

Investigation of the Relationship Between Attachment Styles, Self-Compassion, Coping with Stress and Psychological Symptom Levels of University Students

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Abstract

The aim of the study was to examine the relationship between the attachment styles, self-compassion, stress coping styles and psychological symptom levels of university students. The universe of the research consists of university students studying at universities in the Turkish Republic of Northern Cyprus (TRNC) in the 2021-2022 academic year. 380 individuals selected by randomized sampling method were included in the study. Demographic Information Form, Experiences in Close Relationships-II Scale, Self-Sensitivity Scale, Styles of Coping with Stress Scale and Brief Symptom Inventory were used as data collection tools. It was found that there were significant and negative correlations between self-sensitivity and psychological symptoms in the study. In addition, there were positive correlations between the scores of the participants from the desperate approach, submissive approach and psychological symptom scores. Finally, this study revealed that there was a statistically significant positive relationship between the sub-dimensions of avoidant attachment, self-judgment and the level of psychological symptoms.

Key words: Attachment style, self-compassion, coping with stress, psychological symptoms

Introduction

In today's world, it is known that the consistent and supportive care given to the child is decisive and important in the adult life of the individual. Consistent and supportive care is important for the individual's mental structure both in childhood and adulthood. Being a social creature by nature, human beings want to establish relationships with the individuals around them and feel safe. Bowlby (1969) was the first to introduce the concept of attachment, which means that the individual establishes closeness with the figures around him in order to create an environment of self-confidence.

Attachment theory has defined three categories of attachment typologies: secure, anxious-ambivalent, and avoidant attachment (Bowlby & Ainsworth, 1958). It is stated that individuals with secure attachment style do not hesitate to establish closeness in their bilateral relations and they regulate the negativities that may arise in these relations with a constructive and balanced attitude. However, children who have adopted a secure attachment style are happier, more sociable, warm-blooded, empathetic and play a more active role in the face of problems than other children (Manes et al., 2016). Individuals with an avoidant attachment style tend to avoid developing relationships and bonding with other individuals. Instead of establishing closeness with the individuals around them, they consider themselves as self-sufficient individuals who do not need close relationships. Individuals with an anxious/ambivalent attachment style have low self-confidence and self-worth. These individuals experience fears that they will be abandoned and rejected in their relationships (Szepeswol & Simpson, 2019).

Matas, Arend, and Sroufe (1978) found that children who adopted the secure attachment model were happier, more sociable, more friendly in an environment, able to develop a sense of empathy, and played a more active role in the face of the problems they experienced compared to other children with insecure attachment. When the relevant literature is examined, it is seen that positive feelings and thoughts such as

seeing themselves worthy of being loved, positive self-perception, and being close to others develop in individuals who have adopted the secure attachment style, and this situation positively affects the psychological well-being of the individual (Bartholomew & Horowitz, 1991). It is stated that individuals with obsessive, indifferent and fearful attachment styles, which are among insecure attachment styles, have negative thoughts about both themselves and other people (Blackie & Kocovovski, 2018). When the literature is examined; It is seen that Bowlby's (1973) concept of attachment does not end with infancy, it forms the basis of future relationships and choices to be made, and supports the assumption that it never changes. Based on this idea suggested by Bowlby, it can be thought that attachment plays an important role not only in infancy, but also in early childhood, late childhood, adolescence and adulthood (Soysal, Bodur, İşeri & Şenol, 2005). It is obvious that the reliability of the attachment established during infancy is in direct proportion with the consistent and protective care shown by the attached individual. In early childhood, children need their parents not only to maintain their physical care, but also psychologically and emotionally. While the concept of attachment in infancy and childhood is the feeling of trust that the individual feels to the person who cares for him, it occurs on the emotions that he or she experiences mutually in adulthood (Yıldız, 2012). The most important factor affecting the healthy progression of attachment until the end of life is the secure attachment style adopted in infancy. The reason for this is that individuals who have adopted a secure attachment style have a high sense of family and belonging in their private lives and are raised as individuals with high self-confidence (Kantarıcı, 2009; Solmuş, 2010; Eşici & Özbay, 2020). In addition, the attachment style adopted by the individual also affects the marital life and spouse selection criteria (Mavili, Kesen & Daşbaşı, 2014). When the relevant literature is examined, it has been seen that the experiences of couples who have adopted a secure attachment style in their bilateral relationships are solution-oriented, satisfactory and long-term. Although it is stated that adults with avoidant attachment style try to stay away from emotional intimacy in bilateral relations, it is stated that their behavior towards their partners is indifferent and cold, and they may experience jealousy problems in their relationships. However, it is also said that individuals with avoidant attachment do not like to reveal themselves. Anxious/Unstable individuals, on the other hand, fear that they will be abandoned and rejected by their partners (Bahramizade & Besharat, 2010). Pepping, Davis, O'Donovan & Pal (2015) examined the effects of individuals' experiences with their parents in their early childhood and attachment styles on the development of self-compassion.

Pepping et al. (2015) in their first study, stated that childhood experiences (low level of parental care and warmth, high level of parental rejection and protective parenting) affected self-compassion, and therefore they developed a model to test their relationship with self-compassion and attachment styles. In line with the findings, it has been observed that the overprotective or low-level disinterested behaviors of parents during childhood cause low self-compassion levels in individuals. Pepping et al. (2015), in their second study, found that individuals who adopted the secure attachment style would have a high level of self-compassion. It is said that individuals' attachment styles also affect their attitudes towards self-compassion and coping with stress. It is stated that individuals with a secure attachment style can effectively cope with the stressors they face. It is stated in the literature that, together with attachment styles, the level of self-compassion is also determinant in coping with stress (Neff, 2003). He states that individuals with a high level of self-compassion awareness approach themselves more optimistically and understandingly instead of ruthlessly criticizing and judging themselves when faced with a stressful situation, and this approach facilitates them to discover their effective inner aspects (Neff, 2003). In this study, which was conducted on the concepts of attachment styles, psychological symptoms, styles of coping with stress, and self-compassion, it is very important to determine the variables as determining factors on individuals' living spaces, interpersonal relationships and self-evaluation. In addition, the fact that the variables discussed in the study were not evaluated separately in the relevant literature makes this study important. In this context, the aim of this study is to examine the relationship between university students' attachment styles, self-compassion, coping styles and psychological symptom levels.

Method

Relational screening model and cross-sectional research design were used in the study. The universe of the research consists of university students studying at universities in the TRNC in the 2021-2022 academic year. 380 individuals selected by randomized sampling method were included in the study. The data obtained in this study were collected through the Demographic Information Form, the Experiences in Close Relationships Inventory-II, the Self-Compassion Scale, the Styles of Coping with Stress Scale, and the Brief Symptom Inventory. In the socio-demographic information form prepared by the researchers, there are 7 questions that determine the personal characteristics of the participants such as gender, age, marital status, income level, number of siblings. Inventory of Experiences in Close Relationships developed by Fraley

Waller & Brennan (2000) was adapted to Turkish by Selçuk et al. (2005). There are 36 items in the scale. The self-compassion scale developed by Neff (2003b) was adapted to Turkish by Akın, Akın, Abacı (2007). The scale, which consists of 26 items in total and 6 sub-dimensions: self-compassion, self-judgment, awareness of sharing, isolation, consciousness, and over-identification, is a 5-point Likert type. The scoring of the scale is done separately for each sub-dimension, and a total self-compassion score is obtained from the scale. The original version of the 66-item Stress Coping Styles Scale, which aims to determine the coping styles of individuals in the face of stressful events, was prepared by Folkman and Lazarus (1980). The first person who adapted this scale into Turkish was Siva (1998) (cited in Şahin and Durak, 1995). In the adaptation study conducted by Siva (1998), culture-specific items were added and it was arranged as a 74-item scale. Later, Şahin and Durak (1995) carried out studies considering university students and the items in the scale were reduced to 30. The scale, which is a 4-point Likert-type scale, has 5 sub-dimensions: self-confident approach, optimistic approach, helpless approach, submissive approach and approach to social support. The Brief Symptom Inventory, which aims to provide information about individuals' psychological symptom levels, was developed by Derogatis and Melisaratos (1983). The Turkish adaptation of the scale was made by Şahin and Durak (1994). The scale, which has 53 items and 5 sub-dimensions as somatization, negative self, depression, anxiety, anger-aggression, is in a 5-point Likert type.

Data were collected both online and face-to-face in the 2021-2022 academic year and lasted three months. The participants were informed about the basic details of the research such as the main purpose of the research, data collection procedure before the collection of the data and they participated in the study on a voluntary basis. Ethical Approval was obtained from Cyprus University of Health and Social Sciences. SPSS 26.0 software was used for the statistical analysis of the data obtained from the individuals participating in the research. The Cronbach's alpha test was applied for the reliability of the responses of the participants and the alpha values were found to be 0.835 for the Experiences in Close Relationships Inventory, 0.740 for the Self-Compassion Scale, 0.734 for the Stress Coping Styles Inventory, and 0.972 for the Brief Symptom Inventory. In the study, frequency analysis was applied to determine the distribution of the participants according to their socio-demographic characteristics, and descriptive statistics were applied regarding the scores they got from the Inventory of Experiences in Close Relationships, the Self-Compassion Scale, the Styles of Coping with Stress, and the Brief Symptom Inventory. Although the data set did not show a normal distribution according to the Kolmogorov-Smirnov test results, since the Skewness and Kurtosis values were very low and the number of samples was high, parametric tests were used in the research. The means of two independent groups were compared by t-test and means of multiple groups were compared by ANOVA test.

Findings

Sociodemographic features of the participants are given below:

Table 1. Distribution of the participants according to their socio-demographic characteristics

	Number (n)	Percentage (%)
Gender		
Female	249	65,53
Male	131	34,47
Life style		
Living with family	101	26,58
Living apart from family	279	63,42
Family status		
Parents are together	302	79,47
Separated parents	37	9,74
One parent is dead	41	10,79

When Table 1 was examined, it was determined that 65.53% of the participants were female and 34.47% were male. 51.05% of the participants live in the dormitory, 48.95% live at home, 26.58% live with their families and 63.42% live separately. The parents of 79.47% of the participants live together, 9% of the parents were divorced and one parent of 10.79% of the participants passed away (Bundick, 2011).

Table 2. Scores of the participants from the inventory of experiences in close relationships, the self-compassion scale, the scale of coping with stress, and the brief symptom inventory

	n	\bar{x}	s	Min	Max
Anxious attachment	380	3,72	0,96	1,28	6,61
Avoidant attachment	380	3,45	0,91	1,11	5,83
Self-compassion	380	15,37	4,32	5,00	25,00
Self judgment	380	12,84	4,56	5,00	25,00
Be aware of shares	380	12,61	3,76	4,00	20,00
Isolation	380	10,60	3,84	4,00	20,00
Consciousness	380	12,85	3,55	4,00	20,00
Overidentification	380	11,08	3,71	4,00	20,00
Self-confident approach	380	2,98	0,67	1,00	4,00
Helpless approach	380	2,53	0,57	1,13	4,00
Submissive approach	380	2,24	0,58	1,00	4,00
Optimistic Approach	380	2,76	0,69	1,00	4,00
Seeking social support	380	2,80	0,51	1,25	4,00
Anxiety	380	1,21	0,83	0,00	4,00
Depression	380	1,49	0,89	0,00	3,92
Negative Self	380	1,27	0,88	0,00	4,00
Somatization	380	1,05	0,85	0,00	3,67
Hostility	380	1,44	0,84	0,00	4,00
Brief Symptom Inventory	380	1,22	0,80	0,00	3,85

In Table 2., descriptive statistics regarding the scores of the participants obtained from the Inventory of Experiences in Close Relationships, the Self-Compassion Scale, the Styles of Coping with Stress, and the Brief Symptom Inventory are presented.

It was determined that the participants got 3.72 ± 0.96 points from anxious attachment and 3.45 ± 0.91 points from avoidant attachment in the Inventory of Experiences in Close Relationships. Participants obtained 15.37 ± 4.32 points from the self-compassion sub-dimension, 12.84 ± 4.56 points from the self-judgment sub-dimension, 12.61 ± 3.76 points from the self-consciousness sub-dimension, 10.60 ± 3.84 points from the isolation sub-dimension, 12.85 ± 3.55 points from the consciousness sub-dimension, and 11.08 ± 3.71 points from the over identification sub-dimension. The participants obtained 2.98 ± 0.67 points from the self-confident approach, 2.53 ± 0.57 points from the helpless approach, 2.24 ± 0.58 points from the submissive approach, and 2.76 ± 0.69 points from the optimistic approach and 2.80 ± 0.51 points from seeking social support. In addition, the participants obtained 1.22 ± 0.80 points from Brief Symptom Inventory, 1.21 ± 0.83 points from the anxiety sub-dimension, 1.49 ± 0.89 points from the depression sub-dimension, $1.27 \pm$ from the negative self-subscale, 1.05 ± 0.85 points from the somatization sub-dimension, and 1.22 ± 0.80 points from the hostility sub-dimension (Bundick, 2011, Holt Lunstad, 2017).

Table 3. Comparison of the scores of the participants from the inventory of experiences in close relationships scale, the self-compassion scale, the scale of coping with stress, and the brief symptom inventory scale by gender

	Gender	n	\bar{x}	s	t	P
Anxious attachment	female	249	3,77	1,05	1,148	0,252
	male	131	3,65	0,76		
Avoidant attachment	female	249	3,39	0,94	-2,041	0,042*
	male	131	3,58	0,83		

Self-compassion	female	249	15,51	4,58	0,864	0,388
	male	131	15,11	3,80		
Self-judgment	female	249	12,69	5,03	-0,892	0,373
	male	131	13,13	3,50		
Be aware of shares	female	249	12,63	3,75	0,171	0,864
	male	131	12,56	3,81		
Isolation	female	249	10,75	4,08	1,037	0,300
	male	131	10,32	3,34		
Consciousness	female	249	12,84	3,62	-0,050	0,960
	male	131	12,86	3,43		
Over identification	female	249	11,26	3,94	1,302	0,194
	male	131	10,74	3,21		
Self-confident approach	female	249	2,97	0,66	-0,327	0,744
	male	131	3,00	0,69		
Helpless approach	female	249	2,55	0,59	0,726	0,468
	male	131	2,50	0,52		
Submissive approach	female	249	2,20	0,57	-2,063	0,040*
	male	131	2,32	0,57		
Optimistic approach	female	249	2,70	0,69	-2,431	0,016*
	male	131	2,87	0,66		
Seeking social support	female	249	2,78	0,48	-1,053	0,293
	male	131	2,84	0,57		
Anxiety	female	249	1,23	0,86	0,756	0,450
	male	131	1,17	0,77		
Depression	female	249	1,59	0,94	2,928	0,004*
	male	131	1,31	0,77		
Negative self	female	249	1,31	0,92	1,181	0,238
	male	131	1,20	0,78		
Somatization	female	249	1,09	0,87	0,969	0,333
	male	131	1,00	0,80		
Hostility	female	249	1,53	0,86	3,058	0,002*
	male	131	1,25	0,76		
Brief Symptom Inventory	female	249	1,26	0,83	1,483	0,139
	male	131	1,13	0,72		

* $p < 0,05$

In Table 3., the findings obtained from the independent sample t-test regarding the comparison of the scores obtained from the Experiences in Close Relationships Inventory, the Self-Compassion Scale, the Scale of Coping with Stress and the Brief Symptom Inventory according to the gender of the participants are given. The difference between the scores of the participants in the avoidant attachment sub-dimension in the Inventory of Experiences in Close Relationships was found to be statistically significant ($p < 0.05$). The avoidant attachment scores of male participants are higher than female participants. It was determined that there was no statistically significant difference between the scores of the participants from the Self-Compassion Scale according to their gender ($p > 0.05$). According to the gender of the participants, there were statistically significant differences between the scores of the submissive approach and optimistic approach sub-dimensions in the Scale of Coping with Stress ($p < 0.05$). The scores of male individuals in submissive approach and optimistic approach sub-dimensions are higher than females. The difference between the scores of the depression and hostility sub-dimensions in the Brief Symptom Inventory was

found to be statistically significant ($p < 0.05$). The scores of women in depression and hostility sub-dimensions were higher than men.

Table 4. Comparison of the scores of the participants from the inventory of experiences in close relationships, the self-compassion scale, the scale of coping with stress, and the brief symptom inventory according to the status of living with their families.

	Living with family	n	\bar{x}	s	t	P
Anxious attachment	Together	101	3,72	1,00	-0,064	0,949
	Separate	279	3,73	0,95		
Avoidant attachment	Together	101	3,43	0,93	-0,249	0,803
	Separate	279	3,46	0,90		
Self-compassion	Together	101	15,99	4,23	1,683	0,093
	Separate	279	15,15	4,34		
Self-judgement	Together	101	12,01	4,49	-2,151	0,032*
	Separate	279	13,14	4,56		
Be aware of shares	Together	101	13,37	3,67	2,369	0,018*
	Separate	279	12,34	3,77		
Isolation	Together	101	10,39	4,11	-0,660	0,510
	Separate	279	10,68	3,75		
Consciousness	Together	101	13,64	3,31	2,643	0,009*
	Separate	279	12,56	3,60		
Overidentification	Together	101	11,13	3,88	0,149	0,882
	Separate	279	11,06	3,65		
Self-confident approach	Together	101	3,15	0,62	3,006	0,003*
	Separate	279	2,92	0,68		
Helpless approach	Together	101	2,51	0,61	-0,482	0,630
	Separate	279	2,54	0,55		
Submissive approach	Together	101	2,24	0,62	0,003	0,998
	Separate	279	2,24	0,56		
Optimistic approach	Together	101	2,86	0,63	1,746	0,082
	Separate	279	2,72	0,70		
Seeking social support	Together	101	2,86	0,56	1,382	0,168
	Separate	279	2,78	0,49		
Anxiety	Together	101	1,09	0,82	-1,721	0,086
	Separate	279	1,26	0,82		
Depression	Together	101	1,38	0,90	-1,481	0,139
	Separate	279	1,53	0,89		
Negative self	Together	101	1,14	0,85	-1,726	0,085
	Separate	279	1,32	0,88		
Somatization	Together	101	0,86	0,78	-2,666	0,008*
	Separate	279	1,12	0,86		
Hostility	Together	101	1,41	0,85	0,386	0,699
	Separate	279	1,45	0,83		
Brief Symptom Inventory	Together	101	1,07	0,76	-2,208	0,027*
	Separate	279	1,27	0,80		

* $p < 0,05$

In Table 4, independent sample t-test results are given for the comparison of the scores of the participants from the Inventory of Experiences in Close Relationships, the Self-Compassion Scale, the Scale of Coping with Stress, and the Brief Symptom Inventory, according to the status of living with their families.

It was observed that there was no statistically significant difference between the scores of the participants from the Experiences in Close Relationships Inventory according to the status of living with their families ($p>0.05$). It was determined that there was a statistically significant difference between the scores of the participants in the sub-dimensions of self-judgment, awareness of sharing, and consciousness in the Self-Compassion Scale according to the status of living with their families ($p<0.05$). Those who live with their families have lower self-judgment scores, and higher scores on the sub-dimensions of being conscious of sharing and consciousness.

It was determined that there was a statistically significant difference between the scores of the participants in the self-confident approach sub-dimension of the Stress Coping Styles Scale according to the status of living with their families ($p<0.05$). The scores of participants living with their families in the self-confident approach sub-dimension were higher than those living apart from their families.

It was determined that there was no statistically significant difference between the scores of the participants in the other sub-dimensions in the Scale of Coping with Stress, according to the status of living with their families ($p>0.05$). It was determined that there was a statistically significant difference between the scores of the participants from the Brief Symptom Inventory and the somatization sub-dimension according to the living situation with their families ($p<0.05$). Those who live apart from their families have higher scores on the Brief Symptom Inventory and the somatization sub-dimension than those who live with their families

Table 5. Comparison of the scores of the participants from the inventory of experiences in close relationships, the self-compassion scale, the scale of coping with stress, and the brief symptom inventory according to their parental relationship status

	Mother-father	n	\bar{x}	s	Min	Max	F	p	Difference
Anxious attachment	Together	302	3,70	0,95	1,28	6,61	1,589	0,206	
	Separate	37	3,99	1,06	1,33	5,83			
	One parent died	41	3,65	0,91	1,78	5,28			
Avoidant attachment	Together	302	3,48	0,91	1,11	5,83	1,987	0,139	
	Separate	37	3,18	0,82	1,83	4,94			
	One parent	41	3,52	0,93	1,33	5,56			
Self-compassion	Together	302	15,24	4,23	5,00	25,00	1,884	0,153	
	Separate	37	16,68	5,04	6,00	25,00			
	One parent died	41	15,15	4,23	8,00	24,00			
Self-judgment	Together	302	12,78	4,50	5,00	25,00	3,952	0,020*	1-2
	Separate	37	14,57	5,30	6,00	25,00			2-3
	One parent died	41	11,73	3,90	5,00	22,00			
Be aware of shares	Together	302	12,55	3,76	4,00	20,00	0,272	0,762	
	Separate	37	13,03	4,40	5,00	20,00			
	One parent died	41	12,68	3,22	5,00	19,00			
Isolation	Together	302	10,53	3,75	4,00	20,00	1,841	0,160	
	Separate	37	11,70	4,34	4,00	20,00			
	One parent	41	10,17	3,99	4,00	20,00			
Consciousness	Together	302	12,75	3,51	4,00	20,00	0,606	0,546	
	Separate	37	13,11	3,76	4,00	20,00			
	One parent	41	13,34	3,71	7,00	20,00			
Overidentification	Together	302	11,04	3,61	4,00	20,00	2,097	0,124	
	Separate	37	12,14	4,20	4,00	20,00			
	One parent died	41	10,46	3,86	4,00	20,00			

Self-confident approach	Together	302	2,99	0,66	1,00	4,00	0,042	0,959	
	Separate	37	2,97	0,77	1,14	4,00			
	One parent died	41	2,95	0,66	1,71	3,86			
Helpless approach	Together	302	2,51	0,57	1,13	4,00	2,482	0,085	
	Separate	37	2,72	0,59	1,75	4,00			
	One parent	41	2,55	0,51	1,50	3,50			
Submissive approach	Together	302	2,22	0,59	1,00	4,00	1,163	0,314	
	Separate	37	2,34	0,49	1,33	4,00			
	One parent	41	2,32	0,51	1,33	3,17			
Optimistic approach	Together	302	2,75	0,67	1,00	4,00	0,167	0,847	
	Separate	37	2,79	0,83	1,00	4,00			
	One parent	41	2,80	0,71	1,20	4,00			
Seeking social support	Together	302	2,81	0,53	1,25	4,00	1,112	0,330	
	Separate	37	2,85	0,48	2,00	4,00			
	One parent	41	2,70	0,42	1,75	3,50			
Anxiety	Together	302	1,18	0,80	0,00	4,00	2,226	0,109	
	Separate	37	1,48	1,00	0,00	4,00			
	One parent died	41	1,17	0,83	0,00	3,08			
Depression	Together	302	1,44	0,84	0,00	3,92	8,731	0,000*	1-2
	Separate	37	2,05	1,16	0,00	3,92			2-3
	One parent	41	1,32	0,86	0,08	3,33			
Negative self	Together	302	1,24	0,85	0,00	4,00	3,932	0,020*	1-2
	Separate	37	1,65	1,10	0,00	4,00			2-3
	One parent	41	1,19	0,76	0,08	3,00			
Somatization	Together	302	1,02	0,81	0,00	3,56	5,283	0,005*	1-2
	Separate	37	1,48	1,01	0,00	3,67			2-3
	One parent	41	0,96	0,83	0,00	3,11			
Hostility	Together	302	1,39	0,81	0,00	3,56	4,637	0,010*	1-2
	Separate	37	1,83	1,07	0,00	3,67			2-3
	One parent	41	1,45	0,63	0,00	3,11			
Brief Symptom Inventory	Together	302	1,18	0,76	0,00	3,63	5,700	0,004*	1-2
	Separate	37	1,63	1,01	0,00	3,85			2-3
	One parent died	41	1,12	0,75	0,09	2,73			

* $p < 0,05$

Table 5. shows the ANOVA results of the comparison of the scores of the participants from the Inventory of Experiences in Close Relationships, the Self-Compassion Scale, the Styles of Coping with Stress, and the Brief Symptom Inventory according to their parental relationship status. It was determined that there was no statistically significant difference between the scores of the participants from the Inventory of Experiences in Close Relationships according to their parental relationship status ($p > 0.05$).

It was determined that there was a statistically significant difference between the scores of the participants from the self-judgment sub-dimension in the Self-Compassion Scale according to the parental relationship status ($p < 0.05$). The scores of the participants with separated parents, from the self-judgment sub-dimension in the Self-Compassion Scale are higher than the other participants. It was determined that there was no statistically significant difference between the scores of the participants from the Stress Coping Styles Scale according to their parents' relationship status ($p < 0.05$).

It was determined that there were statistically significant differences between the scores of the participants from the Brief Symptom Inventory and the scores of the depression, negative self, somatization and hostility sub-dimensions according to the parental relationship status ($p > 0.05$). Those with separated parents had higher scores on the Brief Symptom Inventory and the sub-dimensions of depression, negative self, somatization and hostility.

Table 6. Correlations between the scores of the participants in the inventory of experiences in close relationships, the self-compassion scale, the styles of coping with stress scale, and the brief symptom inventory

		Anxiety	Depression	Negative self	Somatization	Hostility	Brief Symptom Inventory
Anxious attachment	r	0,434	0,432	0,498	0,301	0,301	0,425
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Avoidant attachment	r	0,256	0,194	0,223	0,183	0,183	0,224
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Self-compassion	r	-0,313	-0,366	-0,360	-0,199	-0,199	-0,311
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Self judgement	r	0,540	0,561	0,601	0,444	0,444	0,560
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Be aware of the shares	r	-0,290	-0,336	-0,358	-0,255	-0,255	-0,323
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Isolation	r	0,493	0,551	0,567	0,396	0,396	0,520
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Consciousness	r	-0,352	-0,385	-0,416	-0,284	-0,284	-0,373
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Overidentification	r	0,527	0,554	0,559	0,403	0,403	0,529
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Self-confident approach	r	-0,398	-0,427	-0,416	-0,383	-0,383	-0,434
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Helpless approach	r	0,619	0,631	0,658	0,485	0,485	0,622
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Submissive approach	r	0,543	0,430	0,510	0,497	0,497	0,534
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Optimistic approach	r	-0,272	-0,391	-0,313	-0,219	-0,219	-0,306
	p	0,000*	0,000*	0,000*	0,000*	0,000*	0,000*
Seeking social support	r	-0,034	-0,039	-0,044	-0,086	-0,086	-0,062
	p	0,505	0,444	0,391	0,096	0,096	0,226

* $p < 0,05$

Table 6. shows the Pearson test results of the the correlations between the scores of the participants obtained from the Inventory of Experiences in Close Relationships, the Self-Compassion Scale, the Scale of Coping with Stress, and the Brief Symptom Inventory.

It was determined that there were statistically significant and positive correlations between the scores of the participants in the anxious and avoidant attachment sub-dimensions in the Inventory of Experiences in Close Relationships, and their scores from the Brief Symptom Inventory in general and the scores of the depression, anxiety, negative self, somatization and hostility sub-dimensions ($p < 0,05$).As the scores of the participants in the anxious and avoidant attachment sub-dimensions in the Inventory of Experiences in Close Relationships increase, the scores they get from the Brief Symptom Inventory and from the depression, anxiety, negative self, somatization and hostility sub-dimensions also increase.

It was found that there was a statistically significant and negative correlation between the scores of the participants from the Self-compassion, awareness of sharing and Consciousness sub-dimensions in the Self-Compassion Scale and the scores they got from the Brief Symptom Inventory and the depression, anxiety, negative self, somatization and hostility sub-dimensions($p < 0,05$).As the scores of the participants from self-

compassion, awareness of sharing and consciousness sub-dimensions increase, the scores they get from the Brief Symptom Inventory and from the depression, anxiety, negative self, somatization and hostility sub-dimensions decrease.

It was determined that there were statistically significant and positive correlations between the scores of the participants in the sub-dimensions of self-judgment, isolation, and overidentification in the Self-Compassion Scale and the scores they got from the Brief Symptom Inventory and the sub-dimensions of depression, anxiety, negative self, somatization, and hostility ($p < 0.05$). As the scores of the participants in the sub-dimensions of self-judgment, isolation, and over-identification in the Self-Compassion Scale increase, the scores they get from the Brief Symptom Inventory and the sub-dimensions of depression, anxiety, negative self, somatization and hostility also increase.

It was determined that there were negative and statistically significant correlations between the scores of the participants in the self-confident approach and optimistic approach sub-dimensions in the Stress Coping Styles Scale and the scores they got from the Brief Symptom Inventory and the depression, anxiety, negative self, somatization and hostility sub-dimensions ($p < 0.05$). As the scores of the participants in the self-confident approach and optimistic approach sub-dimensions in the scale of coping with stress increase, the scores they get from the Brief Symptom Inventory and the sub-dimensions of depression, anxiety, negative self, somatization and hostility decrease. It was determined that there were positive correlations between the scores of the participants in the helpless approach and submissive approach sub-dimensions in the Stress Coping Styles Scale and the scores they got from the Brief Symptom Inventory and the depression, anxiety, negative self, somatization and hostility sub-dimensions ($p < 0.05$).

Table 7. The predictors of the scores of the participants in the inventory of experiences in close relationships, the self-compassion scale, and the styles of coping with stress scale from the brief symptom inventory

	Std. Coefficients		Standardize	T	p	F	R ²
	B	Std. Error	Beta				
(constant)	-	1,029	0,296	-	0,001		
Anxious attachment	-	0,002	0,038	-0,002	3,478	*	
Avoidant attachment	-	0,131	0,034	0,150	0,041	0,967	
Self-compassion	-	0,017	0,011	0,095	3,876	0,000	
Self judgement	-	0,021	0,011	0,121	1,636	0,103	
Be aware of shares	-	0,007	0,012	-0,035	2,006	0,046	
Isolation	-	0,022	0,012	0,105	-	0,538	32,253
Consciousness	-	0,016	0,014	-0,071	0,617	0,538	0,534
Overidentification	-	0,019	0,012	0,091	1,842	0,066	0,000
Self-confident approach	-	0,164	0,074	-0,138	1,177	0,240	
Helpless approach	-	0,421	0,079	0,299	1,583	0,114	
Submissive approach	-	0,241	0,064	0,175	2,209	0,028	
Optimistic approach	-	0,077	0,068	0,067	5,295	0,000	
Seeking social support	-	0,080	0,069	-0,051	3,767	0,000	

* $p < 0,05$

The regression model, in which the participants' Inventory of Experiences in Close Relationships, Self-Compassion Scale, and Stress Coping Styles Scale scores predicted the scores they got from the Brief

Symptom Inventory, was found to be statistically significant and the variance explained in the model was 51.7% ($p < 0.05$). It was determined that the scores of the participants in the avoidant attachment sub-dimension in the Inventory of Experiences in Close Relationships predicted the scores they got from the Brief Symptom Inventory at a statistically significant level and positively ($\beta = 0.150$; $p < 0.05$). It was determined that the scores of the participants from the Self-Judgement sub-dimension in the Self-Compassion Scale were statistically significant and positively predicted the scores they got from the Brief Symptom Inventory ($\beta = 0.121$; $p < 0.05$). The scores of the participants from the self-confident approach ($\beta = -0.138$; $p < 0.05$) sub-dimension of the Stress Coping Styles Scale predicted the scores obtained from the Brief Symptom Inventory negatively. In addition, the scores of the participants from the helpless approach ($\beta = 0.299$; $p < 0.05$) and submissive approach ($\beta = 0.175$; $p < 0.05$) sub-dimensions predicted their scores from the Brief Symptom Inventory statistically significant and positively.

Results, Conclusions and Recommendations

In the study The scores of the male participants in the avoidant attachment, submissive and optimistic approach sub-dimensions were higher than the scores of female participants. Female participants had higher levels of hostility and depression than male participants. Although there are studies supporting the results obtained from this study in the relevant literature (Borkoles et al., 2018; Caldarella et al., 2019), it is seen that there are studies with different results (Kamali & Norouzi, 2016, Hu, Xiao, Peng, Kuang & He, 2018; Zarin et al., 2017). It is thought that this difference may be related to geographical variation.

Among the results reached in this study are that the self-judgment sub-dimension scores and psychological symptom levels of participants whose parents are separated are higher than participants whose parents are together. In the study, it was determined that the psychological symptom levels of the participants living with their families were lower than those living apart from their families. However, it has been observed that individuals living with their families use the self-confident approach style more than single individuals in terms of coping with stress compared to individuals living apart from their families. It was concluded that the self-judgment scores of the individuals who live with their families were lower than those who were separated from their families, while the scores they got from the sub-dimensions of awareness and consciousness were higher. Finally, it was determined that there was no difference in the attachment styles of the participants according to the variable of living with their family. When the studies on the subject are examined, it is seen that the results of the past studies in the literature are similar to the results of this study (Bundick, 2011, Holt Lunstad, 2017, Higgins, 2014; Wang, Chang, Chen, Chen & Hsu, 2014).

In addition, it was found that there were significant and negative correlations between self-sensitivity and psychological symptoms in the study. According to these findings, the level of psychological symptoms increases as the scores in the sub-dimensions of self-judgment, isolation and excessive identification increase. Also, as the scores in the sub-dimensions of self-compassion, awareness of sharing and consciousness increase, the level of psychological symptoms decreases. It was also found that there were negative and significant correlations between self-confident and optimistic approach sub-dimension scores and psychological symptom scores of the participants. In addition, there were positive correlations between the scores of the participants from the desperate approach, submissive approach and psychological symptom scores. Finally, this study revealed that there was a statistically significant positive relationship between the sub-dimensions of avoidant attachment, self-judgment and the level of psychological symptoms. Results of this study are consistent with the literature (Gentile, Boca & Giammusso, 2018; Kerr & Multon, 2014; Lindsey, 2016; Montero-Marin et al., 2016). Field experts can evaluate the individual's attachment style while creating treatment plans for individuals.

In addition, it would be beneficial to evaluate self-compassion and stress coping attitudes, which predict psychological symptoms in individuals, and to regulate the recovery processes of individuals who have low self-compassion levels and who cope with stress in dysfunctional ways. It is important that field experts evaluate the individual's attachment style while creating treatment plans for individuals. In addition, it would be beneficial to evaluate self-compassion and stress coping attitudes, which predict psychological symptoms in individuals, and to regulate the recovery processes of individuals with low self-compassion levels and who cope with stress in dysfunctional ways.

This study has some limitations. Attachment styles are defining features for all age groups, the biggest limitation of this study is that this research was conducted only with university students. In addition, the number of participants and the questionnaires used in this study is considered as the other limitation. In this context, the necessity of studies with larger sample groups on different age groups has emerged.

References

- Akın, Ü., Akın, A. ve Abacı, R. (2007). Self-Compassion Scale: Validity and reliability study. Hacettepe University Faculty of Education Journal, 33, 01-14 (Öz-duyarlılık Ölçeği: Geçerlik ve güvenilirlik çalışması. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 33, 01-14).
- August, H., Esperandio, M. R. G., & Escudero, F. T. (2018). Brazilian validation of the attachment to god inventory. *Religions*, 9(4), 103.
- Bahramzade, H., ve Besharat, M. A. (2010). The impact of styles of coping with stress on sport achievement. *Procedia-Social and Behavioral Sciences*, 5, 764-769.
- Bartholomew, K. and Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226-244.
- Blackie, R. A. ve Kocovski, N. L. (2018). Examining the relationships among self-compassion, social anxiety, and post-event processing. *Psychological Reports*, 121(4) 669-689
- Borkoles, E., Kaiseler, M., Evans, A., Ski, C. F., Thompson, D. R., & Polman, R. C. (2018). Type D personality, stress, coping and performance on a novel sport task. *Plos one*, 13(4).
- Bowlby, J. (1969). *Attachment and Loss: Vol.1 Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: separation, anxiety and anger*. New York: Basic Books.
- Bradshaw, M., Kent, B. V., Henderson, W. M., & Setar, A. C. (2019). Attachment to God and social trust. *Sociological perspectives*, 62(6), 1001-1021.
- Bundick, M. J. (2011). "The benefits of reflecting on and discussing purpose in life in emerging adulthood". *New directions for youth development*. 132(2): 89-103.
- Caldarella, P., Johnson, J. E., Larsen, R. A., Heath, M. A., & Warren, J. S. (2019). Adolescent sports participation and parent perceptions of resilience: A comparative study. *The Physical Educator*, 76(4), 1026-1045.
- Chambers, J. (2017). The neurobiology of attachment: From infancy to clinical outcomes. *Psychodynamic Psychiatry*, 45(4), 542-563.
- Derogatis, L. R. ve Melisaratos, N. (1983). The brief symptom inventory: an introductory report. *Psychological Medicine*, 13(3), 595-605.
- Donald, J. N., Ciarrochi, J., Parker, P. D., Sahdra, B. K., Marshall, S. L. & Guo, J. (2018). A worthy self is a caring self: Examining the developmental relations between self-esteem and self-compassion in adolescents. *Journal of personality*, 86(4), 619-630.
- Eşici, H. & Özbay, Y. (2020). Beliren yetişkinlikte romantik ilişki kalitesi ile bağlanma ilişkisinde psikolojik ihtiyaçlar ve zedelenmiş otonominin aracı etkisi. *21. Yüzyılda Eğitim Ve Toplum Eğitim Bilimleri Ve Sosyal Araştırmalar Dergisi*, 9 (26) , 267-288 . Retrieved from <https://dergipark.org.tr/tr/pub/egitimvetoplum/issue/60280/873895>
- Fergus, T. A., & Rowatt, W. C. (2014). Examining a purported association between attachment to god and scrupulosity. *Psychology of Religion and Spirituality*, 6(3), 230-236.
- Folkman, S., ve Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 21(3), 219-239.
- Fraley, R. C., Waller, N. G. ve Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78(2), 350-365.
- Gentile, A., Boca, S., and Giammusso, I. (2018). 'You play like a woman!' effects of gender stereotype threat on women's performance in physical and sport activities: A meta-analysis. *Psychology of Sport & Exercise*, 5(6).
- Higgins, J. (2014). Integrated services and suicide prevention training: A case study of one community mental health agency. *Professional Case Management*, 19(2), 137-142.
- Holt, L. J. (2017). The potential public health relevance of social isolation and loneliness: Prevalence, epidemiology, and risk factors, *Public Policy and Aging Report*, 27(4), 127-130.
- Hu, T., Xiao, J., Peng, J., Kuang, X., & He, B. (2018). Relationship between resilience, social support as well as anxiety/depression of lung cancer patients: A cross-sectional observation study. *Journal of cancer research and therapeutics*, 14(1), 72.
- Kamali, A., and Norouzi, K. (2016). The effect of selected pilates exercises on thigh muscle strength and depression in elderly women. *Journal of Paramedical Sciences & Rehabilitation*, 5(2), 67-75.
- Kang, B., Lee, S., Oh, A. H., Kang, S., Hwang, I., & Song, J. (2015). Towards understanding relational orientation: Attachment theory and facebook activities. *Influence and the Social Network*, 14(18), 1404-1415.
- Kantarıcı, D. (2009). Evli bireylerin bağlanma stillerine göre aldatma eğilimleri ve çatışma yönetim biçimlerinin incelenmesi, (Yayınlanmamış Yüksek Lisans Tezi), Sosyal Bilimler Enstitüsü, İstanbul Üniversitesi, İstanbul.
- Kearney, J. A., and Byrne, M. W. (2015). Understanding parental behavior in pediatric palliative care: Attachment theory as a paradigm. *Palliative and Supportive Care*, 13(3), 1559-1568.

- Kerr, B.A., and Multon, K.D. (2014). The development of gender identity, gender roles, and gender relations in gifted students. *Journal of Counseling & Development*, 93(1), 183-191.
- Krahe, B. (2018). Violence against women. *Current Opinion in Psychology*, 19(3), 6-10.
- Lindsey, L.L. (2016). *Gender roles: A sociological perspective*. New York
- Mackintosh, K., Power, K., Schwannauer, M. & Chan, S. W. (2017). The relationships between self-compassion, attachment and interpersonal, problems in clinical patient with mixed anxiety and depression and emotional distress. *Mindfulness*, 9(1), 961-971.
- Matas, L., Arend, R. A., & Sroufe, L. A. (1978). Continuity of adaptation in the second year: The relationship between quality of attachment and later competence. *Child Development*, 49(3), 547-556. doi: 10.2307/1128221.
- Mavili A, Kesen NF, Daşbaşı S, 2014. Aile Aidyeti Ölçeği: Bir ölçek geliştirme çalışması. *Sosyal Politika Çalışmaları Dergisi*, 33, 29-45.
- Monacis, L., De Palo, V., Griffiths, M. D., & Sinatra, M. (2017). Exploring individual differences in online addictions: The role of identity and attachment. *International Journal of Mental Health and Addiction*, 15(4), 853-868. <https://doi.org/10.1007/s11469-017-9768-5>
- Montero-Marin, J., Zubiaga, F., Cereceda, M., Piva Demarzo, M. M., Trenc, P., & Garcia-Campayo, J. (2016). *Burnout subtypes and absence of self-compassion in primary healthcare professionals: A cross-sectional study*.
- Navarro-Gil, M., Lopez-del-Hoyo, Y., Modrego-Alarcón, M., Montero-Marin, J., Van Gordon, W., Shonin, E., & Garcia-Campayo, J. (2020). Effects of attachment-based compassion therapy (ABCT) on self-compassion and attachment style in healthy people. *Mindfulness*, 11(1), 51-6
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223-250.
- Pepping, C. A., Davis, P. J., O'Donovan, A. ve Pal, J. (2015). Individual differences in self-compassion: The role of attachment and experiences of parenting in childhood. *Self and Identity*, 14(1), 104-117.
- Selçuk, E., Günaydın, G., Sümer, N. & Uysal, A. (2005). A new measure for adult attachment dimensions: Psychometric evaluation of the Experiences in Close Relationship Inventory-II in a Turkish sample. *Turkish Psychology Writings*, 8(16), 1-12 (Yetişkin bağlanma boyutları için yeni bir ölçüm: Yakın ilişkilerde Yaşantılar Envanteri-II'nin Türk örnekleminde psikometrik açıdan değerlendirilmesi. *Türk Psikoloji Yazıları*, 8(16), 1-12).
- Solmuş, T. (2010). Bağlanma, Evlilik ve Aile Psikolojisi. (1. bs). İstanbul: Sistem Yayıncılık .
- Soysal, A. Ş., Bodur, Ş., İşeri, E., & Şenol, S. (2005). An overview of the attachment process in infancy. *Journal of Clinical Psychiatry*, 2(2). 88-98 (Bebeklik dönemindeki bağlanma sürecine genel bir bakış. *Klinik Psikiyatri Dergisi*, 2(2). 88-98).
- Soysal, A. Ş., Bodur, Ş., İşeri, E., & Şenol, S. (2005). Bebeklik dönemindeki bağlanma sürecine genel bir bakış. *Klinik Psikiyatri Dergisi*, 2. 88-98.
- Spinelli, M. (2017). The Attachment Theory Today: From the epigenetic effects of maternal behavior to psycho-neuro-endocrino-immunology. *Journal of Clinical Epigenetics*, 3(4), 1-3.
- Szepeswol, O., & Simpson, J. A. (2019). Attachment within life history theory: An evolutionary perspective on individual differences in attachment. *Current Opinion in Psychology*, 25, 65-70.
- Şahin, N. H. ve Durak, A. (1994). Brief symptom inventory: adaptation for Turkish youth. *Turkish Journal of Psychology*, 9(31), 44-56 (Kısa semptom envanteri: Türk gençleri için uyarlanması. *Türk Psikoloji Dergisi*, 9(31), 44-56).
- Şahin, N. H. ve Durak, A. (1995). The scale of coping styles with stress: Adaptation for university students. *Turkish Journal of Psychology*, 10(34), 56-73 (Stresle başa çıkma tarzları ölçeği: Üniversite öğrencileri için uyarlanması. *Türk Psikoloji Dergisi*, 10(34), 56-73).
- Wang, A. W., Chang, C., Chen, S., Chen, D. & Hsu, W. (2014). Identification of posttraumatic growth trajectories in the first year after breast cancer surgery: PTG trajectory and adjustment. *Psycho-Oncology (Chichester, England)*, 23(12), 1399- 1405.
- Yıldız, M. (2012). Bağlanma kuramı açısından yaşlılık dönemine genel bir bakış. *Cumhuriyet Üniversitesi Sosyal Bilimler Dergisi*, 36(1), 1-30.
- Zarin, S. S., Khanjani, M. S., Foroughan, M., Hosseini, M. A., Bakhshi, E., & Kamali, M. (2017). Research paper: Relationship between locus of control with posttraumatic growth among individuals with spinal cord injury. *Journal of Modern Rehabilitation*, 11(2), 109-118.