

Attachment style, Perceived social support And Coping strategies among Young Adults

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Abstract

Attachment style is the characteristic way people relate to others in the context of intimate relationships, which is heavily influenced by self-worth and interpersonal trust. Perceived social support refers to how individuals perceive friends, family members and others as sources available to provide material, psychological and overall support during times of need. Coping strategies typically involve a conscious and direct approach to problems, in contrast to defence mechanisms. The main purpose of the study is to analyse the significant relationship between attachment style, perceived social support and use of various coping strategies among young adults. The sample consisted of 100 young adults of age range 18-26, out of which 50 males and 50 were females were collected from Kottayam district. For measuring the above mentioned variables , the scales were used a detailed information schedule was given followed by: Measure of attachment qualities by Carver , C.S for measuring attachment style ; Multidimensional scale for perceived social support by Gregory D. Zimet, Nancy W. Dahlem, Sara G. Zimet, and Gordon K. Farley for measuring perceived social support and the last scale is Brief cope ,The Brief-Cope was developed as a short version of the original 60-item cope scale (Carver et al., 1989). The statistical analysis will be done using SPSS. and Spearman's correlation test. The results will be mentioned in the full paper.

Keywords: Attachment style, perceived social support, coping strategy.

Introduction

In psychology the term attachment is very most comprehensive word wide phenomenon. This phenomenon focus on that how close relationship form are dissolve and maintained and how relationship effects some time or permanently, persons involved in them Bowlby, (1979). The term attachment style refers to global and stable individuals 'differences to seek and experience emotional bond and comfort. Bowlby (1951), defined "Attachment as the emotional bond which ties a child to his or her caregivers. These early bonds are profoundly important for the child's development, affecting physical, cognitive, emotional and social growth". Wittmer (2011) defined, "attachment refers to special bond and lasting relationship that young children form with or more". Attachment is emotional bonding relationship among caregivers, mothers, children, fathers, grandfathers and others.

Bowlby rightly said that attachment with others does happen but it takes time in order to get attached with others or the caregivers in a way it should be done. The word "Attachment" sounds to be so lucid but has deeper meanings and has immense influence on the lives of the individual. Attachment has such an impact that, if not build on appropriately, it might destroy the lives and built on emotions which creates hindrances in day to day living. Attachment style is

identified with the person's collaborations with their folks during adolescence and the general family environment in which the person grows up (Cowan et al., 1996). This attachment style shapes up, mould or forms a person's personality and more precisely of a person's belief and expectation.

Attachment theory is concerned with the nature of the relationship that develops between an infant and his or her primary caregiver, and the importance that this relationship has for a child's developing personality and world view (eg; Bowlby, 1969). According to attachment theory, through repeated experience with attachment figures, children develop mental representations, or internal working models, of themselves and others. These working models center on the availability and responsiveness of others, and the worthiness of the self. Children whose attachment figures are consistently responsive should come to believe that others are trustworthy and reliable, and that the self is valuable and worthy of love and support. In contrast, individuals whose attachment figures are either inconsistently responsive, or consistently unresponsive, may develop more pessimistic models of both themselves and others. Thus, individual differences in attachment behavior, or attachment style, are thought to reflect underlying differences in working models (Main et al., 1985). Perceived social support refers to the extent to which adults believe that they can receive support from sources in their social environment (i.e., families, friends, teachers, and classmates). Perceived social support refers to the perceived availability and adequacy of social connections. The term refers to how much a person perceives his/her social system as supportive in terms of emotional, informational, companionship, and tangible resources. Thus, the construct reflects how much a person perceives that he/she can rely on his/her social network in need of assistance. The primary sources of social support are family, friends, coworkers, pets, etc. Social support provides the most important and significant environmental resources. It is defined as a mutual network of caring that enables one to cope with stress better. Social support from friends and family plays an important role in almost every aspect of stress and coping. In addition, social support refers to: having a group of family and friends who provide strong social attachments; being able to exchange helpful resources among family and friends; and the feeling of having supportive relationship and behaviors. Furthermore, advice and encouragement from sources of support may also increase the likelihood that an individual will rely on active problem solving and information seeking. These techniques may assist students in dealing with various stressors in the environment and facilitate a positive adjustment process (Holahan, Valentiner, & Moos, 1995). To measure social support, individuals' perceptions are commonly studied. Perceived social support refers to a person's perception of readily available support from friends, family, and others. It also shows the complex nature of social support including both the history of the relationship with the individual who provides the supportive behavior and the environmental context (Hobfoll & Vaux, 1993).

Perceived social support from different sources is beneficial for adults well-being (Chu et al 2010). It protects adults from internalizing symptoms (e.g., depression, anxiety, and loneliness; Cavanaugh & Buehler, 2016; Rueger et al., 2016) and promotes positive feelings (e.g., hope, well-being, and security; Archer et al., 2019; Chu et al.). Also, a large body of research found a positive association between perceived social support and adolescents' life satisfaction (e.g., Jiménez-Iglesias et al., 2017).

Coping strategies are the tools and skills used to manage challenges and changes which cause stress. Coping strategies can be emotion focused where individuals focus on dealing with their feelings as a result of a stressor, or problem solving where individuals actively try to eliminate the stressor itself. Coping strategies can also be adaptive coping strategies which are healthy ways of handling stress, or maladaptive coping strategies which give short-term relief but may compound the problem. Active coping strategies are considered healthier than avoidant coping strategies because they address the root cause of issues and are beneficial for mental and physical well-being. The most suitable type of coping strategy depends on the individual and the specific situation they are

facing. Examples of coping strategies are avoidance, seeking social support, drug and alcohol abuse, journaling, making to-do-list, procrastination, meditation, taking a break, and self isolation .

A coping mechanism is any conscious or unconscious decision an individual makes which causes relief or consolation in stressful situations. The two main types of coping strategies are emotion focused coping strategies that address the emotional needs of an individual and problem focused coping strategies that seek to eliminate the source of the problem. Positive coping strategies are stress management techniques which are beneficial to an individual and do not have any damaging consequences.

The word "cope" is derived from the Latin word "colpus" meaning "to alter" and, as defined in the Webster's Dictionary, is usually used in the psychological paradigm to denote "dealing with and attempting to overcome problems and difficulties." In psychology, the word coping, in addition to this behavioural application, has been used as a broad heuristic in several other domains including as a thought process, as a personality characteristic, and in social context. Coping was first reified as a thought process in psychology and can be traced back to the concept of defence mechanisms described in the psychoanalytical model by the famous Austrian neurologist, Sigmund Freud (1856-1939). Coping is a defence mechanism, which enables one to deal with, unconscious conflicts (Freud, 1937). Hann (1977) however has suggested important distinctions between coping and defence mechanism, namely, that defence mechanism has more negative properties in comparison to actual workings of coping mechanism. Defence mechanism are rigid in their operations, unconscious and distorting of reality. On the other hand, coping supposedly is more forward looking, flexible, largely conscious and alternative to reality.

Out of the many coping strategies that exist, a person may use one, two or many of them. Coping begins at a biological level. People's bodies respond to stress with specific reactions, including changes in hormonal levels, autonomic nervous system and the amount of neurotransmitters in the brain. Effective coping strategies occur at the psychological level when people learn the ways of dealing with their vulnerabilities (Moos & Schaefer, 1984). In general, coping means dealing with a situation. When individuals' experiences stress, they adopt ways of dealing with it, as they cannot remain in a continual state of tension. This is coping. The word coping has been used mainly with two meanings ways of dealing with stress and the effort to master condition of harm, threat or challenge.

Objectives

The objectives of the present study are:

1. To compare males and females on attachment styles ,perceived social support and coping strategies .
2. To assess the relationship between attachment style and perceived social support.
3. To assess the relationship between perceived social support and coping strategy
4. To assess the relationship between attachment style and coping strategy

Hypothesis

1. There is no significant relationship between attachment styles , perceived social support and coping strategies in males and females.
2. There is no significant relationship between attachment style and perceived social support.
3. There is no significant relationship between perceived social support and coping strategy.
4. There is no significant relationship between attachment style and coping strategy.

Method

Participant

The scale was administered on 100 individuals from various districts of Kerala .The age range of the sample was 18 to 25 years. The sampling technique used for the study is convenient sampling method .Inclusion Criteria, in this present study includes students of both males and females ,and the age range comes between 18-25 .Exclusion Criteria, in this study, students above 25 years of age were

excluded. The study also excluded students below 18 years of age. Physically and mentally challenged people were excluded.

Measures

1. Measure of Attachment Qualities (MAQ)

Carver (1997) published a paper describing four studies which had used his Measure of Attachment Qualities (MAQ). The Measure of Attachment Qualities (MAQ) is a measure of adult attachment patterns. This measure consists of 14 items, some of which were newly written but most of which were derived from earlier measures (AAS and ASM) both of which had, in turn, been based on decompositions of the prototypes in the Adult Attachment Questionnaire. Each item was scored on a four-point Likert-type scale with items ranging from “strongly agree” to “strongly disagree” with no neutral item. It has separate scales to assess secure attachment tendencies and avoidant tendencies, and two scales reflecting aspects of the anxious-ambivalent pattern.

Administration

Respond to each of the following statements by expressing how much you agree with it or how much you disagree with it. Do not leave any items blank. Please be as accurate as you can be throughout, and try especially hard not to let your answer to any one item influence your answer to any other item. There are no right or wrong answers, you are simply to express your own personal feelings and opinions. The response format of the scale is 1=disagree a lot, 2=disagree a little, 3=agree a little, 4=agree a lot.

Scoring

The measure of attachment quality scale is a 14 self report items. The questionnaire is consisted of four point Likert scale. The scale contains four subscales; first one is security which contain items 1,7 and 14. The second scale is avoidance which contain items 4,6,8,11 and 13. The next scale is ambivalence-worry which contains items 2,5 and 9. The last scale is ambivalence-merger which contain items 3,10 and 12. The MAQ is easily scored by summing item responses for four subscales and the total scale score; numbers on the scale are assigned to each score as indicated on the instrument.

Reliability And Validity

Internal validity was calculated using Cronbach's Alpha and found to be relatively good for the avoidant dimension ($\alpha = 0.79$) but poor for the secure ($\alpha = 0.51$) and anxious/ambivalent ($\alpha = 0.59$) dimensions. Internal validity scores for the secure and anxious/ambivalent dimensions were not good and this measure has been criticised for being based on dimensions that were chosen for conventional, rather than empirical reasons (Carver, 1997).

2) Multidimensional Scale Of Perceived Social Support (MSPSS)

Gregory D. Zimet, Nancy W. Dahlem, Sara G. Zimet, and Gordon K. Farley Measured multidimensional scale of perceived social support (MSPSS). The MSPSS is a 12-item instrument designed to measure perceived social support from three sources: family, friends, and a significant other. The MSPSS assesses the extent to which respondents perceive social support from each of those sources and is divided into three subscales: family, friends and significant other. The MSPSS is short, easy to use, self-explanatory, and time effective.

Administration

The following instructions are given above the questionnaire. Read each statement carefully. Indicate how you feel about each statement by circling the appropriate number. The response format of the scale is 1= very strongly disagree; 2=strongly disagree, 3=mildly disagree, 4=neutral, 5=mildly agree, 6=strongly agree, 7=very strongly agree

Scoring

The MSPSS is easily scored by summing individual item scores for the total and subscale scores and dividing by the number of items. Higher scores reflect higher perceived support. This scale has three subscales. The first is family, which contain items 3,4,8, and 11. The next scale is friends, which contain items 1,2,5,6,7,9 and 12. The last subscale is significant others which contain items 1,2,5 and 10.

Reliability & Validity.

The MSPSS has excellent internal consistency, with alphas of .91 for the total scale and .90 to .95 for the subscales. The authors claim good test-retest reliability as well. The MSPSS has good factorial validity and has good concurrent validity, correlating with depression, and with degree of coronary artery disease in Type A patients (inverse correlations). The authors also claim good construct validity for the MSPSS. The MSPSS is not correlated with the MarlowCrowne Social Desirability Scale.

3) Brief Copie Scale

The Brief-COPE is a 28 item self-report questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. The scale is often used in health-care settings to ascertain how patients are emotionally responding to a serious circumstance. It can be used to measure how someone is coping with a wide range of adversity, including a cancer diagnosis, injuries, assaults, natural disasters, financial stress etc. The scale is useful in counselling settings for formulating the helpful and unhelpful ways someone responds to stressors. The scale can determine someone's primary coping styles with scores on three subscale

Administration

The instructions are given above the questionnaire. The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style on a scale of 1= I haven't been doing this at all, 2=a little bit, 3=a medium amount, 4=I have been doing this a lot.

Scoring

Scores are presented for three overarching coping styles as average scores (sum of item scores divided by number of items), indicating the degree to which the respondent has been engaging in that coping style. The scale has three subscales. The first is problem focussed coping which include items 2,7,10,12,14,17,23 and 25. The next subscale is emotion focussed coping which include items 5,9,13,15,18,20,21,22,24,26,27 and 28. The last subscale is avoidant coping which include items 1,3,4,6,8,11,16 and 19.

Reliability

The Brief-Cope was developed as a short version of the original 60-item COPE scale (Carver et al., 1989), which was theoretically derived based on various models of coping. The BriefCOPE was initially validated on a 168 participant community sample who had been impacted by a hurricane (Carver, 1997). Poulus et al. (2020) validated the scale among 316 esports athletes and found the following means and standard deviations for each subscale. Problem focussed – 2.47 (0.63), Emotional focussed – 2.23 (0.49) & Avoidant coping – 1.64 (0.45)

Procedure

The samples for the present study will be taken by using Convenience sampling method and only the samples that are included in the inclusive criteria will be taken. the samples were selected from different districts of Kerala. The questionnaires for administration were provided to the samples through online and offline mode.

Respondents were informed that participation was voluntary and that the data obtained would be analyzed in a group format. Confidential treatment and anonymity of information were also assured. The participants were also told that there was no right or wrong answer and as such should be honest in their responses. Hundred (100) questionnaires were administered to students that consented.

Statistical Analysis

The Spearman rank correlation statistics was used to establish the relationship between the study variables. The study hypothesis were tested using moderated multiple regression analysis. All analysis was conducted using IBM Statistical Package for the Social Sciences(IBM-SPSS) program version 25 .

Result**Table 1**

Correlation between attachment style & perceived social support

Variables	correlation	attachment	security	avoidance	ambi-worry	ambi-merger
Perceived socialsupport	r value	p.325**	.494**	.023	-.208*	-.193
	value	.853	.000	.823	.037	.053
Family	r value	.013	.359**	.058	-.206*	-.104
	p value	.899	.000	.562	.038	.303
Friends	r value	.059	.359**	.058	-.206*	-.104
	p value	.558	.000	.975	.189	.045
Significant others	r value	p.038	.484**	.020	-.157	-.172
	value	.706	.000	.839	.117	.085

**correlation is significant at the 0.01 level (2 tailed)

*correlation is significant at the 0.05 level (2 tailed)

Table 1 shows the correlation between attachment style and perceived social support. The correlation is significant at level 0.01 with a corresponding r value of .325** and p value of .853. The subscales of attachment style shows a significant correlation to the subscales of perceived social support. There is a significant positive correlation between perceived social support and security ($r=.494^{**}$), ($p=.000$) and the correlation is significant at the 0.01 level.

There is a significant positive correlation between family and security ($r=.359^{**}$), ($p=0.000$) and the correlation is significant at the 0.01 level. There is a significant positive correlation between friends and security ($r=.359^{**}$), ($p=.000$) and the correlation is significant at the 0.01 level. There is a significant positive correlation between significant others and security ($r=.484^{**}$), ($p=0.000$) and the correlation is significant at the 0.01 level. There is a significant negative correlation between perceived social support and ambivalence worry ($r=-.208$), ($p=.037$) and the correlation is significant at 0.05 level. There is a negative correlation between family and ambivalence worry ($r=-.206$), ($p=.038$) and the correlation is significant at 0.05 level. There is a negative correlation between friends and ambivalence worry ($r=-.206$), ($p=.189$) and the correlation is significant at 0.05 level.

Table 2

Correlation between perceived social support & coping strategies

Variables	correlation	perceived social Support	family	friends	significant others
Coping strategies	r value	p.244*	.228*	.228*	.249*
	value	.014	.022	.022	.012
Problem focused	r value	p.386**	.298**	.406**	.379**
	value	.000	.002	.000	.000
Emotion focused	r value	p.280**	.275**	.255*	.292**
	value	.005	.005	.010	.003
avoidant	r value	-.108	-.068	-.126	-.120

p value	.284	.498	.210	.230
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**correlation is significant at the 0.01 level (2 tailed)

*correlation is significant at the 0.05 level (2 tailed)

Table 2 shows the correlation between perceived social support and coping strategy .The correlation is significant at level 0.05 with a corresponding r value of .244* and p value of .014. The subscales of perceived social support shows a significant correlation to the subscales of coping strategy .There is a significant positive correlation between perceived social support and problem focused (r=.386**) ,(p=.000)and the correlation is significant at the 0.01 level. There is a significant positive correlation between emotion focused and perceived social support (r=.280**) ,(p=.005)and the correlation is significant at the 0.01 level. There is a significant positive correlation between coping strategy and family(r=.228*) ,(p=.022)and the correlation is significant at the 0.05 level. There is a significant positive correlation between problem focused and family(r=.298**) ,(p=.002)and the correlation is significant at the 0.01 level. There is a significant positive correlation between emotion focused and family(r=-.275**), (p=.005) and the correlation is significant at 0.01 level. There is a significant positive correlation between coping strategy and friends(r=.228*), (p=.022) and the correlation is significant at 0.05 level. There is a significant positive correlation between friends and problem focused(r=.406**), (p=.000) and the correlation is significant at 0.01 level. There is a significant positive correlation between emotion focused and friends(r=.255*), (p=.010) and the correlation is significant at the 0.05 level. There is a significant positive correlation between coping strategy and significant others(r=.249*), (p=.012) and the correlation is significant at the 0.05 level. There is a significant positive correlation between problem focused and significant others(r=.379**), (p=.000) and the correlation is significant at the 0.01 level. There is a significant positive correlation between emotion focused and significant others(r=.292**), (p=.003) and the correlation is significant at the 0.05 level.

Table 3
Correlation between attachment style & coping strategies

Variables	correlation	Coping strategies	Problem focused	Emotion focused	Avoidant
Attachment Style	r value	.210*	.146	.158	.147
	p value	.035	.146	.115	.142
Security	r value	.123	.322**	.167	-.193
	p value	.219	.001	.095	.053
Avoidant	r value	.088	.095	.011	.075
	p value	.380	.344	.912	.458
Ambi-worry	r value	.115	.016	.112	.105
	p value	.254	.872	.263	.295
	r value	.149	-.090	.119	.325**

Ambi- p value .137 .371 .234 .001 merger

**correlation is significant at the 0.01 level (2 tailed)

*correlation is significant at the 0.05 level (2 tailed)

Table 3 shows the correlation between attachment style and coping strategies. The correlation is significant at level 0.05 with a corresponding r value of .210* and p value of .035. There is a significant positive correlation between security and problem focused($r=.322^{**}$),($p=.001$) and the correlation is significant at the 0.01 level. There is a significant positive correlation between avoidant and ambivalence-merger($r=.325^{**}$),($p=.001$) and the correlation is significant at the 0.05 level.

Discussion

The aim of the study was to find out the relationship between attachment style ,perceived social support and coping strategy among emerging adults. The main objective to conduct this study is to find if there is any significant difference between attachment style ,perceived social support and coping strategies among emerging adults .The term attachment style refers to global and stable individuals ‘differences to seek and experience emotional bond and comfort. Perceived social support refers to the extent to which adults believe that they can receive support from sources in their social environment (i.e., families, friends, teachers, and classmates) Coping strategies are the tools and skills used to manage challenges and changes which cause stress, Spearman’s Rank Correlation was used to find the relationship between the two variables. The present study was conducted among the sample of 100 students of both 50 males and females who come under the age group of 18-25years. The study shows that there is a significant positive correlation between attachment style, perceived social support and coping strategies. The study was conducted based on the Spearman’s Rank Correlation. From the results, it can be inferred that there exist a positive significant relationship between attachment style, perceived social support and coping strategy.

From the result it can be indicated that, our findings provide evidence that individual differences in attachment style are indeed related to social support and to patterns of coping. We found good support for some of our hypotheses and partial support for others. The strongest and most consistent set of findings was obtained on the social support out- comes. secure attachment was associated with higher levels of social support from both friends and family. In addition, fearful attachment was associated with less perceived support from friends, whereas preoccupied attachment tended to be linked to less support from family. Although we expected that dismissing attachment would also be associated with low levels of support, our results did not support this prediction. There is a positive correlation between the family ,friends and significant others (subscales of perceived social support) with the subscale of attachment which is security. The result also indicates that as social support from family , friends and significant others increases the security of the individual participant also increases. There is also a negative correlation between perceived social support and ambivalence worry ,which indicates that as the social support decreases ambivalence worry increases.

From the table 2 which is clearly shows that , there is a significant positive correlation between perceived social support and coping strategy. If an individual receives high social support under a stressful condition are more likely to use or adopt various coping strategies. The individual believe that they can receive support from different sources in their social environment, therefore they are capable for adapting new challenges in everyday life .Social support from friends and family plays an important role in almost every aspect of stress and coping. The individuals focus on dealing with their feelings as a result of a stressor, or problem solving where individuals actively try to eliminate the stressor itself and also they adaptive coping strategies which are healthy ways of handling stress.

Finally table 3 indicates that, there is a significant positive correlation between attachment style and coping strategies. They are significant at 0.05 level. Secure individuals were more likely to seek social support in response to both social and achievement stressors. Most probably secure individuals

are likely to use problem focused coping strategies other than emotion focused and avoidant coping strategies. the result also indicates that, individuals with high ambivalence-merger are likely to use avoidant coping strategy.

Implications

The present study provides an insight about the significant difference in attachment style, perceived social support and coping strategies among emerging adults. Attachment style refers to global and stable individuals 'differences to seek and experience emotional bond and comfort. With help of positive attachment styles, the children feel secure and able to explore their environment in a better manner. It is a significant relationship which acts an important role in the social and emotional growth of a child. It is important to

develop the relationship because it enhances the emotional control of youngsters.

Without this bond of affection they may develop psychological problems.

Perceived social support refers to the perceived availability and adequacy of social connections. It measured by occurrence of get in touch with members of the social network, as well as emotional and instrumental form. Social relations and social networks were more likely to commit suicide than those with a greater number of social ties and larger social network .perceived social support as an individual's belief that social support is available and generally reduces negative effect of stress. This is the subjective judgment that friends and family would provide assistance with future stressors. People with high perceived social support believe that they can count on their family and friends to provide assistance during times of trouble".

coping is a process involving effort on the way towards solution of problems. Coping would occur when an individual confronts a fairly drastic change or problem that defies familiar ways of behaving, requires the production of new behaviour and very likely gives rise to uncomfortable efforts like anxiety, despair, guilt, shame or grief, the relief of which forms part of the needed adaptation.

Conclusion

The study was aimed to find out that significant relationship between attachment style, perceived social support and coping strategy. From findings it can be concluded that there is significant relationship between attachment style and perceived social support, also there is significant relationship between perceived social support and coping strategy and finally there is significant relationship between attachment style and coping strategies. Subscales of all these three variables are correlated.

Scope For Further Study

Suggestions that can be put forward for further research include the following:

1. Conducting the present study with a longitudinal research design will help in a better understanding in the future.
2. Incorporating qualitative research methods with quantitative methods might explore more in the area.
3. The study can be conducted in other groups across different districts and states.
4. The study can be conducted in the same group using other variables.
5. Studies can be conducted based on their gender differences among others.

References

- Ainsworth, M.D.S., Blehar, M.C., Waters, E. & Wall S. (1978) Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, NJ: Erlbaum.
- Bartels, K.M. & Frazier, P.A. (1994) The Relations among Perceived Social Support, Adult Attachment, and Well-being', unpublished manuscript, University of Minnesota. Bowlby, J. (1969) Attachment and Loss: Vol. I. Attachment. Harmondsworth: Penguin
- Cooper, M.L., Shaver, P.R. & Collins, N.L. (in press) 'Attachment Styles, Emotion Regulation, and Adjustment in Adolescence', Journal of Personality and Social Psychology.



- Kobak, R.R. & Sceery, A. (1988) 'Attachment in Late Adolescence: Working Models, Affect Regulation, and Representations of Self and Others', *Child Development*
- Mikulincer, M. & Florian, V. (1995) 'Appraisal of and Coping with a Real-life Stressful Situation: The Contribution of Attachment Style', *Personality and Social Psychology*
- Prociano, M.E. & Heller, K. (1983) 'Measures of Perceived Social Support from Friends and from Family: Three Validation Studies', *American Journal of Community Psychology*