

Evaluating the Relationship Between Peer Attachment and Coping Styles Among Adolescents

Thayebeh Khazaie^{1*}, Gholamreza Sharifzadeh², Mohammad Resani³, Yaser Rashedi³, Sajjad Ahmadpour³

¹Instructor, East Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Birjand University of Medical Sciences, Birjand, Iran

²Hepatitis Research Center, Birjand University of Medical Sciences, Birjand, Iran

³MS, East Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Birjand University of Medical Sciences, Birjand, Iran

*Correspondence to

Thayebeh Khazaie; East Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Birjand University of Medical Sciences, Birjand, Iran.
Tel: +98-09151637211;
Fax: +98-4440550
Email: thayebekh@yahoo.com

Received: January 11, 2015

Revised: February 9, 2015

Accepted: March 30, 2015



© 2015 The Author(s).

Published by Birjand University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Background and Aim: Adolescence is associated with physical and emotional changes and certain tensions which coping with them necessitates the use of cognitive and behavioral strategies called coping styles. Since adolescence, peer attachment is developed. Secure attachment produces positive outcomes. The purpose of this study was to evaluate the relationship between adolescents' peer attachment and their coping styles.

Methods: This correlational study was conducted in Birjand, Iran, on 302 high school students who had been recruited through stratified random sampling. The 24-item Inventory of Parent and Peer Attachment (IPPA) and the Lazarus Adolescents Coping Scale (ACS) were used for data gathering. The attachment inventory consists of 24 items in three domains of trust, quality of communication, and extent of anger and alienation. The ACS assesses 18 coping strategies in three coping styles. The items of this scale are scored on a 5-point scale. After entering into the SPSS software (v. 16.0), the data were analyzed by conducting the analysis of variance (ANOVA), the multiple regression analysis, and Tukey post hoc, Pearson correlation coefficient, the independent-samples *t* test, and the chi-square tests at a significance level of 0.05.

Results: In total, 199 male (65.9%) and 103 female (34.1%) students participated in this study whose mean age was 16.55 ± 1.04 years. Female students' mean score of the emotion-focused and the avoidance coping styles were significantly higher than their male counterparts. Besides, the results of the Tukey post hoc test illustrated that the fourth-year students' mean score of the anger domain of the attachment inventory was significantly higher than the second-year students ($P=0.01$). However, the mean score of peer attachment was not significantly correlated with the educational and the employment status of the participating students' parents. There was a significant difference between the male and the female students regarding the mean scores of the trust and the communication domains of attachment. Regression analysis also revealed that the domains of peer attachment were significant predictors of the adolescents' coping styles.

Conclusion: Peer attachment predicts coping styles. The mean score of the problem-focused coping style was significantly higher than the other styles. Female students' mean score of the emotion-based and the avoidance coping styles was significantly higher than the male ones, denoting the great necessity for developing and implementing educational programs. Peers are important sources of emotional support for helping adolescents assess their social environments and establish new relationships. Therefore, parental supervision on adolescents' peer relationships is essential.

Keywords: Object attachment, Adaptation, Psychological, Adolescent.

Introduction

During adolescence, individuals experience personal, social, occupational, and familial problems as well as massive bodily and cognitive changes. In order to cope with such problems and changes, they need special cognitive and behavioral strategies which are called coping styles. According to Lazarus, coping is the cognitive and

the behavioral attempts for managing internal or external demands or the demands which are beyond personal resources (1). Coping includes attempts for restoring balance which lead finally to problem solving, effective coping, or failure to achieve a solution (2).

Although any kind of change—either big or small—is stressful and requires the afflicted individual to cope with

it, all stressors are not necessarily bad and unpleasant. Rather, the ways and the strategies which he/she selects to cope with stressors constitute his/her vulnerability profile. Accordingly, ineffective coping strategies can add to the problems while effective strategies can result in positive outcomes (3).

Shareh et al (4) quoted Endler and Parker that there are three types of coping styles including problem-focused, emotion-focused, and avoidance styles. In the problem-focused coping style, an individual focuses on the afflicting problem, collects relevant data, assesses accessible resources, and develops a plan. The emotion-focused coping style emphasizes on managing emotions and emotional reactions. In this style, an individual reacts to a stressor by emotional behaviors such as crying, getting angry, and shouting. In the avoidance coping style, an individual attempts to avoid and escape stressors and attract emotional support (4). In general, the problem-focused coping style is considered effective while the emotion-focused and the avoidance coping styles are usually ineffective (5).

Ghazanfari (6) conducted a study on 1832 male and female high school students and found that the effective coping styles were positively correlated with mental health. Besharat and Salimian-Rizi (5) found that working hard was negatively correlated with the emotion-focused coping style. They also reported that working hard is a significant predictor of the emotion-focused coping style. Bordbar and Razavieh (7) also studied 360 intermediate and high school students and found that the problem-focused coping style was positively correlated with both academic achievement and received social support.

Coping styles seem to be correlated with attachment styles in that securely attached people, compared with individuals who have insecure attachment, are more likely to seek social support as a coping strategy (8). However, people with avoidance attachment are less likely to seek social support while they are alone or encounter problems (9,10). Undoubtedly, factors such as family communication patterns and self-concept have a pivotal role in developing attachment styles. Therefore, assessing the role of these factors in coping styles seems crucial (11). Bowlby's attachment theory holds that attachment is a global need which belongs to all people. It suggests that each individual needs to establish intimate relationships with the others (12). According to Bowlby, attachment-related behaviors and their consequences are by no means confined to childhood (8,9). In childhood, relationships are mainly with primary caregivers while since adolescence, relationships are extended to peers and other people. Adolescence is a period of transition. Secure attachment to parents and peers during adolescence and adulthood produces positive outcomes such as life satisfaction, psychological health, and seeking social support from peers (12).

Previous studies have shown that cognitive and social changes as well as poor attachment to parents increase

adolescents' readiness for peer attachment. Consequently, peer acceptance and attachment assume great importance in adolescents' lives. At the same time, many factors can affect peer acceptance which include, but not limited to, intelligence, mastery, aptitude, and appearance (3).

Secure attachment is associated with the effective coping strategies. During adolescence, peer attachment is developed. The purpose of this study was to evaluate the relationship between adolescents' peer attachment and their coping styles.

Methods

This correlational study was conducted on high school students in Birjand, Iran. Students were recruited by multi-stage stratified random sampling. Initially, one female and one male high school were selected from each four districts of Birjand. Then, a sample of students was selected from each class through systematic random sampling. The number of the students which were selected from each class was proportionate to the total number of the students in that class as well as to the study sample size. Using the sample size calculation formula ($n = NZ^2pq/Nd^2 + Z^2pq$) and with a 'p' of 0.5, a 'd' of 0.05 and an 'α' of 0.07, the study sample size was determined to be 317 students. Finally, 302 students completely filled their questionnaires.

After obtaining their written consent and explaining the aims of the study to them, the participating students were asked to complete the Inventory of Parent and Peer Attachment (IPPA) and the Lazarus adolescents coping scale. The IPPA includes 25 items in three domains of trust (11 items), quality of communication (8 items), and extent of anger and alienation (6 items). Students' responses to these items were scored on a 5-point Likert scale as the following: 'Almost never or never true': 1; 'Not very often true': 2; 'Sometimes true': 3; 'Often true': 4; and 'Almost always or always true': 5. The negatively-worded items of the IPPA are scored reversely. The range of the total IPPA score is 25 to 125—the higher the score, the deeper the attachment. The total score of each IPPA domain was calculated through dividing the total score of that domain by the number of its items, resulting in a 1–5 score for each domain. The reliability of the IPPA had been assessed by the test-retest method for a sample of 27 youths who were 18–20 years which yielded a test-retest correlation coefficient of 0.86 (13).

The Adolescents Coping Scale (ACS) was developed by Frydenberg and Lewis based on Lazarus's theory for evaluating coping strategies. The ACS identifies 18 types of coping strategies, most of which can be classified into three groups of productive (or problem-focused), reference to others (or emotion-focused), and non-productive (or avoidance) strategies. This categorization reflects the effectiveness of the strategies. Each item can be responded by using one of the five choices of 'Never', 'Seldom', 'Sometime', 'Often', and 'Very much'. The items of each of the ACS domains are as follows:

1. Problem-focused style: comprises eight items of seeking social support, focusing on solving the problem, physical recreations, seeking relaxing diversions, investing in close friends, seeking to belong, working hard and achieving, focusing on the positive. The items of seeking social support and seeking to belong are repeated twice. A person who uses this style is optimistic, healthy, and calm and attempt to solve problems.
2. Emotion-focused style: consists of the four items of seeking social support, seeking spiritual support, seeking professional help, and social action. This style is differentiated by referring to the others (such as peers, specialists, or divine powers) for receiving support.
3. Avoidance style: includes eight items of worry, seeking to belong, wishful thinking, not coping, tension reduction, keeping to yourself, and self-blame. These strategies can be called non-productive avoidance strategies which are associated with inability to cope.

The score of each style is calculated through summing the standardized scores of its items. Moreover, the sum of the scores of the problem- and the emotion-focused styles reflects productive coping style while the score of the avoidance style is considered as non-productive style. Ghazanfari (6) found that the Cronbach alpha values of the ACS and its productive (problem-focused), reference to others (emotion-focused), and non-productive (avoidance) domains were respectively 0.87, 0.82, 0.82, and 0.81.

After entering them into the SPSS software (v. 16.0), we analyzed the study data by conducting the analysis of variance (ANOVA), the Tukey post hoc test, the Pearson

correlation coefficient test, and the multiple regression analysis at a significance level of 0.05. Regression analysis was performed to predict the coping styles based on peer attachment.

Results

In total, 199 male (65.9%) and 103 female (34.1%) students participated in this study whose mean age was 16.55 ± 1.04 years. The mean score of attachment was 12.3 ± 0.5 . The scores of the IPPA domains were as the following: trust: 3.49 ± 0.7 ; communication: 3 ± 0.7 ; and anger: 2.43 ± 0.67 . Male students' mean scores of the total IPPA and its domains were significantly higher than their female counterparts. Students with different educational levels did not differ significantly from each other regarding the total IPPA score and the scores of the trust and the communication domains. However, the results of the Tukey post hoc test illustrated that the fourth-year students' mean score of the anger domain was significantly higher than the second-year students' ($P=0.01$; Table 1). The mean, minimum, and maximum scores of the students' ACS were respectively 239.1 ± 29.1 , 155, and 343. Females students' ACS mean score (245.5 ± 26.7) was significantly higher than the male ones (235.8 ± 29.8 ; $P=0.006$). However, there was no significant difference among the students with different educational levels regarding the mean score of ACS.

The results of the multiple regression analysis revealed that variables such as trust, communication, and anger were significant predictors of the students' coping styles from which, the predicting power of trust ($\beta=0.25$) was higher than the other two variables (Table 2).

The mean scores of the problem-focused, emotion-

Table 1. Comparing the Total Score of the IPPA in Different Genders and Educational Levels

Variable	The Domains of the IPPA			Total IPPA Score Mean±SD	
	Communication Mean±SD	Trust Mean±SD	Anger Mean±SD		
Gender	Female	2.99±0.68	3.42±0.68	2.41±0.66	3.1±0.51
	Male	3.16±0.62	3.62±0.71	2.48±0.72	3.23±0.48 ^a
	<i>P</i> value (the independent-samples <i>t</i> test)	0.04 ^a	0.02 ^a	0.41	0.008 ^a
Educational level	Second year	3.1±0.97	3.6±0.64	2.26±0.69	3.14±0.46
	Third year	3±1.22	3.37±0.79	2.51±0.7	3.1±0.58
	Fourth year	3±0.61	3.5±0.63	2.53±0.61	3.14±0.46
	<i>P</i> value (ANOVA)	0.89	0.06	0.006 ^a	0.56

Abbreviations: ANOVA, analysis of variance; IPPA, Inventory of Parent and Peer Attachment.

^aStatistically significant at a *P* value of less than 0.05.

Table 2. Multiple Regression Analysis to Predict the Score of Coping Strategies Based on the Domains of the IPPA

The Domains Of the IPPA	Statistical Parameters				<i>P</i> Value	
	Correlation Coefficient	R	Constant Value	Regression Coefficient		
Communication	R=0.41	R=0.43	161.5	1.2	0.22	0.006
Trust	R=0.39			0.95	0.25	0.002
Anger	R=0.04	R2=0.19		0.98	0.11	0.04

Abbreviation: IPPA, Inventory of Parent and Peer Attachment.

Table 3. Male and Female Students' SCORES of Coping Styles

Variable	Gender		P Value (the Independent-Samples T Test)
	Male (n = 199) Mean±SD	Female (n = 103) Mean±SD	
Problem-focused coping	111.6±16.9	111.9±15.5	0.85
Emotion-focused coping	53.9±10.4	56.6±9.6	0.03 ^a
Avoidance coping	101.6±15.2	109.5±13.6	<0.001 ^a

^aStatistically significant at a P value of less than 0.05.

focused, and avoidance coping styles were 111.7 ± 16.4 , 54.8 ± 10.2 , and 104.3 ± 15.1 , respectively. Female students' mean scores of the emotion-focused and the avoidance coping styles were significantly better than the male students (Table 3).

Discussion

The findings of this study confirmed that peer attachment predicts the coping styles. Sepéhrian et al (14) found that secure attachment is positively correlated with the problem-focused coping and negatively correlated with the emotion-focused coping. Hashemi and Jowkar (15) also reported a positive correlation between peer attachment and the active and the avoidance coping strategies.

Attachment styles can contribute to people's persistence and coping. These styles can help people either withstand and fight with problems or succumb to them (14). The findings of a study conducted by Abubakr et al (16) revealed that parent and peer attachment has a significant role in identity development and mental health. Ghazanfari (6) also found that effective coping styles and reference to others are positively correlated with mental health and its components.

The study findings indicated that the mean score of the problem-focused coping style was higher than the scores of the other styles. In addition, the mean score of the trust domain was higher than the other domains of the IPPA. Factors such as strong relationships with peers and problem solving ability protect adolescents against hazards such as drug abuse. Regarding the paramount importance of having knowledge about the coping styles, raising adolescents' awareness of coping strategies can help them adopt the most effective strategies once experiencing stress.

Effective and ineffective coping styles and strategies can predict behavioral disorders (1). Gharraee et al (17) found that behavioral disorders were inversely correlated with the productive and the reference to others coping styles. Moreover, regression analyses in their study revealed that strategies such as physical recreations, working hard, social support, relaxation, not coping, focusing on the positive, and tension reduction were significantly correlated with behavioral disorders and explained 0.31 of their total variance (17).

We also found that the female students' mean scores of the emotion-focused and the avoidance coping styles were significantly higher than the male students. This finding

is in line with the finding that Besharat and Salimian-Rizi (5) reported. Besides, we found a significant correlation between peer attachment and the coping styles. Besharat and Salimian-Rizi (5) reported that working hard was positively correlated with the problem-focused and the positive emotion-focused coping styles. They also found that this variable significantly predicted the variance of these two coping styles (5). Conversely, the children and the adolescents who adopt the avoidance coping style are less competent to cope with their problems (4).

In a study on 360 intermediate and high school students, Bordbar and Razavieh (7) found that the problem-focused coping style positively correlated with academic achievement and social support. The findings of our study revealed that the male students' mean scores of the communication and the trust domains of the IPPA were significantly higher than their female counterparts. However, there was no significant difference between the male and the female students regarding the mean score of the anger domain of the IPPA. Schneider et al (18) also found that during middle childhood and adolescence, children with different genders and cultures did not significantly differ from each other regarding peer relationships.

Surely, emotional peer support helps people select more effective coping strategies. As adolescents move towards adulthood, they extend their attachment networks beyond their families. Peers have a pivotal role in adolescents' lives. However, they do not act as parent substitutes. Instead, they are important sources of emotional support for helping adolescents assess their social environments and establish new relationships. Parents, friends, and peers are the core of most adolescents' relationships in social activities. An important point here is the quality of the established relationships. In other words, not all peer relationships are productive (19). It is the healthy relationships and adequate support by families which lead to positive consequences.

The results of a large-scale longitudinal study in New Zealand showed that a combination of strong peer attachment and poor parent attachment is associated with the highest degrees of depression among adolescents (20). Cabral et al (21) also found a significant correlation between peer relationship and high-risk behaviors such as smoking (among males), cannabis abuse, and sexual activities (21).

One of the limitations of this study was its cross-sectional

design. Longitudinal studies are needed for assessing the role of parent and peer attachment in adolescents' coping with their problems.

Conclusion

Adolescents' peer attachment has significant effects on social processes. Therefore, studying peer attachment among adolescents can help parents facilitate the process of their adolescents' coping with problems. While getting older, adolescents pay greater attention to their friends and peers and develop attachment to them because they have more shared interests, understand each other better, receive different models from each other, and receive feedbacks that their parents cannot provide for them. Additionally, healthy peer relationships promote their independence. Thus, parental supervision on adolescents' peer relationships is essential.

Using preventive measures and having knowledge about coping strategies are of paramount importance to people's fates. Consequently, educating adolescents with these strategies and measures and identifying their coping strategies are needed for the prevention of physical and mental disorders among them. Educational programs and seminars can be held to foster adolescents' problem-finding and problem-solving attitudes and to help them use effective strategies for coping with their problems.

Acknowledgement

This study was approved by Birjand University of Medical Sciences, Birjand, Iran, with the registration code of 92.42.

References

1. Pooragha Roodbordeh F, Hakim Javadi M, Kafi M. The relationship between alexithymia and attachment to mother in young adolescents. *J Fundam Ment Health*. 2011;13(49):58-65. [Persian]
2. Besharat MA, Salimian Rizi MM. The relationship between attachment styles and alexithymia Mediating role of self-regulation. *International Journal of Research Studies in Psychology*. 2014;3(4):89-98.
3. Behzadipour S, Pakdaman S, Besharat MA. Relationship between attachment styles and weight concern in adolescent girls. *Journal of Behavioral Sciences*. 2010;4(1):69-76. [Persian]
4. Shareh H, Asgharnejad Farid AA, Yazdandoost R. Relationship between running away from home with coping strategies and attributional styles in female adolescents in the city of Mashad. *Iranian Journal of Psychiatry and Clinical Psychology*. 2009;15(3):242-247. [Persian]
5. Besharat MA. Hardiness and coping styles with stress. *Quarterly Journal of Psychological Studies*. 2007;3(2):109-27. [Persian]
6. Ghazanfari A. Validation of adolescents coping scale. *Quarterly Iranian Journal of Psychiatry and Clinical Psychology*. 2005;11(3):29029-7. [Persian]
7. Bordbar T, Razavieh AA. Relationships between encounter strategies, social support and academic achievement among adolescences. *Research in Clinical Psychology and Counseling*. 2004;5(1):36-50. [Persian]
8. Collins NL, Read SJ. Adult attachment, working models and relationship quality in dating couples. *J Pers Soc Psychol*. 1990;58(4):644-663.
9. Simpson JA, Rholes WS, Nelligan JS. Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. *J Pers Soc Psychol*. 1992;62(3):434-446.
10. Hosseini SM, Mollazadeh J, Afsar Kazerouni P, Amini Lari M. The relationship between attachment styles and religious coping styles with mental health among HIV+ patients. *J Fundam Ment Health*. 2012;14(1):6-15. [Persian]
11. Zarnaghash M, Zarnaghash M, Zarnaghash N. The relationship between family communication patterns and mental health. *Procedia Soc Behav Sci*. 2013;84(9):405-410.
12. Salehi Nejad N, Emami pour S, Tajalli P. The relationship between personality characteristics, coping styles and achievement goals in students. *International Journal of Psychology and Behavioral Research*. 2014;1(1):533-546.
13. Simpson JA, Collins WA, Tran S, Haydon KC. Attachment and the experience and expression of emotions in romantic relationships: a developmental perspective. *J Pers Soc Psychol*. 2007;92(2):355-367.
14. Sepehrian Azar F, Asadi Majreh S, Asadnia S, Farnoodi L. The relationship between attachment and coping styles with emotion dysregulation in adolescence. *Urmia Med J*. 2014;25(10):922-930. [Persian]
15. Hashemi Z, Jowkar B. A causal modeling of emotional resilience: parent and peer attachment, cognitive emotion regulation and coping strategies. *Quarterly Journal of Psychological Studies*. 2013;9(1):9-38. [Persian]
16. Abubakar A, Alonso-Arbiol I, Van de Vijver FJ, Murugami M, Mazrui L, Arasa J. Attachment and psychological well-being among adolescents with and without disabilities in Kenya: the mediating role of identity formation. *J Adolesc*. 2013;36(5):849-857.
17. Gharraee B, Mohammadi S, Asgharnejad Farid A. The relationship of behavioral disorders and coping styles and strategies in secondary school students. *Iranian Journal of Psychiatry and Clinical Psychology*. 2008;14(1):39-45. [Persian]
18. Schneider BH, Atkinson L, Tardif C. Child-parent attachment and children's peer relations: a quantitative review. *Dev Psychol*. 2001;37(1):86-100.
19. Weisel A, Kamara A. Attachment and individuation of deaf/hard-of-hearing young adults. *J Deaf Stud Deaf Educ*. 2005;10(1):51-62.
20. Scragg R, Reeder AI, Wong G, Glover M, Nosa V. Attachment to parents, parental tobacco smoking and smoking among Year 10 students in the 2005 New Zealand national survey. *Aust N Z J Public Health*. 2008;32(4):348-353.
21. Cabral J, Matos PM, Beyers W, Soenens B. Attachment, emotion regulation and coping in Portuguese emerging adults: a test of a mediation hypothesis. 2012. *Span J Psychol*;15(3):1000-1012.