfort in stressful times lead to forms of insecure and secure attachment

patterns. According to Bowlby's theory, children form working models at a young age from attachment relationships. On basis of this relationship, the individual constructs representation with others.

This working model reflects expectations regarding the availability of caregivers and implicates a sense of self-efficacy, lovability, self-esteem, and acceptability. Thus, expectations about attachment impact new relationships' lifetime. Secure interpersonal relationship leads to trust and intimacy in adulthood. Unresponsive caregiver's attachment leads to a model of the self as worthless for affection, love, and support (Herbert, Callahan & Cormack, 2010).

Freud's theory of attachment (Psychoanalytic theory) suggests that attachment developed in childhood with the mother leads to attachment styles for the rest of life. The sense of security, love, and affection are learned and carried throughout life. If the relationship has been secure, it will lead to secure attachment and if it was not, the insecure attachment style will be influenced (Herbert, Callahan & Cormack, 2010).

The Behavioral theory suggests that a child's attachment style is dependent on the behaviour he had with the caregiver. It also says that behaviour is learned from the environment, not inherited. The attachment relies on the love ad care one gets or is a result of a past relationship (Herbert, Callahan & Cormack, 2010). Development of attachment occurs in a series of phases such as pre-attachment (from birth to 3 months), Indiscriminate (from age 6 weeks to 7 months), discrimination (from 7 months to 11 months of age), and multiple attachments (from 9 months onwards) (Hemamalini, Ashok & Sasikala, 2018).

Coping Strategies

Coping strategies are adaptive tools proactively used to avoid stress and solve problems. These can be thoughts, actions, and emotions depending on personality patterns. A friendly

and sociable person uses communication-based and solution-focused coping skills. Timid personality uses self-oriented and defensive coping strategies to deal with psychological adjustments (Hemamalini, Ashok & Sasikala, 2018).

Coping has two independent parameters, Focus-oriented (State and Trait) It recognizes a person's mental capacity and internal resources to evaluate how well a situation can be adopted. Approach-oriented (Macro-analytic and Micro-analytic) It revolves around how abstract or concrete mechanisms are. These are further categorized in various methods and functions.

The three groups of coping strategies are, Environmental Coping – Which involves bonding with pets, nature walks, etc. Cognitive Coping – It includes meditation, mindfulness, and thought to restructure. Physiological Coping includes muscle relaxation, breathing exercises, art, yoga, and naturopathy (Hemamalini, Ashok & Sasikala, 2018).

Literature Review

Attachment Styles and Stress

Khodarahimi, Hashim & Zaharim (2018) in the research stated that the purpose was to study the validity of the Adult Attachment Style Questionnaire for understanding the best relationship between different styles of attachment, and social support, and stress to investigate the influence of ethnicity, religion, and gender. 308 Malaysian university students were part of this study. 3 self-report inventories (Relationship Scales Questionnaire=RSQ, Chinese College Stress Scale=CCSS, and Multiple Perceived Social Support Scale=MPSSS). and a demographic questionnaire were administered. Data indicated RSQ (Relationship Scale Questionnaire) as a multidimensional construct of nine factors. The attachment styles were negatively and positively correlated with perceived stress, significant religious, gender, and ethnic differences in social support, perceived stress, and attachment styles.

Dogan, Gur, Sener & Cettindag (2012) mentioned the purpose of the study was to rule out ways of handling attachment problems and stress among students. It covers students in 1st year, 2nd year, and 3rd year of the nursing department. There was no sampling method, but 711 participants were taken for the study. PASI (Parental Attachment Style Instrument) was used to measure stress and the Ways of Coping Inventory was used. T-test, Chi-square, and Correlation Analysis were used for results. As per the data, ways to handle stress concluded that a confident approach, social support, obedient approach, and optimistic approach were used.

Dorins' (2014) research purpose was to examine the attachment impact on college students of age 18-30 years. ECR-S(Experience in Close Relationship-Scale) and PSS(Perceived Stress Scale) were used to collect data for carrying out this research. Bivariate correlation was conducted to analyze the results. The results identified a significant relationship between

secure attachment and perceived stress. Overall, the secure attachment was negatively related to stress.

Attachment Styles, Coping Strategies, and Stress

Bayrak, Guler & Sahin (2018) stated the purpose of the study was to check the role of self-concept, attachment styles and coping strategies to display differences between stress symptoms and stress factors. 515 students (213 males and 302 females) were taken from age 17 to 28 years. The scales used were the Brief Symptom Inventory and University Students Stress Factors Scale, Social Comparison Scale and Ways of Coping Scale, and Experiences in Close Relationships Scale-II. The results displayed that the effect of the anxious style of attachment over stress symptoms and stress factors was arbitrated by coping styles and self-concept.

Higgenbotham (2016) believed attachment theory tells those past experiences direct a person's interpretations of stressful events and reactions to these. When students enter a new environment, they undergo stress. The stress levels vary according to various factors. The study examined the relationship between the attachment styles of students, stress, and coping strategies among a sample of 174 university students in West Virginia. Perceived Stress Scale, ECR (Experience in Close Relationship), and Brief Cope questionnaire were used. A cross-sectional design was used for regression. Perceived stress and Attachment anxiety had a positive relationship. As per regression analysis, coping strategies and attachment styles could be used to explain variance in stress perception.

Attachment Styles and Coping Strategies

Baker (2006) stated the purpose of this study was to check the relationship between coping strategy, attachment style, social support, and identity development. 107 participants were part of the study who answered four questionnaires (Adult Attachment

Scale, COPE Scale, Identity Development Questionnaire, and Social Support Questionnaire). Correlation analysis was used that showed the results stating secure attachment negatively correlated with identity foreclosure and positively correlated with identity moratorium. Insecure attachment is related to less effective coping strategies.

Pasyar, Rezaei & Mousavi (2018) wanted to know how these children involved in child labour cope with their stress and what attachment styles they had. A purposive sample of 100 children who were working and 150 children who were not working was taken. They were asked to fill out CISS-21 (Coping Inventory for Stressful Situation of Parker and Endler), CD-RISC (Connor Davidson Resilience Scale), and Attachment Styles Scale of Read and Collins. MANCOVA and ANOVA in SPSS were used in a 2x2 factorial. The results stated that children who work used emotion-oriented strategies to cope with stress and avoidance was used less. Also, working children showed more insecurity in attachment style compared to non-working.

Ognibene & Collins's (1998) purpose of the study was to understand the relationship between coping strategies, social support, and attachment style among young adults. 81 participants filled out questionnaires on adult attachment style, ways of coping scale and perceived social support from family and friends. Results showed that a secure individual has more support from family and friends in response to stress. Fearful individuals seek less social support and distance themselves from others.

Tamannaeifar & Sanatkarfar (2017) studied to investigate the relationship between attachment styles and coping strategies for social anxiety based on the reasoning of DSM. It was cross-sectional research comprising 440 students (244 females and 196 males) of age group 17-18 years selected by cluster sampling. The coping inventory of Parker and Endler, the Adult Attachment Inventory, and the SPIN (Self Phobia Inventory) were used for the

research. Pearson's Correlation was computed on the data and the result showed a correlation between secure attachment and social anxiety, avoidant attachment, and secure attachment. Coping styles (Problem and Emotion-focused) predicted about 19% social anxiety variation and 11% attachment style and social anxiety variation.

Colakkadioglu, Akbas & Uslu (2017) made the objective to compare coping styles with the level of self-esteem and stress of couples. 422 (216 female and 206 male) students were part of this research study. The scales used were the Self Esteem Inventory, Stress Coping Style Scale, and Couple Attachment Scale. Pearson Product Moments Correlation Coefficient analysis and One Way MANOVA analysis tools were used. The results of the Pearson Product Moments Correlation Coefficient analysis stated that there was a positive and significant relationship between social support and the optimistic and self-confident approach. MANOVA stated that coping of secure and insecure couples vary.

Porter (2014) focused on copy strategies being predicted by attachment-related avoidance and attachment-related anxiety. 415 participants with experience of romantic partner were taken. ECR-R (Experienced in Closed Relationship Revised), WOC (The Ways of Coping Questionnaire), RAS (Relationship Assessment Scale), and DASS-21 (Depression Anxiety Stress Subscales-21) were used as a questionnaire for data collection. ANOVA was conducted to compute the results using a t-test and regression analysis. Participants with attachment avoidance style were less seeking confrontive strategies and social support and preferred distancing strategies. Participants with attachment anxiety were more accepting of responsibilities and avoidance strategies.

Baker (2006) study's purpose was to check the link between all coping strategies, perception of social support, identity development, and adult attachment style. 107 participants who answered COPE, Adult Attachment Scale, EOMEIS-2 (Extended Objective Measure of Ego

Identity Status), and Social Support Questionnaire were used. Secure attachment showed a negative correlation with identity foreclosure and a positive correlation with identity moratorium. The avoidant attachment was negatively correlated with social support and positively correlated with denial.

Coping Strategies and Stress

Freire, Ferradas, et al (2020) stated the purpose of the study was to check the importance of academic stress in emphasizing the need for coping strategies mentioned. 1072 undergraduate university students were taken ANCOVA was used to check self-efficacy differences. An academic stress questionnaire and self-efficacy scale were used. The results showed a combination of three strategies related to high self-efficacy expectations. Results suggested encouraging flexibility among coping strategies would help improve self-efficacy.

Indigenous Research

Kausar (2010) aimed to check academic workload, perceived stress, and coping strategies. 150 master's level students were taken. The scales used were the self-designed academic workload scale, CSQ (Coping Strategies Questionnaire), and PSS (Perceived Stress Scale). Regression analysis and Correlation were used for data analysis. Results showed a positive relationship between perceived stress and academic workload ($p<0.01$, $r=0.31$). Also, perceived stress and academic workload predicted the types of coping strategies used. Perceived stress showed a negative relationship with avoidance coping.

Dildar & Kausar (2019) did a study to investigate the possible role of attachment styles on the relationship of stress with PTSS (Post Traumatic Stress Symptoms). 278 boys and 283 girls of age 13-17 years (SD= 1.13, M= 14.65) were part of the study. The sample was taken from government schools. Perceived Stress Appraisal, Urdu versions of Attachment Style Classification Questionnaire, and Children's Impact of Event Scale-13 were used for data

collection. Results suggested that attachment styles moderated threat and centrality appraisal with PTSS. Findings showed that the secure group experienced more happiness and safety than the control group. Role of attachment style moderates PTSD attachment and trauma. Thus, childhood traumas, attachment anxiety, dysfunctional thinking, and low self-esteem manifest posttraumatic symptoms.

Rationale

Different coping strategies and attachment styles can be the predictors of reasons for perceived stress among students, and this has never been assessed in the previous literature. Rare studies are present that show the relationship of both attachment styles and coping strategies with perceived stress. Thus, this study will add more to the present literature. This study fills the research gap as indigenous literature lacks research on perceived stress, attachment styles, and coping strategies which have never been assessed in undergraduate university students.

It will reveal how both attachment styles and coping strategies are related to perceived stress in students at university. This study will benefit the research community with the new findings in the field of clinical psychology and the population will understand more about how attachment styles and coping strategies are related to perceived stress. Moreover, the study will contribute by reflecting on the role of culture in attachment styles as this population has never been used for this research topic whereas populations of other counties have been studied on this topic.

Research Objectives

The research study objectives are to identify;

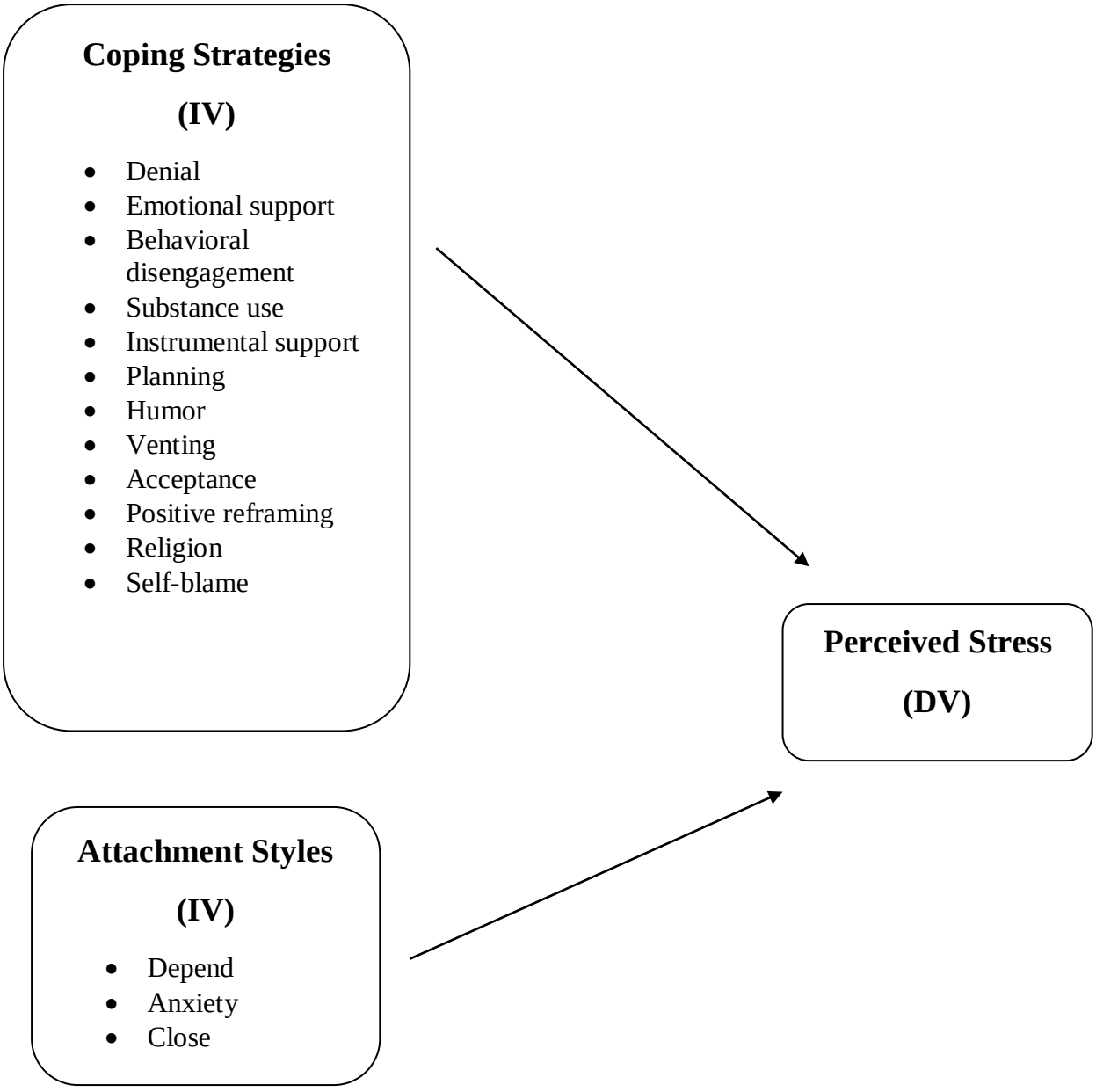
- The relationship between attachment styles, coping strategies, and perceived stress in university students.
- The role of attachment styles and coping strategies as a predictor of perceived stress among university students.
- The gender differences in attachment styles, coping strategies and perceived stress in university students.

Hypotheses

- There is likely a relationship between attachment styles, coping strategies and perceived stress in university students.
- Attachment styles and coping strategies predict reasons for perceived stress among young adults.
- There are significant gender differences in terms of attachment styles, coping strategies and perceived stress in university students.

Figure I

Proposed model of Attachment Styles, Coping Strategies and Perceived Stress in University students.



Chapter II

Method

1.1 Research Design

A correlational research design was used that investigates the relationship between variables without manipulating or controlling the variables by the researcher. It reflects the direction and strength of the relationship between two or more variables, that can be positively or negatively correlated.

1.2 Participants

The convenience sample included undergraduate university students (n= 200), 100 females and 100 males. The data from the sample was collected online and physical from students at Forman Christian College and University, Kinnaird College for Women, Lahore College Women University, Fatima Jinnah Medical University and University of Management and Technology.

(a) Inclusion Criteria

Following were the inclusion criteria in the study:

- Participants' ages range from 19-24 years.
- Include females (100) and males (100) both.
- Include students from HEC recognized public and private sector universities (Forman Christian College and University, Kinnaird College for Women, Lahore College Women University, Fatima Jinnah Medical University and University of Management and Technology).

(b) Exclusion Criteria

The following students were not included in the study:

- Those who belong to the same major (Psychology) to reduce biases.
- Those who cannot understand English properly as the questionnaire is in English.
- Those who were married and working.

Table 2.1

Demographic Characteristics of the Participants (N=200)

Variables	n	%	M	SD
Age				
19-21	131	65.5		
22-24	69	34.5		
Gender				
Male	100	50		
Female	100	50		
Marital Status				
Unmarried	200	100		
University				
FCCU	67	33.5		

KC	19	9.5
LCWU	55	27.5
FJMC	10	5
UMT	49	24.5
Undergraduate Degree		
Science	38	19
Humanities	78	39
Computer Science	22	11
Accounting	31	15.5
Business	31	15.5

Note: n= Number of Participants, *M*= Mean, *SD*= Standard Deviation, *FCCU*= Forman Christian College University, *KC*= Kinnaird College, *LCWU*= Lahore College Women University, *FJMC*=Fatima Jinnah Medical College and *UMT*= University of Management and Technology

Operational definition of variables

The operational definition of terms are;

Attachment Styles

Attachment style is the cognitive representation of individuals and the way they relate to everyone throughout life. It is the social interaction of individuals towards close relationships (Collins & Read, 2012).

Coping Strategies

Coping strategies are the efforts, psychological and behavioral that individuals employ to tolerate, master, reduce or minimize stressful events (Carver, Scheier, & Weintraub, 1989).

Perceived Stress

It is a crucial psychological factor that refers to the extent or degree to which happenings in a person's life are analyzed as unpredictable, stressful, and uncontrollable (Cohen, Kamarck, & Mermelstein, 2017)

2.3 Data Collection Instruments

To collect the data, three sets of instruments were used, one for the attachment styles, the second for coping strategies and the third for stress. The details of each of the instrument are given below:

Adult Attachment Scale

The scale for attachment styles is the Revised Adult Attachment Scale. It has 18 items on a 5-point Likert scale that qualify for providing information regarding attachment with others. The information gathered from it will help assume the attachment styles of the participants. Cronbach's alpha coefficients of three subscales for validity are .75 for Depend, .72 for Anxiety and .69 for Close. Moderate scores on depend and close, and a high score on anxiety reflect Anxious attachment. Low scores on all, anxiety, depend and close show Avoidant attachment. A low score on anxiety and a high score on depend and close show Secure attachment. The reliability score is α=0.72-0.84 and the validity is α=0.7 (Collins & Read, 2012).

Brief-COPE

The scale for coping strategies is Brief-COPE (Carver, Scheier, & Weintraub, 1989). It is a revised version of the scale having 28 items. The items are regarding people's ways and strategies to deal with perceived stress and other problems. It is suitable for getting the required information (reflection on coping strategies and how well they are used by the participant to deal with stress and insecure attachment style). The subscales are denial, emotional support, behavioural disengagement, substance use, instrumental support, planning, active coping, self-distraction, humor, venting, acceptance, positive reframing, religion, and self-blame. These subscales reflect 3 coping styles, Problem-Focused (active coping, planning, instrumental support, and positive reframing), Emotion-Focused (venting, religion, humor, self-blame, emotional support, and acceptance), and Avoidant (substance use, self-distraction, denial, and behavioural disengagement).

Low scores on these subscales indicate a lack of resistance or reflective capacity, absence of coping skills, and no indication of stressors by the individual. High scores on problem-focused subscales indicate the aim of changing stressful situations and reflect psychological strength and a problem-solving approach. A high score on emotion-focused subscales shows the aim of regulating emotions and is not associated with psychological health. High scores on avoidant subscales indicate cognitive or physical disengagement from the stressors. The reliability value is α=0.77. The Cronbach Alpha value for this scale is 0.89 (Carver, Scheier, & Weintraub, 1989).

Perceived Stress Scale

It is a 10-item scale with a 5-scores option for each. The items are regarding the behaviour for last month. The scores are added to check the level of stress given on the scale for this test. Reverse scoring for a few items is also there. Three levels are mentioned on the scale, 1 for low stress (0-13), 2nd for moderate stress (14-26), and 3rd for high stress (27-40). Cronbach's alpha for the PSS10 has a reliability score of .75. Mean and standard deviation scores are 13.02 and SD = 6.35 (Cohen, Kamarck, & Mermelstein, 2017).

2.4 Procedure

Initially, institutional approval was taken from Kinnaird College for Women to carry out this research for this thesis. For the sample participants, students from different universities were approached. Official permission was taken from the universities for the research and to approach the students. It was a purposive sampling to target students. Participants were males and females from age 19 years to 24 years. First, an informed consent form was given to the participants that had all the information about the research. Once read and signed, the participant was given a questionnaire with all the items of both my research study scales and basic information such as age, gender, marital status, major, any psychological disorder, etc. Data collection was carried out during the working hours of the universities. The verbal briefing was also given to students, and they were ensured that their information will be kept confidential.

2.5 Ethical Considerations

- Permission of authors of the scales was taken before doing the study.
- Informed consent was given to the participants to sign.
- Participants were never forced to take part in the study and the scales were only used by those who intended to be part of the study.

- Queries of the participants were catered to well.
- No extra or irrelevant information was taken from the participants.
- The information of participants was and will be kept confidential.
- If someone wanted to quit, he could quit at any stage of the research.

2.6 Statistical Analysis

The collected data were analysed by using the Statistical Package for the Social sciences (SPSS) software. Firstly, descriptive statistics were computed for most of the study variables. Pearson's Product Moment Correlation Coefficient helped to find the relationship between perceived stress, attachment styles, and coping strategies in students. Multiple Hierarchical Linear Regression analysis was also used in predicting the relationship between these three variables. The Independent t-test was used to find gender differences in the level of attachment styles, coping strategies, and perceived stress among university students.

Chapter III

Results

The study aimed to identify the relationship between attachment styles, coping strategies and perceived stress among university students. It also examines the role of attachment styles and coping strategies as a predictor of perceived stress among university students. Also, it examines gender differences among the variables. The findings of this research are discussed in this chapter, Table 3.1 indicates the psychometric properties of variables, table 3.2 represents the correlation coefficient between the variables, table 3.3 shows the finding of regression coefficients to determine the predictor of perceived stress, and table 3.4 shows gender differences among variables.

Table 3.1

Psychometric Properties of Attachment Styles, Coping Strategies and Stress in the Sample (N=200)

Variables	M	SD	α	Potential Range	Skewness	Kurtosis
Attachment Styles	51.57	6.95	.32	5-90	-.64	1.73
Close	17.19	3.83			.09	-.12
Depend	16.35	3.82			.21	.38
Anxiety	18.03	5.18			.02	-.23
Coping Strategies	68.69	10.02	.73	28-112	.05	.96

Self-Distraction	5.30	1.78	-.17	-.82
Active-Coping	5.58	1.52	-.29	-.54
Denial	4.40	1.82	.32	-.83
Substance Use	3.14	1.84	1.48	.93
Emotional-Support	4.70	1.72	.22	-.83
Instrumental-Support	3.92	1.39	-.12	-.72
Behavioral-Disengagement	4.28	1.72	.49	-.62
Venting	4.76	1.53	.12	-.56
Positive-Reframing	5.55	1.72	-.27	-.69
Planning	5.59	1.61	-.16	-.62
Humor	4.50	1.95	.26	-1.04
Acceptance	5.55	1.60	-.32	-.45
Religion	5.71	1.78	-.39	-.74
Self-Blame	4.90	1.88	.18	-1.03

Perceived Stress	10	23.92	4.97	.50	0-40	.12	.75

Note: k= No of items, *SD*= Standard Deviation, *M*=Mean and α= Cronbach alpha

Interpretation:

The data above in table 3.1 suggests is free of significant kurtosis and skewness values i.e., all values fall in the range of +-1.96 indicating a normal distribution of sample data. The Cronbach value for coping strategies is .73 which is good. The overall Cronbach alpha value for attachment styles is .32 which is poor. Perceived stress has a .50 Cronbach alpha value which is also poor.

Hypothesis 1

There is likely a relationship between attachment styles, coping strategies and perceived stress in university students.

Table 3.2

Pearson product-moment correlation between Attachment styles, Coping strategies and Perceived stress among university students (N=200)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
C_AAS	1	.17*	-.09	-.19**	-.18*	-.02	.21***	.08	.04	-.05	-.06	-.11	-.02	.05	-.01	-.10	-.42	.00
D_AAS		1	-.23**	-.30***	-.18	.07	.15*	.09	.10	-.11	-.05	-.14	-.17*	.09	-.14	-.01	-.04	-.12
A_AAS			1	.23**	-.11	.24**	.02	-.03	.00	.20**	.13	.04	-.16*	.25***	.09	-1.2	.19**	.22**
SD_BC				1	.23**	.06	-.16*	.04	.11	.22**	.13	.22**	.12	.14*	.36***	.09	.26***	.24**
AC_BC					1	-.17*	-.17*	.03	.09	-.09	-.06	.41***	.44***	-.08	.37***	.31***	.03	.05
D_BC						1	.22**	.22**	.06	.34*	.23**	.03	-.05	.17*	-.15**	.07	.17*	.20**
SU_BC							1	.07	-.01	.32**	.06	-.19**	-.13	.31***	-.12	-.27***	.08	.04
ES_BC								1	.46***	.15*	.11	.08	.19**	.05	.02	.12	-.01	.17*

IS_BC									1	.12	.31***	.12	.19**	.11	.06	.19**	.09	.15*
BD_BC										1	.18*	.00	.00	.26***	.06	-.10	.33***	.15*
V_BC											1	.01	.03	.03**	.13	.11	.22**	.06
PR_BC												1	.30***	-.04	.29***	.40***	.02	.03
P_BC													1	-.11	.29***	.23**	.09	.12
H_BC														1	.12	-.19**	.29***	.05
A_BC															1	.15*	.08	.09
R_BC																1	-.03	.06
SB_BC																	1	.20**
PSS																		1
M	2.90	2.73	3.01	2.65	2.79	2.20	1.57	2.35	2.40	2.14	2.38	2.77	2.79	2.24	2.77	2.86	2.45	2.39
SD	.64	.64	.86	.88	.76	.91	.92	.86	.84	.86	.77	.86	.81	.97	.80	.89	.94	.50

Note: *M*=Mean, *SD*= Standard Deviation, *AAS*=Adult Attachment Scale, *BC*=Brief Cope, *SD*=Self Distraction, *AC*=Active Coping, *D*=Denial, *SU*=Substance Use, *ES*=Emotional Support, *IS*=Instrumental Support, *BD*=Behavioral Disengagement, *V*=Venting, *PR*=Positive Reframing, *P*=Planning, *H*=Humor, *A*=Acceptance, *R*=Religion, *SB*=Self Blame and *PSS*= Perceived Stress Scale, *p<.05. **p<.01. ***p<.001.

Interpretation:

Results in table 3.2 show there is a significant positive relationship between variables. Anxiety attachment has a significant positive correlation with perceived stress. Coping strategies such as self-distraction, denial, emotional support, instrumental support, behavioral disengagement, and self-blame also have a positive correlation with perceived stress. This shows that university students with anxiety attachment style have high levels of perceived stress. Coping strategies including denial, self-blame, instrumental support, emotional support, behavioral disengagement, and self-distraction predict perceived stress among university students as they use the following strategies to cope with stress.

There is no significant relationship between attachment styles, close and dependent with perceived stress. Coping strategies such as active coping, substance use, venting, positive reframing, planning, humor, acceptance, and religion have no significant relationship with perceived stress.

Hypothesis 2

Attachment styles and coping strategies predict reasons for perceived stress among young adults.

Table 3.3

Multiple Hierarchical Linear Regression showing Attachment Styles and Coping strategies as a predictor of Perceived stress among university students

Predictors	B	95% CI for B		SE B	β	R^2	ΔR^2
		UB	LB				
Model 1						.04*	.05*
Constant	1.34	2.64	1.62	.22	.03*		
Mean_ Close_AAS	.02*	.13	-.08	.06	.03*		
Mean_ Depend_AAS	-.06	.05	-.17	.06	-.08		
Mean_ Anxiety_AAS	.12	.20	.04	.04	.21		
Model 2						.097**	.120**
Constant	1.34	2.08	.60	.32			
Mean_ Close_AAS	.03*	.14	-.08	.06	.04*		

Mean_ Depend_AAS	-.05	.07	-.17	.05	-.06
Mean_ Anxiety_AAS	.10	.19	.01	.05	.17
Mean_ SD_BC	.10	.18	.00	.06	.16
Mean_ AC_BC	.00***	.12	-.12	.04	.01*
Mean_ D_BC	.08	.17	-.01	.04	.15
Mean_ SU_BC	.04*	.12	-.05	.05	.07
Mean_ EU_BC	.05	.15	-.04	.05	.09
Mean_ IS_BC	.06	.16	-.04	.05	.10
Mean_ BD_BC	-.02*	.08	-.12	.05	-.03*
Mean_ V_BC	-.06	.04	-.15	.05	-.08

Mean_PR_BC	-.05	.04	-.14	.05	-.09
Mean_P_BC	.06	.16	-.04	.04	.09
Mean_H_BC	-.04*	.04	-.02	.05	-.07
Mean_A_BC	.02*	.12	-.08	.05	.03*
Mean_R_BC	.03*	.11	-.06	.05	.04*
Mean_S_BC	.07	.15	-.01	.04	.13

Note: ΔR^2= R square change, β=Standardized beta, *SE*=Standardized coefficients, *UB*=Upper bound, *LB*=Lower bound, *AAS*=Adult Attachment Scale, *BC*=Brief Cope, *SD*=Self Distraction, *AC*=Active Coping, *D*=Denial, *SU*=Substance Use, *ES*=Emotional Support, *IS*=Instrumental Support, *BD*=Behavioral Disengagement, *V*=Venting, *PR*=Positive Reframing, *P*=Planning, *H*=Humor, *A*=Acceptance, *R*=Religion and *SB*=Self Blame, *p<.05. **p<.01. ***p<.001.

Interpretation:

Attachment styles and coping strategies as a predictor of stress were tested by using multiple hierarchical linear regression. Three subscales, close, depend and anxiety of attachment styles

were used as the predictor in model 1. Model 2 subscales of coping strategies were also run with attachment styles.

Independent assumption error was met as the Durbin-Watson value of 1.82 was between 1 and 3. The assumption of no perfect multicollinearity was tested to check the tolerance value and the results showed that the assumption was met because all values were above 0.2.

In model 1, subscales of attachment styles were entered as predictors of variables and the regression model showed significantly, R^2=.04, F (93, 196) =3.74, p<0.001. In model 2, coping strategies were added with three dimensions of attachment styles that showed regression model significant with a value of R^2=.09, F (14, 182) =1.89, p<.001. When the effect of Model 1 was excluded, Model 2 remained significant, ΔR^2 =.12, F (17, 182) =2.26, p<.001.

Among the predictors, the close attachment style and active coping, behavioural disengagement, acceptance, and religion emerged as significant positive predictors of perceived stress among university students. The relationship between attachment styles and perceived stress is linear and coping strategies and perceived stress also have a linear relationship.

Hypothesis 3

There are significant gender differences in terms of attachment styles, coping strategies and perceived stress in university students.

Table 3.4

Independent sample t-test showing gender differences in Attachment styles, Coping strategies and Perceived stress among university students

	Males		Females		t(df)		*95% CI*		Cohen's
Variable	*M*	*SD*	*M*	*SD*	*t* (198)	*p*	*LL*	*UL*	d
1.Close	3.07	.58	2.67	.64	4.65	.00***	.23	.57	0.65
2.Depend	2.82	.59	2.64	.67	2.04	.04*	.01	.36	0.29
3.Anxiety	2.95	.72	3.06	.99	-.90	.37	-.35	.13	0.13
4.Self-Distraction	2.46	.82	2.83	.92	-.210	.00***	-.61	-.13	0.42
5. Active Coping	2.72	.79	2.85	.73	-1.24	.22	-.35	.08	0.17
6.Denial	2.12	.77	2.27	1.02	-1.19	.28	-.41	.10	0.17
7.Substance Use	1.96	1.00	1.19	.65	6.47	.00***	.53	1.00	0.91
8.Emotional Support	2.41	.83	2.28	.89	1.10	.27	-.11	.37	0.15

9.Instrumental Support	2.45	.76	2.35	.91	.85	.40	-.13	.34	0.12
10.Behavioral Disengagement	2.16	.85	2.11	.87	.41	.68	-.19	.29	0.06
11.Venting	2.39	.74	2.37	.80	.19	.85	-.19	.23	0.03
12.Positive Reframing	2.56	.84	2.98	.84	-3.50	.00***	-.65	-.18	0.50
13.Planning	2.70	.82	2.88	.79	-1.52	.12	-.41	.05	0.22
14.Humor	2.46	.85	2.04	1.04	3.08	.00***	.15	.68	0.44
15.Acceptance	2.67	.81	2.87	.79	-1.81	.07	-.43	.02	0.25
16.Religion	2.62	.87	3.08	.84	-3.84	.00***	-.71	-.23	0.54
17.Self-Blame	2.37	.87	2.95	.10	-1.15	.25	-.41	.11	0.94
18.Percieved Stress	2.95	.34	2.79	.42	2.94	.00***	.05	.26	0.42

Note: M= Mean, *SD*= Standard Deviation, *CI*= Confidence Interval, *LL*=Lower Limit and *UL*=Upper Limit, *p<.05. **p<.01. ***p<.001.

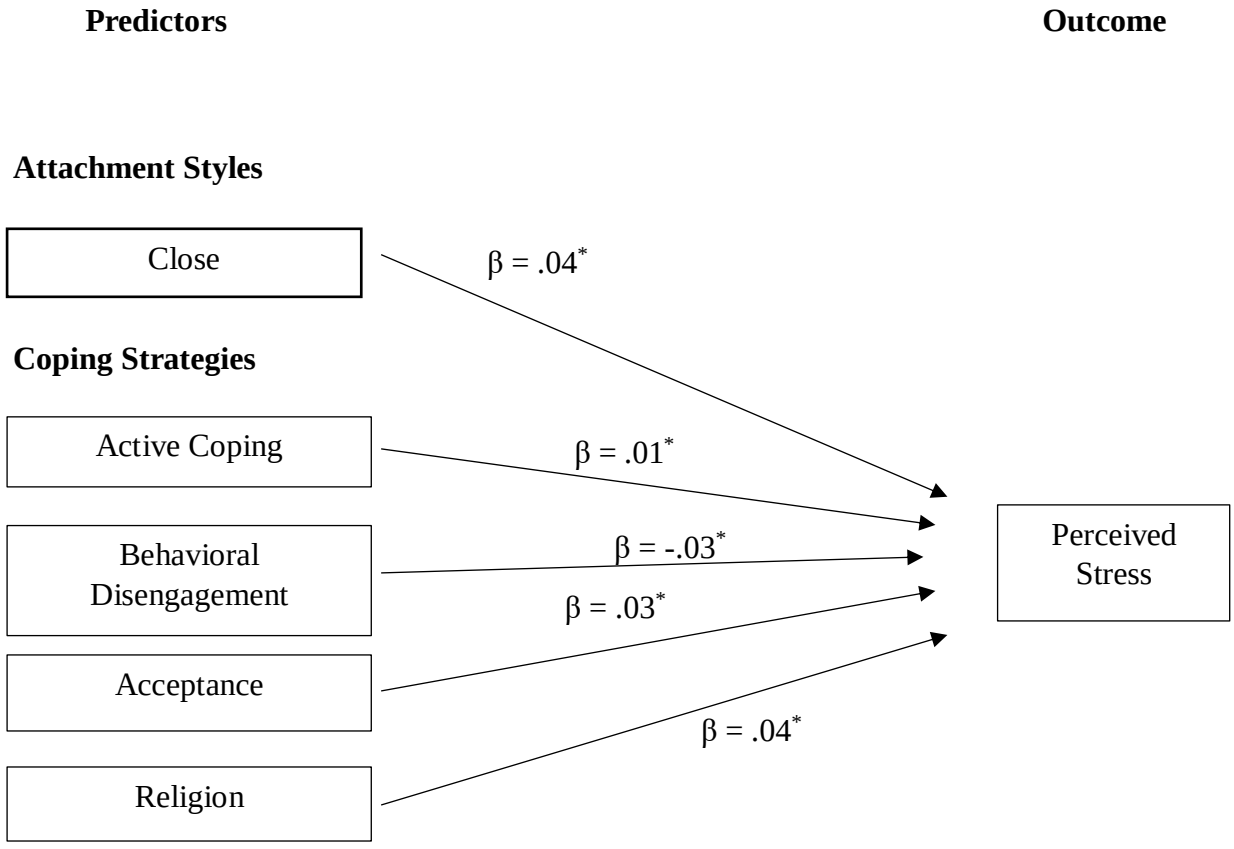
Interpretation:

Table 3.4 shows significant gender differences in close and depend attachment styles, self-distraction, substance use, positive reframing, humor, religious coping strategies and

perceived stress. It reveals that males have a more close and dependent attachment style than females in university students. Significant gender differences were seen in coping strategies used, females mainly use coping strategies of self-distraction, positive reframing, and religion whereas males mainly use humor and substance use to cope with stress. There was also a significant gender difference in perceived stress levels as males showed more stress than females in university students. There was no significant gender difference revealed in anxiety attachment style and coping strategies such as active coping, denial, planning, emotional support, self-blame, acceptance, instrumental support, venting, and behavioural disengagement used by university students.

Figure II

Emerged model of Attachment Styles, Coping Strategies and Perceived Stress in University students.



Chapter IV

Discussion

The study aimed to observe the relationship between attachment styles, coping strategies, and perceived stress among university students. The focus was on attachment styles and coping strategies as a predictor of perceived stress. The research was based on investigating gender differences among university students displaying the relationship between these variables. A specific population was targeted for the participants to provide information to be used for the research.

The data were normally distributed and showed a significant positive correlation between variables. Coping strategies like self-distraction, denial, emotional support, instrumental support, behavioral disengagement, and self-blame also have a positive correlation with perceived stress. Anxiety attachment has a significant positive correlation with perceived stress. This shows coping strategies including denial, self-blame, instrumental support, emotional support, behavioral disengagement, and self-distraction predict perceived stress among university students as they use the following strategies to cope with stress. It also shows that university students with anxiety attachment style have high levels of perceived stress.

Coping strategies, active coping, planning, positive reframing, and use of instrumental support, all are problem-focused coping strategies. Emotion-focused coping strategies include venting, acceptance, humor, religion, emotional support, and self-blame. Whereas, self-distraction, denial, substance use and behavioral disengagement are avoidant coping strategies. Thus, mainly emotion-focused, and avoidant coping strategies are used by students. No significant relationship was there between close and dependent attachment styles with perceived stress. Coping strategies such as active coping, substance use, venting,

positive reframing, planning, humor, acceptance, and religion have no significant relationship with perceived stress.

To test whether attachment styles and coping strategies are a predictor of perceived stress, regression analysis stated that close attachment style along with acceptance, active coping, behavioral disengagement, and religious coping strategies predict perceived stress among university students. There is a positive and linear relationship between these independent variables with perceived stress.

Significant gender differences were there in the results. More dependent and close attachment styles were found in males among university students. Males use humor and substance use to cope with stress whereas females use coping strategies of self-distraction, positive reframing, and religion. Males displayed more stress than females and no gender differences were seen in anxiety attachment and coping strategies such as acceptance, venting, self-blame, denial, planning, active coping, emotional support, behavioral disengagement, and instrumental support. Overall, gender differences were there in avoidant and emotion-focused coping strategies.

Low scores on attachment scales, close, depend and anxiety show that avoidant attachment style is common among participants (Hemamalini, Ashok & Sasikala, 2018). Use of emotion-focused, and avoidant coping strategies reflects coping styles of participants and use of physical and cognitive efforts to deal with stressors. It indicates that adaptive coping is used by students and there are no significant psychological health issues (Dorins, 2014).

Higgenbotham (2016) stated in his results that anxiety attachment has a positive relationship with perceived stress and the results of this study show the same result supporting the idea. As per the previous literature, avoidant attachment is related to individuals who use avoidant coping strategies. The results support this theory with the idea of substance use among males.

All the research objectives were studied in the research and the hypotheses turned out to be true defining an in-depth study of the three variables. The idea of gender differences was also proved to show differences in results of all three variables, attachment styles, coping strategies, and perceived stress among university students. There is a clear positive relationship between the variables providing space for more research on different dilemmas and variations in the study.

The major result, avoidant attachment style found among participants in this indigenous research study covered the gap and showed variation from previous literature that stated anxiety attachment is common among university students. Previous literature also stated that people with avoidance attachment style seek more help from problem-focused coping strategies whereas this study shows the use of emotion-focused coping strategies more than avoidant coping strategies.

The gender differences and positive relationship between attachment styles and coping strategies with perceived stress prove the rationale of the study making it useful for additions to the present literature. The concept of new findings reflects the differences based on cultural ethnicity and its impact on university students in developing attachment styles and use of coping strategies to deal with perceived stress.

As per the results, students tend to face academic pressure and competition. They use coping strategies that affect their emotions and avoid problems that act as stressors. The research defines social pressure among students, especially males displaying more perceived stress than females. Males have close and dependent attachment styles and use both, emotion-focused and avoidant coping strategies just like females.

Conclusion

This study examined the relationship between attachment styles, coping strategies ad perceived stress among university students. The results of correlational research showed that there is a positive significant relationship between anxiety attachment and perceived stress. It also stated that coping strategies such as self-distraction, denial, emotional support, instrumental support, behavioral disengagement, and self-blame also have a positive correlation with perceived stress. There was no significant relationship between close and dependent attachment with perceived stress and coping strategies like active coping, substance use, venting, positive reframing, planning, humor, acceptance, and religion have no significant relationship with perceived stress did not show a significant relationship with perceived stress.

The regression analysis results stated close attachment as a predictor of perceived stress. Coping strategies such as religion, acceptance, active coping, and behavioral disengagement also predicted perceived stress among university students. Significant gender differences were there in close and depend attachment style among university students. Males had more close and dependent attachment style whereas females use positive reframing, self-distraction and religious coping strategies compared to males who use humor and substance use to cope with stress as they display higher stress levels than females.

Strengths

- The ratio of male and female participants was equal in the study which helped in a fair evaluation of gender differences.
- Moreover, the participants were not from a psychology background, and it helped in reducing the biases in the results of the study.

- The students in the research were studying in HEC recognized universities and were able to understand English to fairly respond to each item in the questionnaire.
- All the students were enrolled in undergraduate programs, were not married and were young adults.

Limitations

- The participants in the research were not from intermediate and were only taken from 5 universities, both public and private sector.
- The focus was on the students who were not married and were of age 19-24 years.
- Students belonging to specific majors were taken as participants in the study.
- Only the population of Lahore was targeted and those living outside Lahore were excluded.
- Multiple Hierarchical Regression was used to predict perceived stress in university students whereas mediation analysis could produce a better result.

Recommendations

- Future studies should use mediation analysis for research on attachment styles, coping strategies and perceived stress.
- Population of different cities should be included in the study for the participants to be part of the research.
- Differences in perceived stress between postgraduate and undergraduate students should be also studied by making postgraduate students' part of the research.

Implications

The research findings would help in determining the types of attachment styles that predict levels of perceived stress. The types of coping strategies that help students to deal with stress are revealed. The study also reveals which strategies are used more frequently by males or females. Also, the findings will reflect the types of attachment styles found in males and females among university students. This study will add more findings to the present literature by showing significant gender differences in attachment styles, coping strategies and perceived stress among university students.

In the previous literature including indigenous research, no study has focused on gender differences and computed the relationship of these three variables together in this population of young adults in undergraduate. The difference in attachment styles is based on cultural ethnicity which is a predictor of perceived stress. This will help students learn more about ways to deal with stress and recognize their perceived stress levels based on attachment styles they have.

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Appendix A

(Questionnaire Permission Emails)

Adult Attachment Scale

Department of Psychology

University of California Santa Barbara

August, 2008

Dear Colleagues:

Thank you for your interest in the Adult Attachment Scale. In this document you will find a copy of the original and revised Adult Attachment Scales, along with information on scoring. You'll also find some general information about self-report measures of adult attachment style, and a list of references from our lab.Please feel free to use the Adult Attachment Scale in your research and, if needed, to translate the scale into a different language. If you do translate the scale, I would greatly appreciate it if you could send me a copy of your translation so that I can (with your permission) make the translation available to future researchers.

Before choosing the Adult Attachment Scale for your research, please be sure to investigate other self-report measures of adult attachment. There have been many developments in the field since my original scale was published, and you may find that newer scales – such as Brennan, Clark, & Shaver's (1988) Experiences in Close Relationships scale (ECR) – are better suited to your needs. I have included some references that will help you locate information on these newer measures.

Thank you for your interest in our work, and good luck with your research.

Sincerely,

Nancy Collins

Professor, UCSB

ncollins@psych.ucsb.edu

Perceived Stress Scale

Asking for permission to use your Scale. Inbox ×

khadija imran <deepdarkvoid10@gmail.com> Tue, Jan 4, 9:46 AM

to permissions

Greetings.
Respected Sir, kindly grant me the permission to use your questionnaire " Perceived Stress Scale" for my Thesis. I shall be very grateful to you for this favour.

Regards: Syeda Khadeeja Imran
Kinnaird College for Women Lahore
Department: Applied Psychology

Permissions <permissions@asanet.org> Tue, Jan 11, 12:25 AM

to me

Dear Syeda,

Thank you for your request. The ASA allows reproduction of its material for teaching and research purposes without permission and without fee. **This includes use in research studies**.

However, you will need the permission of the ASA if you plan to publish your results and include the PSS.

When you decide where and when you plan to publish your results using the PSS, send an email to this address and we will work to get you the permission you require.

https://www.jstor.org/stable/2136404?seq=1

https://www.cmu.edu/dietrich/psychology/stress-immunity-disease-lab/scales/index.html

Regards,

Jamie

Jamie Lynn Panzarella
Publishing and Employment Services Manager
American Sociological Association
1430 K Street, NW Suite 600
Washington, DC 20005
(202) 383-9005 ext. 875
panzarella@asanet.org
www.facebook.com/AmericanSociologicalAssociation
twitter.com/ASANews

Brief-Cope

Permission Request to Use your Scale.

Inbox ×

Syeda Khadeeja Imran <deepdarkvoid10@gmail... Nov 24, 2021, 3:26 PM

to scheier@andrew.cmu.edu

Greetings.
Respected Sir, kindly grant me the permission to use your questionnaire " Brief Cope Inventory Scale" for my Thesis. I shall be very grateful to you for this favour.

Regards: Syeda Khadeeja Imran
Kinnaird College for Women Lahore
Department: Applied Psychology

Sent from Mail for Windows

Michael Scheier <scheier@andrew.cmu.edu> Nov 24, 2021, 9:51 PM

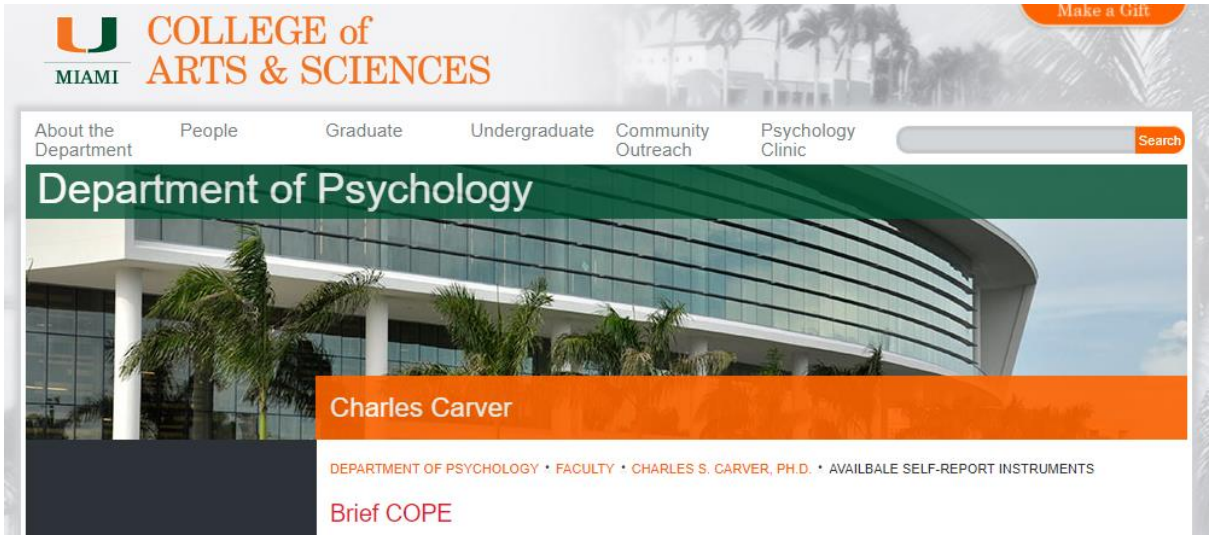
to me

I am not an author on the Brief COPE scale, so I have nothing to do with permissions. The author is Charles S. Carver, who is now deceased. His department still maintains a webpage on the scales that he helped construct. There is blanket permission granted on his webpage for people to use any of the scales he helped construct for research or educational purposes. You should go to his webpage for permission: https://local.psy.miami.edu/faculty/ccarver/.

--
Michael F. Scheier, Ph.D.
Professor Emeritus of Psychology
Walter van Dyke Bingham Professor Emeritus
of Personality and Health Psychology

Department of Psychology
Baker Hall 340-D
Carnegie Mellon University
Pittsburgh, PA 15213

Phone: 412-268-2781
Email: scheier@cmu.edu



[redacted]

You are welcome to use all scales of the Brief COPE, or to choose selected scales for use. Feel free as well to adapt the language for whatever time scale you are interested in.

Citation: Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100. [abstract]

Following is the BRIEF COPE as we are now administering it, with the instructional orientation for a presurgery interview (the first time the COPE is given in this particular study). Please feel free to adapt the instructions as needed for your application.

[redacted]

If you are interested in a Spanish version of the Brief COPE.
If you are interested in a French version of the Brief COPE.
If you are interested in a German Version of the Brief COPE.
If you are interested in a Greek Version of the Brief COPE.
If you are interested in a Korean Version of the Brief COPE.

Appendix B

(Informed Consent Form)

Informed Consent

My name is Syeda Khadeeja Imran. I am a final year student of B.Sc. (Hons). Applied Psychology at Kinnaird College for Women, Lahore. I am conducting this research under the supervision of Ma'am Sonia Naeem (Assistant Professor) at Kinnaird College for Women. The purpose of this research is to see the relationship between stress, attachment styles and coping strategies among university students.

The inclusion criteria for participation in this research:

1. Participants age range between 18-24 years.
2. Both male and female can take part in the study.
3. Should be students of HEC recognized universities.
4. Include students who are unmarried.
5. Participants should not be students of Psychology Major.

Your participation in this research is completely voluntary. I make sure that your provided information would be kept confidential, and it would not be shared with anyone else. The data will used for research purpose only.

If you don't feel comfortable during the research, you can withdraw at any time from the study. If you have any queries regarding the research, you may contact the researcher at deepdarkvoidl0@gmail.com. It will take 10-15 minutes. Your cooperation will be highly appreciated.

1.	I have clearly understood all the terms and conditions of the research.	
2.	I have been given the right to satisfy all my queries with respect to the research.	
3.	I voluntarily agree to participate in the project.	
4.	I have been assured that my confidentiality shall not be breached.	
5.	I am aware of my right to withdraw at any point during the research without the fear of being penalized.	
6.	The use of the data in research, publications, sharing and archiving has been explained to me.	
7.	I, along with the Researcher, agree to sign and date this informed consent form.	

Signature of the Participant _____

Appendix C

(Sample Copy of Questionnaire)

Demographics

Age

_____

Gender

_____

Marital Status

_____

University Name

_____

Undergraduate Degree Program

_____

Adult Attachment Scale

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1----------2----------3----------4----------5

Not at all characteristic of me — **Very characteristic of me**

(1) I find it relatively easy to get close to others. _____

(2) I do not worry about being abandoned. _____

(3) I find it difficult to allow myself to depend on others. _____

(4) In relationships, I often worry that my partner does not really love me. _____

(5) I find that others are reluctant to get as close as I would like. _____

(6) I am comfortable depending on others. _____

(7) I do not worry about someone getting too close to me. _____

(8) I find that people are never there when you need them. _____

(9) I am somewhat uncomfortable being close to others. _____

(10) In relationships, I often worry that my partner will not want to stay with me. _____

(11) I want to merge completely with another person. _____

(12) My desire to merge sometimes scares people away. _____

(13) I am comfortable having others depend on me. _____

(14) I know that people will be there when I need them. _____

(15) I am nervous when anyone gets too close. _____

(16) I find it difficult to trust others completely. _____

(17) Often, partners want me to be closer than I feel comfortable being. _____

(18) I am not sure that I can always depend on others to be there when I need them. _____

Perceived Stress Scale

For each question choose from the following alternatives:
0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

_____ 1. In the last month, how often have you been upset because of something that happened unexpectedly?

_____ 2. In the last month, how often have you felt that you were unable to control the important things in your life?

_____ 3. In the last month, how often have you felt nervous and stressed?

_____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?

_____ 5. In the last month, how often have you felt that things were going your way?

_____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do?

_____ 7. In the last month, how often have you been able to control irritations in your life?

_____ 8. In the last month, how often have you felt that you were on top of things?

_____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?

_____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Brief-Cope

Statements	1 I haven't been doing this at all	2 I've been doing this a little bit	3 I've been doing this a medium amount	4 I've been doing this a lot
1. I've been turning to work or other activities to take my mind off things.				
2. I've been concentrating my efforts on doing something about the situation I'm in.				
3. I've been saying to myself "this isn't real.".				
4. I've been using alcohol or other drugs to make myself feel better.				
5. I've been getting emotional support from others.				
6. I've been giving up trying to deal with it.				
7. I've been taking action to try to make the situation better.				
8. I've been refusing to believe that it has happened.				
9. I've been saying things to let my unpleasant feelings escape.				
10. I've been getting help and advice from other people.				
11. I've been using alcohol or other drugs to help me get through it.				
12. I've been trying to see it in a different light, to make it seem more positive.				
13. I've been criticizing myself.				
14. I've been trying to come up with a strategy about what to do.				

15. I've been getting comfort and understanding from someone.				
16. I've been giving up the attempt to cope.				
17. I've been looking for something good in what is happening.				
18. I've been making jokes about it.				
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20. I've been accepting the reality of the fact that it has happened.				
21. I've been expressing my negative feelings.				
22. I've been trying to find comfort in my religion or spiritual beliefs.				
23. I've been trying to get advice or help from other people about what to do.				
24. I've been learning to live with it.				
25. I've been thinking hard about what steps to take.				
26. I've been blaming myself for things that happened.				
27. I've been praying or meditating.				
28. I've been making fun of the situation.				

Appendix D

(SPSS OUTPUT)

Reliability Statistics

Cronbach's Alpha	N of Items
.324	,18

Reliability Statistics

Cronbach's Alpha	N of Items
.495	10

Reliability Statistics

Cronbach's Alpha	N of Items
.728	28

Reliability Statistics

Cronbach's Alpha	N of Items
.339	6

Reliability Statistics

Cronbach's Alpha	N of Items
.347	6

Reliability Statistics

Cronbach's Alpha	N of Items
.637	6

Reliability Statistics

Cronbach's Alpha	N of Items
.371	2

Reliability Statistics

Cronbach's Alpha	N of Items
.529	2

Reliability Statistics

Cronbach's Alpha	N of Items
.525	2

Reliability Statistics

Cronbach's Alpha	N of Items
.845	2

Reliability Statistics

Cronbach's Alpha	N of Items
.518	2

Reliability Statistics

Cronbach's Alpha[a]	N of Items
-.080	2

Reliability Statistics

Cronbach's Alpha	N of Items
.568	2

Reliability Statistics

Cronbach's Alpha	N of Items
.236	2

Reliability Statistics

Cronbach's Alpha	N of Items
.641	2

Reliability Statistics

Cronbach's Alpha	N of Items
.522	2

Reliability Statistics

Cronbach's Alpha	N of Items
.706	2

Reliability Statistics

Cronbach's Alpha	N of Items
.482	2

Reliability Statistics

Cronbach's Alpha	N of Items
.690	2

Reliability Statistics

Cronbach's Alpha	N of Items
.643	2

Correlations

		Mean_AAS	Mean_Close_AAS	Mean_Depend_AAS	Mean_Anxiety_AAS	Mean_BC	Mean_SD_BC	Mean_AC_BC	Mean_D_BC	Mean_SU_BC	Mean_EU_BC	Mean_IS_BC	Mean_BD_BC	Mean_V_BC	Mean_PR_BC	Mean_P_BC	Mean_H_BC	Mean_A_BC	Mean_R_BC	Mean_SB_BC	Mean_PSS
Mean_AAS	Pearson Correlation	1	.576**	.468**	.570**	.052	-.098	-.237**	.208**	.208**	.069	.076	.056	.041	-.104	-.224**	.267**	-.012	-.140*	.096	.099
	Sig. (2-tailed)		.000	.000	.000	.461	.168	.001	.003	.003	.330	.283	.433	.565	.143	.001	.000	.861	.048	.174	.163
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_Close_AAS	Pearson Correlation	.576**	1	.166*	-.089	-.063	-.192**	-.177*	-.015	.208**	.077	.037	-.050	-.057	-.113	-.020	.054	-.012	-.100	-.042	.000
	Sig. (2-tailed)	.000		.019	.212	.377	.006	.012	.836	.003	.281	.601	.485	.427	.111	.778	.450	.871	.159	.553	.997
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_Depend_AAS	Pearson Correlation	.468**	.166*	1	-.232**	-.066	-.300**	-.107	.069	.149*	.091	.104	-.113	-.051	-.136	-.165*	.092	-.135	-.011	-.038	-.119
	Sig. (2-tailed)	.000	.019		.001	.223	.000	.133	.330	.035	.202	.144	.111	.470	.055	.019	.195	.057	.878	.595	.094
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_Anxiety_AAS	Pearson Correlation	.570**	-.089	-.232**	1	.180*	.232**	-.108	.239**	.015	-.030	-.002	.195**	.134	.044	-.164*	.251**	.091	-.106	.189**	.220**
	Sig. (2-tailed)	.000	.212	.001		.011	.001	.130	.001	.835	.668	.982	.006	.058	.533	.021	.000	.199	.135	.008	.002
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_BC	Pearson Correlation	.052	-.063	-.066	.180*	1	.481**	.373**	.397**	.202**	.429**	.486**	.491**	.450**	.439**	.418**	.416**	.435**	.341**	.468**	.281**
	Sig. (2-tailed)	.461	.377	.223	.011		.000	.000	.000	.004	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_SD_BC	Pearson Correlation	-.098	-.192**	-.300**	.232**	.481**	1	.233**	.061	-.160*	.035	.105	.219**	.130	.220**	.117	.141*	.356**	.093	.259**	.240**
	Sig. (2-tailed)	.168	.006	.000	.001	.000		.001	.393	.024	.623	.140	.002	.066	.002	.100	.047	.000	.192	.000	.001
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_AC_BC	Pearson Correlation	-.237**	-.177*	-.107	-.108	.373**	.233**	1	-.167*	-.172*	.028	.094	-.091	-.060	.410**	.444**	-.075	.368**	.306**	.029	.049
	Sig. (2-tailed)	.001	.012	.133	.130	.000	.001		.018	.015	.692	.186	.198	.398	.000	.000	.293	.000	.000	.683	.493
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_D_BC	Pearson Correlation	.208**	-.015	.069	.239**	.397**	.061	-.167*	1	.221**	.217**	.059	.339**	.231**	.025	-.052	.170*	-.146*	.066	.169*	.203**
	Sig. (2-tailed)	.003	.836	.330	.001	.000	.393	.018		.002	.002	.404	.000	.001	.727	.461	.016	.040	.350	.017	.004
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_SU_BC	Pearson Correlation	.208**	.208**	.149*	.015	.202**	-.160*	-.172*	.221**	1	.073	-.006	.322**	.062	-.191**	-.128	.306**	-.115	-.266**	.081	.044
	Sig. (2-tailed)	.003	.003	.035	.835	.004	.024	.015	.002		.302	.937	.000	.386	.007	.071	.000	.104	.000	.255	.536
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_EU_BC	Pearson Correlation	.069	.077	.091	-.030	.429**	.035	.028	.217**	.073	1	.463**	.149*	.112	.076	.190**	.047	.020	.115	-.013	.171*
	Sig. (2-tailed)	.330	.281	.202	.668	.000	.623	.692	.002	.302		.000	.035	.114	.285	.007	.504	.783	.105	.858	.016
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_IS_BC	Pearson Correlation	.076	.037	.104	-.002	.486**	.105	.094	.059	-.006	.463**	1	.117	.305**	.122	.185**	.107	.057	.167**	.088	.153*
	Sig. (2-tailed)	.283	.601	.144	.982	.000	.140	.186	.404	.937	.000		.100	.000	.084	.009	.133	.425	.008	.218	.031
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_BD_BC	Pearson Correlation	.056	-.050	-.113	.195**	.491**	.219**	-.091	.339**	.322**	.149*	.117	1	.176*	-.003	.001	.256**	.055	-.102	.325**	.149*
	Sig. (2-tailed)	.433	.485	.111	.006	.000	.002	.198	.000	.000	.035	.100		.013	.963	.983	.000	.443	.151	.000	.036
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_V_BC	Pearson Correlation	.041	-.057	-.051	.134	.450**	.130	-.060	.231**	.062	.112	.305**	.176*	1	.007	.028	.228**	.128	.105	.215**	.056
	Sig. (2-tailed)	.565	.427	.470	.058	.000	.066	.398	.001	.386	.114	.000	.013		.921	.696	.001	.070	.139	.002	.430
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_PR_BC	Pearson Correlation	-.104	-.113	-.136	.044	.439**	.220**	.410**	.025	-.191**	.076	.122	-.003	.007	1	.301**	-.037	.292**	.397**	.023	.034
	Sig. (2-tailed)	.143	.111	.055	.533	.000	.002	.000	.727	.007	.285	.084	.963	.921		.000	.599	.000	.000	.745	.634
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_P_BC	Pearson Correlation	-.224**	-.020	-.165*	-.164*	.418**	.117	.444**	-.052	-.128	.190**	.185**	.001	.028	.301**	1	-.107	.288**	.231**	.086	.124
	Sig. (2-tailed)	.001	.778	.019	.021	.000	.100	.000	.461	.071	.007	.009	.983	.696	.000		.131	.000	.001	.228	.081
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_H_BC	Pearson Correlation	.267**	.054	.092	.251**	.416**	.141*	-.075	.170*	.306**	.047	.107	.256**	.228**	-.037	-.107	1	.119	-.191**	.293**	.049
	Sig. (2-tailed)	.000	.450	.195	.000	.000	.047	.293	.016	.000	.504	.133	.000	.001	.599	.131		.093	.007	.000	.488
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_A_BC	Pearson Correlation	-.012	-.012	-.135	.091	.435**	.356**	.368**	-.146*	-.115	.020	.057	.055	.128	.292**	.288**	.119	1	.151*	.082	.092
	Sig. (2-tailed)	.861	.871	.057	.199	.000	.000	.000	.040	.104	.783	.425	.443	.070	.000	.000	.093		.033	.251	.196
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_R_BC	Pearson Correlation	-.140*	-.100	-.011	-.106	.341**	.093	.306**	.066	-.266**	.115	.167*	-.102	.105	.397**	.231**	-.191**	.151*	1	-.025	.057
	Sig. (2-tailed)	.048	.159	.878	.135	.000	.192	.000	.350	.000	.105	.008	.151	.139	.000	.001	.007	.033		.722	.421
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_SB_BC	Pearson Correlation	.096	-.042	-.038	.189**	.468**	.259**	.029	.169*	.081	-.013	.088	.325**	.215**	.023	.086	.293**	.082	-.025	1	.198**
	Sig. (2-tailed)	.174	.553	.595	.008	.000	.000	.683	.017	.255	.858	.218	.000	.002	.745	.228	.000	.251	.722		.005
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Mean_PSS	Pearson Correlation	.099	.000	-.119	.220**	.281**	.240**	.049	.203**	.044	.171*	.153*	.149*	.056	.034	.124	.049	.092	.057	.198**	1
	Sig. (2-tailed)	.163	.997	.094	.002	.000	.001	.493	.004	.536	.016	.031	.036	.430	.634	.081	.488	.196	.421	.005	
	N	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Model Summary[c]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.233[a]	.054	.040	.48709	.054	3.744	3	196	.012	
2	.417[b]	.174	.097	.47237	.120	1.886	14	182	.030	1.816

a. Predictors: (Constant), Mean_Anxiety_AAS, Mean_Close_AAS, Mean_Depend_AAS

b. Predictors: (Constant), Mean_Anxiety_AAS, Mean_Close_AAS, Mean_Depend_AAS, Mean_IS_BC, Mean_A_BC, Mean_SB_BC, Mean_SU_BC, Mean_R_BC, Mean_V_BC, Mean_D_BC, Mean_P_BC, Mean_PR_BC, Mean_H_BC, Mean_EU_BC, Mean_SD_BC, Mean_BD_BC, Mean_AC_BC

c. Dependent Variable: Mean_PSS

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.665	3	.888	3.744	.012[b]
	Residual	46.502	196	.237		
	Total	49.167	199			
2	Regression	8.556	17	.503	2.256	.004[c]
	Residual	40.611	182	.223		
	Total	49.167	199			

a. Dependent Variable: Mean_PSS

b. Predictors: (Constant), Mean_Anxiety_AAS, Mean_Close_AAS, Mean_Depend_AAS

c. Predictors: (Constant), Mean_Anxiety_AAS, Mean_Close_AAS, Mean_Depend_AAS, Mean_IS_BC, Mean_A_BC, Mean_SB_BC, Mean_SU_BC, Mean_R_BC, Mean_V_BC, Mean_D_BC, Mean_P_BC, Mean_PR_BC, Mean_H_BC, Mean_EU_BC, Mean_SD_BC, Mean_BD_BC, Mean_AC_BC

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	2.130	.261		8.164	.000	1.615	2.644		
	Mean_Close_AAS	.024	.055	.031	.440	.660	-.084	.133	.970	1.031
	Mean_Depend_AAS	-.059	.056	-.076	-1.054	.293	-.171	.052	.925	1.081
	Mean_Anxiety_AAS	.118	.041	.205	2.869	.005	.037	.199	.944	1.060
2	(Constant)	1.338	.376		3.556	.000	.595	2.080		
	Mean_Close_AAS	.027	.056	.035	.485	.629	-.084	.138	.869	1.151
	Mean_Depend_AAS	-.048	.060	-.062	-.801	.424	-.167	.071	.762	1.313
	Mean_Anxiety_AAS	.098	.045	.170	2.188	.030	.010	.186	.749	1.335
	Mean_SD_BC	.091	.046	.163	1.988	.048	.001	.182	.676	1.479
	Mean_AC_BC	.003	.057	.005	.061	.951	-.108	.115	.609	1.642
	Mean_D_BC	.079	.044	.145	1.790	.075	-.008	.166	.695	1.439
	Mean_SU_BC	.037	.044	.069	.852	.395	-.049	.123	.697	1.436
	Mean_EU_BC	.054	.046	.093	1.165	.245	-.037	.145	.711	1.407
	Mean_IS_BC	.058	.049	.098	1.186	.237	-.039	.155	.663	1.508
	Mean_BD_BC	-.016	.047	-.027	-.333	.740	-.109	.077	.679	1.472
	Mean_V_BC	-.054	.050	-.083	-1.086	.279	-.153	.044	.769	1.301
	Mean_PR_BC	-.049	.047	-.085	-1.056	.292	-.141	.043	.697	1.435
	Mean_P_BC	.056	.051	.091	1.107	.270	-.044	.156	.673	1.486
	Mean_H_BC	-.037	.041	-.072	-.911	.363	-.117	.043	.718	1.393
	Mean_A_BC	.020	.050	.033	.402	.688	-.079	.120	.686	1.458
	Mean_R_BC	.025	.045	.044	.551	.582	-.064	.113	.706	1.417
	Mean_SB_BC	.067	.040	.126	1.651	.101	-.013	.147	.776	1.289

a. Dependent Variable: Mean_PSS

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Mean_Close_AAS	Equal variances assumed	.620	.432	4.653	198	.000	.39973	.08590	.23033	.56912
	Equal variances not assumed			4.663	197.309	.000	.39973	.08573	.23067	.56879
Mean_Depend_AAS	Equal variances assumed	1.695	.194	2.040	198	.043	.18241	.08940	.00610	.35871
	Equal variances not assumed			2.045	196.495	.042	.18241	.08918	.00654	.35827
Mean_Anxiety_AAS	Equal variances assumed	10.874	.001	-.899	198	.370	-.10984	.12225	-.35092	.13123
	Equal variances not assumed			-.904	184.546	.367	-.10984	.12149	-.34954	.12985
Mean_SD_BC	Equal variances assumed	2.850	.093	-2.998	198	.003	-.36925	.12315	-.61210	-.12639
	Equal variances not assumed			-3.005	196.858	.003	-.36925	.12286	-.61155	-.12695
Mean_AC_BC	Equal variances assumed	1.494	.223	-1.245	198	.215	-.13355	.10725	-.34505	.07794
	Equal variances not assumed			-1.243	195.415	.215	-.13355	.10741	-.34539	.07828
Mean_D_BC	Equal variances assumed	13.259	.000	-1.186	198	.237	-.15226	.12843	-.40553	.10101
	Equal variances not assumed			-1.192	187.261	.235	-.15226	.12772	-.40421	.09969
Mean_SU_BC	Equal variances assumed	47.957	.000	6.472	198	.000	.76801	.11867	.53399	1.00202
	Equal variances not assumed			6.418	164.590	.000	.76801	.11966	.53174	1.00427
Mean_EU_BC	Equal variances assumed	1.110	.293	1.099	198	.273	.13385	.12180	-.10633	.37404
	Equal variances not assumed			1.100	197.858	.272	.13385	.12163	-.10601	.37371
Mean_IS_BC	Equal variances assumed	7.077	.008	.850	198	.396	.10094	.11879	-.13331	.33519
	Equal variances not assumed			.853	194.057	.395	.10094	.11835	-.13249	.33437
Mean_BD_BC	Equal variances assumed	.253	.615	.413	198	.680	.05052	.12223	-.19051	.29155
	Equal variances not assumed			.414	197.926	.680	.05052	.12218	-.19041	.29145
Mean_V_BC	Equal variances assumed	.844	.359	.185	198	.853	.02011	.10861	-.19407	.23428
	Equal variances not assumed			.185	197.747	.853	.02011	.10844	-.19374	.23396
Mean_PR_BC	Equal variances assumed	.044	.834	-3.498	198	.001	-.41427	.11844	-.64783	-.18070
	Equal variances not assumed			-3.498	197.761	.001	-.41427	.11843	-.64781	-.18072
Mean_P_BC	Equal variances assumed	.017	.898	-1.524	198	.129	-.17337	.11379	-.39777	.05103
	Equal variances not assumed			-1.523	196.932	.129	-.17337	.11387	-.39792	.05119
Mean_H_BC	Equal variances assumed	7.097	.008	3.079	198	.002	.41507	.13483	.14919	.68094
	Equal variances not assumed			3.091	193.438	.002	.41507	.13430	.15018	.67995
Mean_A_BC	Equal variances assumed	.125	.724	-1.811	198	.072	-.20418	.11275	-.42654	.01817
	Equal variances not assumed			-1.810	197.052	.072	-.20418	.11282	-.42667	.01831
Mean_R_BC	Equal variances assumed	.322	.571	-3.837	198	.000	-.46599	.12144	-.70547	-.22651
	Equal variances not assumed			-3.835	196.947	.000	-.46599	.12152	-.70563	-.22634
Mean_SB_BC	Equal variances assumed	1.616	.205	-1.146	198	.253	-.15206	.13273	-.41381	.10969
	Equal variances not assumed			-1.149	196.423	.252	-.15206	.13239	-.41314	.10902
Mean_AAS	Equal variances assumed	1.488	.224	2.939	198	.004	.15743	.05357	.05179	.26307
	Equal variances not assumed			2.951	192.521	.004	.15743	.05335	.05221	.26265

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