HEALING THROUGH CONNECTION: HOW ATTACHMENT STYLES AFFECT ORPHANS' WELL-BEING AND COPING STRATEGIES

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Abstract

This study explores how different attachment styles influence the well-being and coping strategies of orphans living with their family members. When children lose their parents, their emotional bonds and sense of security are deeply affected. These early experiences shape how they handle stress, build relationships, and maintain their mental well-being. Understanding these connections is important to provide better care and support for orphaned children. A total of 400 orphans (255 boys and 145 girls) took part in this study. To measure attachment styles, well-being, and coping strategies, researchers used well-known psychological tools: the Adolescent Relationship Scale Questionnaire, the BBC Well-Being Scale, and the COPE Inventory. Statistical methods like Descriptive and inferential statistics analysis were used to analyze the data. The findings showed that orphans with a secure attachment style tend to cope with challenges in a healthier and more effective way. However, even those with insecure attachment styles developed their own ways of handling stress, though their strategies might be less effective. The study also found a strong connection between well-being and coping strategies, showing that emotional resilience plays a key role in maintaining mental health. These insights highlight the need to nurture secure attachments in orphaned children, as this can significantly improve their emotional stability and ability to handle difficulties. The study provides useful information for caregivers, teachers, and mental health professionals, helping them create better support systems to enhance the well-being and resilience of orphans.

Keywords: Attachment Styles, Well-Being, Coping Strategies, Orphans, Resilience

Introduction

According to the report of UNICEF there are about 140 million orphans in this world out of them 4.4 million orphans are in Pakistan. This thesis is based on Bowlby's (1969) attachment theory, that how we can better understand the attachment style of orphans. This study was done to examine whether primary caregiver and secondary caregiver affect the attachment style of orphans living

with their families. Attachment theory was established based on Mary Ainsworth's (1989) and John Bowlby's (1989) research (1969). Ainsworth (1989) and Bowlby (1969) were able to characterize interactions between young children and their primary caregivers by level and type of attachment by examining such connections. Children were shown to act in predictable ways as a result of their early attachment experiences with caregivers.

The link between attachment style and well-being has been supported with the aid of multiple studies. For example, Kafetsios & Sideridis (2006) observed that anxious attachment and well-being were inversely related and this become more potent for the younger group than it was for the older group. It is seen that attachment style and well-being play an important role on individuals' personal and social life. Secure attachment has been linked to higher levels of well-being, but anxious and avoidant attachment has both been linked to lower levels of well-being (Kafetsios & Sideridis, 2006; La Guardia, Ryan, Couchman, & Deci, 2000; Lavy & Littman-Ovadia, 2011; Wei, Liao, Ku, & Shaffer, 2011).

Subjective well-being, influences social experiences such as social anxiety and attachment style. The degree to which people experience good emotion and have favorable opinions of themselves and their life is measured by well-being, which is a reasonably constant quality (Amato & Dush, 2005).

The link between coping styles and attachment styles among adolescent was investigated in this study. People's attachment styles are frequently expressed in how they deal with conflict situations. Adolescents with a secure attachment style, who were being loved and accepted, are less likely to be intimidated by disagreement and conflict. They have a greater ability to control their own emotions, cope better and effectively with difficult situations. Adolescents with an anxious or avoidant personality, who are less confident in their interpersonal connections, feel more threatened during emotionally intense circumstances. As a result, we anticipated that secure attachment would be associated with cooperative behaviors, whereas insecure attachment would be associated with non-cooperative strategies.

Dealing with life's stress can have an impact on one's mental health and well-being. Psychological well-being focuses on good and negative emotions, enhancing pleasure while reducing unpleasant moods. Coping skills can have a big impact on how people feel about their mental health (Parsons and colleagues, 1996). Lazarus and Folkman (1986) define coping strategy as an adaptive reaction to a specific stressor, which is the most frequently recognised definition. This is the process through which a person attempts to reduce, minimise, control, or accept stress by employing a variety of psychological strategies and mechanisms (including cognitive and behavioral) to do so (Parker and Endler 1992). According to Lazarus and Folkman (1986), coping has two functions: one is directed at the objective problem, such as a demand or task, and aims to solve the problem; the other is directed at the individual's emotions, with the goal of modifying the individual's experience of the situation and reducing tension, physiological activity, and emotional reaction.

Rationale of the Study
Attachment—the emotional bond between a child and their caregivers—play a big role in shaping how a person handles emotions, stress, and relationships. For orphans, who have lost their parents, this bond is often disrupted, which can affect their ability to cope with challenges and impact their overall well-being.

Many studies have explored how attachment styles influence mental health, but very few focus on orphans who live with their relatives instead of being placed in orphanages. These children might receive care and support from extended family, but their emotional security can still vary, affecting how they handle difficult situations. This study aims to understand how different attachment styles affect the well-being and coping strategies of such orphans.

By exploring these connections, this research can help caregivers, teachers, and mental health professionals create better support systems for orphaned children. The goal is to provide insights that can improve their emotional health, strengthen their ability to deal with challenges, and guide programs that help them build resilience for a better future.

Attachment

According to attachment theory, when children are stressed, they acquire expectations about how much support they will get, and these expectations impact the connections they will establish later in life. People who never received warmth, acceptance, or support when they needed it as children, for example, are uncomfortable with closeness. Instead, they want to rely on their own resources and self-sufficiency.

Attachment is a strong and long-lasting emotional relationship that binds two people together through time and location (Ainsworth, 1973: Bowlby, 1969). Human attachment theory is a psychological, evolutionary, and ethical theory on human relationships. One or more primary care providers or secondary care providers should create a normal social and emotional development connection with young children.

Primary Caregiver. The parent who has taken care of a child's most basic requirements is known as the. Feeding, washing, grooming, and clothing a kid are all considered primary custodial tasks. A main caregiver can also arrange for the kid's medical treatment, organize extracurricular activities, attend school lectures, and help the youngster improve his or her reading and writing abilities. According to psychological study, this emotional connection is critical for a child's optimal growth. The major caregiver can be either a mother or a father, and in certain situations, both mothers and fathers are responsible for the child's care.

Secondary Caregiver. A person who has parental responsibility for the Child but is not the Primary Caregiver is referred to as a secondary caregiver.

Basic Postulates of Attachment Theory

These postulates were proposed by Bowlby in 1958. According to Bowlby an emotional link with another person is known as attachment. Bowlby thought that children's early ties with their care givers have a profound impact that lasts throughout their lives. According to him, attachment keeps the infant close to the mother, increasing the child's chances of survival. Several key assumptions of attachment theory are:

1. Attachment or bonding activities are thought to be adaptive, enhancing people's ability to survive (Bowlby, 1969).
2. These characteristics are predominantly developed at certain stages of life, possibly most notably during the first three years of existence. That is, during these early years, signals and experiences have a particularly strong influence on the formation of these dispositions (Bowlby, 1958).
3. People's preferences for certain figures, such as their parents, are not innate. Instead, as a result of their interactions with this individual, youngsters acquire a desire to seek out their primary attachment figure (Bowlby, 1958).
4. When they want proximity and support, the newborn normally forms a hierarchy of connections, ranging from the person they prefer the most to those they do not prefer as much (e.g., Rutter, 1995).
5. The establishment of adaptive attachment behaviours might be hampered by prolonged absence from a familiar caregiver or frequent changes in who is the primary caregiver. These issues might develop into difficulties later in life (Bowlby, 1958).

Strange Situation Experiment

The odd circumstance paradigm was used to examine the nature of attachment behaviors and styles in one- to two-year-olds in order to determine the nature of attachment behaviors and styles. Ainsworth devised an experimental approach to investigate the many types of connection that mothers and newborns display.

The experiment is set up in a tiny room with one-way glass to allow for covert observation of the infant's activity. The babies were between the ages of 12 and 18 months. A total of 100 families from the middle class in the United States were included in the study.

The 'Strange Situation' process was carried out by examining the infant's behavior in a sequence of eight incidents, each lasting around three minutes:
(1) The mother, the child, and the experimenter (lasts less than one minute).
(2) Just the mother and the baby.
(3) The mother and child are joined by a stranger.
(4) The mother abandons the baby and the stranger.
(5) Mother reappears, and the stranger departs.
(6) Mother departs, leaving the child alone.
(7) Stranger is back.
(8) Mother reappears, and the stranger departs.

Scoring
Strange Situation classifications (i.e., attachment types) are essentially based on four interactions aimed toward the mother in the two reunion episodes (Ep. 5 & Ep. 8).
• Proximity and contact are two things that people are looking for.
• Maintaining contact
• Avoidance of interaction and closeness
• Comforting and resistance to touch

The observer takes notes on the behavior that occurs every 15 seconds and assigns a score to it.

Types of Attachment Styles
Secure, insecure avoidant and insecure ambivalent/resistant attachment patterns were described by Ainsworth (1970). These attachment types, she found, were the product of early interactions with the mother.

Secure Attachment. In Ainsworth's (1971, 1978) investigations, children with a secure attachment made up the majority of the sample. Such youngsters have faith in the attachment figure's ability to address their needs. They utilize the attachment figure as a secure foundation from which to explore the surroundings, and they return to it in times of distress (Main, & Cassidy, 1988). When an infant is securely linked, the attachment figure may quickly calm them down. When a caregiver is sensitive to their signals and reacts properly to their needs, infants form a stable relationship. Bowlby (1980) states that someone who has a stable attachment that is a representational vision of attachment figures that are "accessible, attentive, and loving."

Insecure Attachment. While studying the surroundings, insecure avoidant children do not orient to their attachment figure. They are physically and emotionally independent of the attachment figure (Behrens, Hesse, & Main, 2007). When they are disturbed, they do not seek touch with the attachment figure. Such children are more likely to have a caregiver who is oblivious to their needs and dismisses them (Ainsworth, 2004). During tough tasks, the attachment figure may retreat from assisting (Stevenson-Hinde, & Verschueren, 2002), and is frequently unavailable during emotional discomfort.

Insecure Ambivalent Attachment. Ainsworth (1970) recognized that insecure ambivalent attachment type as the third attachment style (also called insecure resistant). In this case, the children's conduct toward the attachment figure is ambivalent. When the youngster interacts with the attachment figure, they will show clinging and dependent behavior, yet they will reject the attachment figure. The child fails to develop any feelings of security from the attachment figure. Accordingly, they exhibit difficulty moving away from the attachment figure to explore novel surroundings. When distressed they are difficult to soothe and are not comforted by interaction with the attachment figure. This behavior results from an inconsistent level of response to their needs from the primary caregiver. When children were removed from their mothers, John Bowlby and

James Robertson (1952) discovered that they were in excruciating pain. Even when these youngsters were fed by other caretakers, the worry did not go away. They discovered three levels of distress:

1. **Protest.** When the parent departs, the youngster tears, shouts, and protests fiercely. They will try to cling to the parent in order to prevent them from departing.
2. **Despair.** The child's protesting stops and they look calmer, albeit they are still distressed. The youngster refuses to be consoled by others and appears introverted and disinterested in most things.
3. **Detachment.** If the child is separated from his or her parents for an extended period of time, he or she will begin to engage with other people again. When they return, they will reject the caregiver and display strong indications of rage.

Types of Attachment
Bowlby identified four types of attachment styles: secure, anxious-ambivalent, disorganized and avoidant.

1. Secure Attachment
A warm and caring link between parent and kid is symbolized by the secure attachment style. The youngster develops the ability to create good relationships with others around them and feels loved and cared for. Children that have a stable attachment type are active and confident in their social interactions. Those who establish stable attachment patterns as children are more likely to retain this healthy way of attaching into adulthood and have no difficulty forming long-term partnerships without fear of desertion.

2. Anxious-Ambivalent Attachment
Children who are anxious or ambivalent have a tendency to distrust caretakers, and this uneasiness leads to them exploring their surroundings with fear rather than joy. For fear of being abandoned, they continually seek acceptance from their carers and continually monitor their surroundings. Those who grew up with the "anxious-ambivalent" attachment style tend to continue what they've learned into adulthood, and they frequently feel neglected by their spouses while struggling to convey love and connection. In maturity, people who acquired relationships in this way are frequently emotionally reliant.

3. Disorganized Attachment
Disorganized attachment is a mix of avoidant and anxious attachment, and children that fall into this category are prone to outbursts of fury. They may smash toys and act out in other erratic ways, and they have strained relationships with their caretakers. As adults, children who were raised with a "disorganized" attachment style tend to avoid deep connections, are prone to exploding, and have difficulty managing their emotions.

4. Avoidant Attachment
Children who have grown up with a "avoidant" personality have learnt to accept that their emotional needs will likely go unfulfilled, and they will continue to feel unwanted and inconsequential. They have a hard time expressing their emotions and comprehending emotions in maturity, therefore they avoid personal connections.

Internal Working Model
A mental depiction of a child's early experiences with their primary caregiver is called an internal working model of attachment. As the kid grows, this mental picture has an impact on how they interact with others and form connections. It also explains individual variances in human behavior. IWMs are the child's interpretations and responses to the caregiver's actions. The youngster develops an expectation that they use to plan and decide their interactions with others.

Internal working models play an important role in a child's development since they provide as a type of internal guidance for future conduct. They have an impact on a person's emotions, conduct, interactions with others, and relationship expectations. These models work in the background, unnoticed by the user. In relationships, they automatically guide one's attention and behavior.

Working models tend to remain constant over time, despite the fact that IWMs are dynamic and may alter under certain scenarios. As a result, the quality of a person's early parent-child bond can surely influence their future relationships.

Loss of Attachment Figure

Research shows that relative to People with secure styles will endure less sadness and post-traumatic growth than those with insecure styles (dismissing avoidant, preoccupied/anxious, afraid, or disorganized) (Cohen & Katz, 2015). After the loss of a loved one, dismissive/avoidant persons are more likely to report less post-traumatic development. After the loss of a loved one, dismissive/avoidant persons are more likely to report less post-traumatic development. They have a tendency to repress their unpleasant emotions and transfer them into physical symptoms such as headaches or stomach discomfort (Wayment & Vierthaler, 2002). Those with preoccupied styles, on the other hand, practically never hide their feelings and suffer from more deep and extended sadness (Lai et al., 2015; Maccallum & Bryant, 2018). Whether the deceased loved one was a human or a pet, the repercussions are the same (Brown & Symons, 2016).

Loss will have a greater impact on persons with anxious/preoccupied personalities, and the bad feelings linked with it will remain longer. They may also feel more acute and long-lasting rage at the circumstances, and maybe even towards the deceased loved one. As their narrative (the story they tell themselves) about the loss develops, individuals may believe that their sorrow worsens rather than improves for a time following the death.

Attachment figure of Adolescent

A newborn moves through the birth canal, panting for breath as it emerges into the world. To live, the newborn is wrapped in something warm and has to latch on to a breast for sustenance. However, as we all know, a newborn requires more than simply food to survive. In order to develop and become stable human beings, babies must be held and emotionally nourished. However, as we mature, we have a desire to become self-sufficient and autonomous. Toddlers constantly demonstrate this to us. They are engrossed in everything as they explore the environment and acquire new skills, all the while looking to see whether their parents are around. A child will cling to their parent for reassurance and protection when confronted with people or situations they are unfamiliar with it. It is just programmed into our DNA to react in this manner.

Many research have looked at how attachment style changes over time, which is commonly characterized as internal working models about relationships in general (e.g., Baldwin & Fehr, 1995& Kirkpatrick & Hazen, 1994& Scharfe & Bartholomew, 1994). A research was done in 2015 by Rajasree Chakraborty, Manisha Dasgupta and Nilanjana Sanyal according to them when a child is thrown in an orphanage where they have no biological caregiver, they start looking for a person who gave them warmth of a family. Attachment style appears to be rather consistent over time, even years or decades, according to the widespread agreement (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Nonetheless, around a quarter of people see changes in their attachment types.

Attachment types can be harmed by traumatic experiences or turbulence in intimate relationships (Rothbard & Shaver, 1994). Relationships that are particularly supportive, on the other hand, might boost the security of attachment patterns (Pearson, Cohn, Cowan, & Cowan, 1994). Changes in attachment style appear to be triggered by a variety of other variables (Davila, Karney, & Bradbury, 1999& Waters, Weinfield and Hamilton, 2000& Weinfield, Sroufe, & Egelund, 2000). Negative life events, for example (Waters, Weinfield, and Hamilton, 2000), as well as maybe other experiences (Davila, Karney, & Bradbury, 1999), appear to be linked to changes in attachment style.

Subjective Well-being

Psychological well-being has been examined extensively over the last several decades, and it is now recognised to be more than just the absence of disease, which appears to be an outdated definition of well-being g (Clarke, Marshall, Ryff, & Wheaton, 2001; Ryan & Deci, 2001; Ryff & Singer, 2008a). People's perceptions of life quality are referred to as subjective well-being (SWB) (e.g.,

Diener & Oishi, 2004). Most researchers consider SWB to include a cognitive component (i.e., "cognitive well-being," contentment with life, self, and life domains) as well as an affective component (i.e., "affective well-being") (Diener, 1984; Diener et al., 2004). Pleasure and satisfaction, according to some theoriest, are significant but inadequate indices of SWB.

First, according to Glatzer (2006), future expectations, which include the aspects of optimism and pessimism, are an important aspect of the SWB idea. He contends that being in a poor circumstance and looking hopefully towards the future is considerably different from seeing no way out of a tough position.

Second, philosophers such as Brulde (2007a) and Sumner (1999) argue that happiness is about more than just feeling good, and that it is about feeling good for the appropriate reasons. Third, rather than mere reasons, some scholars see meaning and purpose in life as distinguishing aspects of Subjective Well-Being (Ryan & Deci, 2001; Ryff et al., 2001; Ryff & Singer, 2000; Sarvimaki & Stenbock-Hult, 2000).

Types of Well-Being
1. Physical Well-Being
Physical well-being is defined as the capacity to engage in physical activities and social duties without being hampered by physical restrictions or bodily discomfort, as well as biological health markers.

2. Psychological Well-Being
The term "psychological well-being" refers to the state of one's mind when one's life is going well. It's a mixture of feeling well and being able to perform efficiently (Huppert 2009). Physical Well-being has also been linked to improved physical health, which is thought to be mediated by brain activation patterns, neurochemical impacts, and hereditary factors.

There are two aspects to psychological well-being. The first of them pertains to how much people are affected by good emotions and sentiments of happiness. Subjective wellbeing is a term used to describe psychological well-being (*Diener, 2000*).

Coping Strategies
Coping involves the general strategies that individual use when the face difficulty in any situation. In this study, 14 coping strategies were from the COPE scale. The fourteen types of coping focused in this study are: self-distracted, active coping, denial, substance use, emotional support, use of information, behavioral disagreement, venting, positive reframing, planning, humor, acceptance, religion and self-blame.

Individual coping attempts have been reported to increase under stressful conditions, and coping tactics are intended to minimize stress (Moos & Schafer, 1993). Lazarus and Folkman (1984) established a well-known model that defined the importance of stress coping and the mechanism by which it develops.

Zeidner (1995) proposed that coping methods may be classified into three types: problem-focused, emotion-focused, or avoidance-oriented. When an individual strives to improve their relationship with their surroundings, this is known as problem-focused coping. Individuals are more action-oriented while attempting to resolve a problem or stressor in their lives. Emotion-focused coping is concerned with how a person perceives and understands stressful circumstances, as well as their emotional response to them. Expression of unpleasant feelings, seeking emotional support from others, and effectively managing the stressor are all examples of emotion-focused techniques. When an individual avoids dealing with the stressor, this is known as avoidance-oriented coping. Denying the stressor and generating diversions to avoid dealing with the stressor are two examples of avoidance-oriented coping methods.

Transactional Model of Stress and Coping

It's a framework for assessing the ways people cope with stressful situations. It was proposed by Dr Richard Lazarus (Lazarus, 1966). Stressful experiences, according to the theory, are thought to be the result of interactions between people and their surroundings. The transactions are influenced by the stressor's impact, which is mediated by the individual's perception of the stressor and coping resources (Lazarus & Cohen, 1977). The degree of stress is determined by determining if internal or external demands exceed resources, as well as the ability to deal when demands exceed resources (Lazarus and Folkman, 1984).
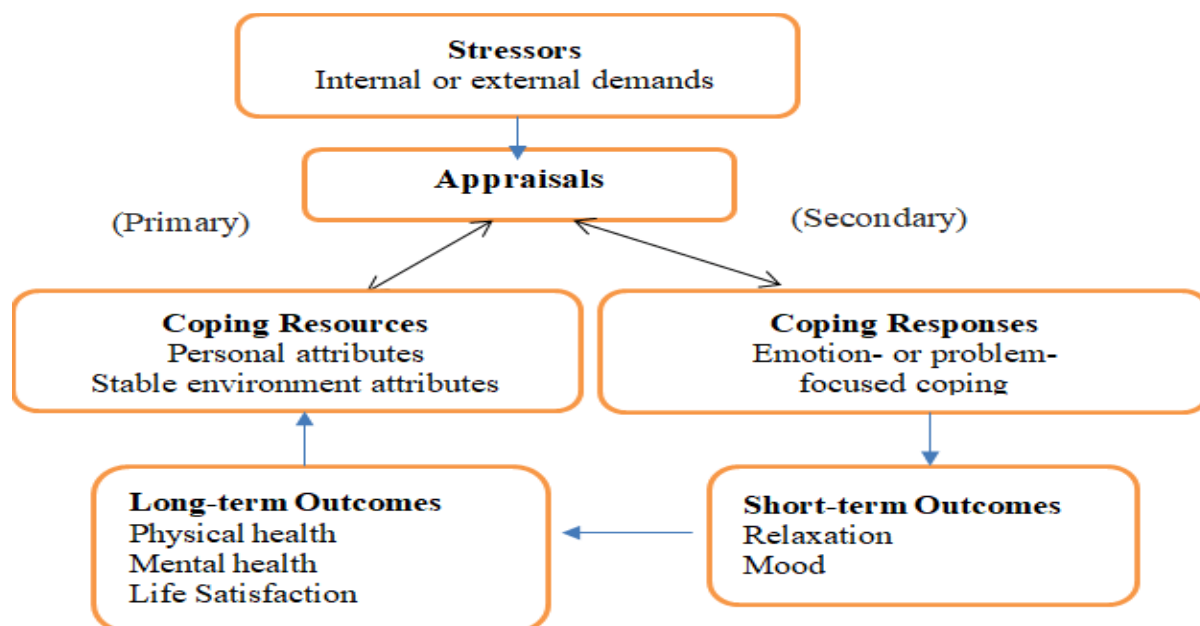
Figure 1

Figure 1: Transactional Model of Stress and Coping (Lazarus & Folkman, 1984).

People are depicted as meaning-making beings that continually assess everything that happens and employ emotional clues from previous stressful experiences in the process of evaluation, according to the idea. Lazarus (1984) defined two types of cognitive appraisals: primary and secondary appraisal. In primary appraisal, people consider what they stand to lose in a potentially dangerous situation. In secondary appraisal, people ask themselves what they can do in response to the perceived danger, or what their coping choices are, and the answer to this question influences the sorts of coping techniques they will use to deal with the situation's demands.

A research conducted by Catarina Pinheiro Mota & Paula Mena Matos (2012). Their findings suggest that emotional attachment to peers can help adolescents gain self-esteem and coping strategies. Another research was conducted by Jennifer Chioma Agu (2018). Their result shows that secure attachment enhance the well-being and coping of the adolescents.

Method
Objectives
The objectives of our study are:
- To explore the attachment of orphans with primary caregiver.
- To explore well-being of orphans.
- To explore the coping strategies they used in their daily life.
- To explore the impact of attachment style with secondary caregiver.

Hypothesis
- Secure attachment has positive relation with adaptive coping strategies.
- Secure attachment has negative relation with maladaptive coping strategies.
- Fearful, preoccupied and dismissing attachment has positive relation with maladaptive coping strategies.
- Fearful, preoccupied and dismissing attachment has negative relation with adaptive coping strategies
- Secure attachment has positive relation with well-being.
- Fearful, preoccupied and dismissing attachment has negative relation with well-being.
- Well-being has positive relation with adaptive coping strategies.
- Well-being has negative relation with maladaptive coping strategies.

Operational Definitions
Attachment theory. Attachment theory is a psychological, evolutionary and ethical theory concerning the relations between humans. Young children should establish a normal social and emotional development relationship with one or more primary care providers (Cassidy & Shaver 1999).
Well-Being. A state in which the individual is capable of developing his potential, of working productively and creatively, of establishing solid and positive relationships with others (Beddington et al., 2008; Folkman 2004).
Coping Strategies. Coping strategies refer to people's specific behavioral and psychological efforts to control, tolerate, reduce or minimize stressful events (Carver, Scheier, & Weintraub, 1989).

Sample
A sample of *(N=400)* adolescent who are orphans living in houses, age ranging from 8 to 18 years, living with one of their parent or other family member.

Instruments
COPE Inventory. This scale was invented by Carver (1997). It consists of 28 items. It is a multi-dimensional scale that is used to measure the coping strategies which people use to cope with different problems. It is divided into two sub-scales i.e. problem-focused coping and emotion-focused coping. Problem focused coping scale is used to measure active coping, planning, suppressed feelings to compete, and how they get help from others in social life. Emotion focused coping is used to measure how they get emotional support from others, interpret situations in positive way, accept and deny them. This scale is also divided in 14 sub-scale i.e. self-distracted, active coping, denial, substance use, emotional support, use of information, behavioral disagreement, venting, positive reframing, planning, humor, acceptance, religion and self-blame. These 14 sub-scales are divided into 2 group i.e. adaptive coping strategies and maladaptive coping strategies. It is a 4 point rating scale; ranging from I usually don't do this at all and I usually do this a lot. It is translated in different languages i.e. Chinese (Ye 2008), Spanish (Perczek, Carver, Price & Kaderman 2000), French (Muller & Spitz 2003), German (Knoll, Rieckmann, & Schwarzer 2005), Urdu, Greek (Kapsou, Panayiotou, Kokkinos & Demetriou 2010) and Korean (Kim & Seidlitz 2002). Reliability of emotion-focused coping is (0.58) and for problem-focused coping is (0.72). Validity of emotion-focused coping is (0.23) and for problem-focused coping is (0.68) (Cooper, Katona & Livingston (2008).

Adolescent Relationship Scale Questionnaire. The ARSQ was developed by Scharfe and Bartholomew in 1995. It consists of 17-items. It is a self-report questionnaire which is used to measure the attachment type of adolescent with their parents (Magaz et al., 2011). This scale is based on four types of attachment styles i.e. secure, avoidant, anxious and disorganized attachment.. It is 5-point rating scale; ranging from never to many times. Four sub-scales of ARSQ are: secure,

anxious, avoidant and disorganized. It is translated in Spanish (Magaz et al. 2011). Reliability of sub-scales are: 0.60 (secure), .62 (anxious), .62 (disorganized) and .56 (avoidant) (Magaz et al. 2016).

BBC Well-Being Scale. This scale was developed by Kinderman et al., in 2011. It consists of 24 item (Kinderman et al., 2011). It is a four point rating scale ranging from 1 = not at all to 4 = completely. This scale is divided into three sub-scale i.e. physical health, psychological health and relationship scale. Higher score reflects higher wellbeing. The internal consistency of scale is .935 (Pontin, Schwannauer, Tai, & Kinderman, 2013). It is translated in Urdu language. It measures well-being, psychological health, physical health and relationships of a person.

Result

The aim of the research is to study the relationship between Attachment Styles, Well-Being and Coping Strategies of orphans living with their families. We gathered the data of 400 orphans for the study purpose. The data collected for primary research was entered in Spss software to study the impact, relationships and quantitative analysis of the variables. Descriptive and inferential statistics analysis was used in this study to analyze the data.

Table 1: *Frequencies (f) and Percentage (%) for demographic characteristics (N=400)*

Variables and Categories	N (%)
Gender	
Male	255 (55%)
Female	145 (45%)
Age	
8 to 10	117 (29.25%)
10 to 12	116 (29%)
12 to 15	127 (31.75%)
15 to 19	40 (40%)
Do you go to school	
Yes	290 (72.25%)
No	110 (27.5%)
Father status	
Alive	128 (32%)
Dead	272 (68%)
Mother status	
Alive	165 (41.25%)
Dead	235 (58.75%)
Attachment Figure	
Mother	168 (42%)
Maternal relatives	22 (5.5%)
Friend	57 (14.25%)
Father	117 (29.25%)
Paternal relatives	36 (9%)

Note N = frequency, % = percentage

Table 2: *Descriptive statistics for the sub-scales of Attachment Styles, Well-being and Coping Strategies*

Scale	k	M	SD	α	Range potential	Actual	Skewness
Adolescent Relationship Scale Questionnaire							
Secure ARSQ	5	16.04	2.31	532	5-25	11-21	-.035
Fearful ARSQ	4	13.76	2.59	.527	4-20	4-20	-.258
Preoccupied ARSQ	4	11.66	3.44	.352	4-20	5-19	-.265
Dismissing ARSQ	4	15.15	2.17	.670	4-20	9-20	-.352
BBC-Wellbeing Scale							
Psychological Health Wellbeing	1	34.22	5.41	.732	1-4	19-46	-.313
Physical Health Wellbeing	7	17.09	3.33	.629	7-28	11-24	.043
Relationship Wellbeing	6	13.30	3.13	.680	6-24	6-20	-.053
COPE Inventory							
Adaptive Coping	16	48.42	5.68	.653	16-64	32-63	-.634
Maladaptive Coping	12	35.47	5.56	.701	12-48	21-48	-.483

This table shows Mean, Standard Deviation, Range, Skewness for all variables and Cronbach's alpha for all scales. Cronbach's alpha for sub-scales of ARSQ, BBC Well-Being and COPE Inventory scales ranges from .35 to .732 shows good reliability of scales and total scores of the instrument revealed moderate to strong inter item consistency. As the value of skewness is less than 1 and is fulfilling the assumptions of normal distribution.

Table 3: *Mean, Median, Mode, Standard Deviation, Skewness, Kurtosis and Kolmogorov-Smirnov statistics for Adolescent Relationship Scale Questionnaire and its sub scales (N=400)*

Scale	Mean	Median	Mode	SD	Skewness	Kurtosis	K-S
Total score of ARSQ scale	56.61	58	58	7.11	-.165	-.442	.097
ARSQ Secure	16.04	16	16	2.31	-.035	-.030	.147
ARSQ Fearful	13.76	13	12	2.59	-.258	1.1	.125
ARSQ Preoccupied	11.66	12	6	3.44	-.265	-.718	.114
ARSQ Dismissing	15.15	15	14	2.17	-.352	.558	.149

This table shows Mean, Median, Median, Standard Deviation, Skewness, Kurtosis and KS value for ARSQ Scale and its sub-scales. As the value of skewness and kurtosis is less than 1 and is fulfilling the assumptions of normal distribution.

Table 4: *Mean, Median, Mode, Standard Deviation, Skewness, Kurtosis and Kolmogorov-Smirnov statistics for BBC Well-being Scale and its sub scales (N=400)*

Scale	Mean	Median	Mode	SD	Skewness	Kurtosis	K-S
Total score of BBC Wellbeing scale	64.61	65	74	10.05	.022	-.260	.048
BBC Psychological Health	34.22	34	38	5.41	-.313	-.005	.086
BBC Physical Health	17.09	17	20	3.33	.043	-.909	.139
BBC Relationship	13.30	13	15	3.13	-.053	-.401	.084

Table 5: *Mean, Median, Mode, Standard Deviation, Skewness, Kurtosis and Kolmogorov-Smirnov statistics for Brief COPE and its sub scales (N=400)*

Scale	Mean	Median	Mode	SD	Skewness	Kurtosis	K-S
Total scores of COPE scale	83.38	87	89	10.20	-.507	-.025	.115
Adaptive Coping	48.42	49.5	51	5.68	-.634	.935	.121
Maladaptive Coping							
	35.47	37	37	5.56	-.483	-.208	.118

Table 6: *Association of ARSQ Secure attachment with Adaptive and Maladaptive Coping (N=400)*

Variables	1	2	3
ARSQ secure		.154	.089
Adaptive Coping			.583**
Maladaptive Coping			

*Note. **p<0.05*

This table shows that there is significant positive relationship between ARSQ Secure Attachment with Adaptive Coping Strategies and slightly positive relation with Maladaptive Coping Strategies.

Table 7: *Association of Adaptive and Maladaptive Coping with ARSQ Fearful, Preoccupied and Dismissing attachment style (N=400)*

	Variable	1	2	3	4	5
1	COPE Adaptive		.583**	-.245*	-.027	-.387**
2	COPE Maladaptive			.018	-.222*	.089
3	ARSQ Fearful				.386**	.318**
4	ARSQ Preoccupied					.383**
5	ARSQ Dismissing					

*Note. **p<0.01, *p<0.05*

This table shows that there is significant positive relationship between Adaptive and Maladaptive coping strategies with fearful and dismissing attachment whereas; maladaptive coping strategies have significant negative relationship with preoccupied attachment style.

Table 8: *Association of BBC with subscales of ARSQ (N=400)*

	Variable	1	2	3	4	5
1	BBC sum		.177	.037	-.148	.248*
2	ARSQ Secure			-.019	.282**	.143
3	ARSQ Fearful			\	.386**	.318**
4	ARSQ Preoccupied					.383**
5	ARSQ Dismissing					

*Note. **p<0.01, *p<0.05*

This tables shows that there is significant positive relationship between BBC Well-Being and sub scales of ARSQ.

Table 9: *Association of adaptive and maladaptive coping with BBC Well-being scale*

	Variable	1	2	3
1	COPE Maladaptive		.583**	.437**
2	COPE Adaptive			.554**
3	BBC sum			

*Note. **p<0.01, *p<0.05*

This table shows that there is significant positive relationship between Adaptive and Maladaptive Coping with BBC Well-Being scale.

Table 10: *Mean, Standard Deviation and t-value to see the effect of ARSQ Secure, Fearful, Preoccupied and Dismissing (N=400)*

Variables	MD (n=35)		FD (n=72)		t		p		Cohen's d
	M	S.D	M	S.D	MD	FD	MD	FD	
ARSQ Secure	16.42	2.22	15.84	2.32	1.23	1.34	0.951	0.916	0.25
ARSQ Fearful	14.02	3.06	13.73	2.31	-.758	1.47	0.283	0.222	0.10
ARSQ Preoccupied	12.11	3.56	11.59	3.30	-.968	.291	0.967	0.342	0.15
ARSQ Dismissing	15.94	2.01	14.93	2.18	-2.76	1.63	0.938	0.944	0.48

Note. MD=mother dead, FD=father dead, M=mean, SD=standard deviation.

An independent sample t test was generated to compare father and mother status with sub-scales of ARSQ attachment scale. Here we have used the formula of Cohen's d to calculate. The result shows that there is no significant difference between the mean scores of two groups.

Table 11: *Mean, Standard Deviation and t-value to see the effect of ARSQ Secure, Fearful, Preoccupied and Dismissing (N=400)*

Variables	MD (n=35)		FD (n=72)		t		p		Cohen's d
	M	S.D	M	S.D	MD	FD	MD	FD	
BBC Psychological Health	34.34	5.67	34.15	5.25	-1.66	.198	.414	.414	0.03
BBC Physical Health	17.11	3.01	17.08	3.49	-.053	.032	.143	.138	0.009
BBC Relationship	13.14	3.71	13.31	2.91	.366	-.099	.025	.077	0.05

Note. MD=mother dead, FD=father dead, M=mean, SD=standard deviation.

An independent sample t test was generated to compare father and mother status with sub-scales of BBC Well-being scale. Here we have used the formula of Cohen's d to calculate. The result shows that there is no significant difference between the mean scores of two groups.

Table 12: *Mean, Standard Deviation and t-value to see the effect of ARSQ Secure, Fearful, Preoccupied and Dismissing (N=400)*

Variables	MD (n=35)		FD (n=72)		t		P		Cohen's d
	M	S.D	M	S.D	MD	FD	MD	FD	
COPE Self-distracted	5.48	1.63	5.65	1.61	.604	.322	.978	.646	0.1
COPE Active coping	6.42	1.26	6.59	1.19	.720	-.612	.796	.433	0.13
COPE Denial	6.54	1.4	6.18	1.56	.282	1.04	.282	.238	0.24
COPE Substance use	5.8	2.05	5.48	1.90	.426	.366	.426	.879	0.16

COPE Emotional support	5.88	1.34	5.70	1.29	.422	.623	.422	.804	0.13
COPE Use of information	5.54	1.29	5.88	1.13	.210	-.926	.210	.406	0.28
COPE Behavioral disagreement	6.28	1.25	6.25	1.35	.345	.682	.345	.715	0.02
COPE Venting	6	1.37	6.01	1.41	.735	-.044	.735	1	0.007
COPE Positive reframing	6.51	1.24	6.51	1.29	.352	-.171	.352	.818	0.07
COPE Planning	5.94	1.49	5.75	1.39	.926	-.111	.926	.405	0.13
COPE Humor	5.45	1.75	5.45	1.88	.665	-.074	.665	.262	0.05
COPE Acceptance	6.31	1.56	5.72	1.37	.251	1.3	.251	.247	0.40
COPE Religion	7.02	0.95	6.69	1.37	.152	.830	.152	.147	0.27
COPE Self-blame	5.88	1.85	5.69	1.51	.086	.860	.086	.403	0.11

Note. MD=mother dead, FD=father dead, M=mean, SD=standard deviation.

An independent sample t test was generated to compare father and mother status with sub-scales of COPE Inventory scale. Here we have used the formula of Cohen's d to calculate. The result shows that there is no significant difference between the mean scores of two groups.

Discussion
The aim of present study is to examine the Attachment Styles, Well-being and Coping Strategies of orphans living with their families. The findings of this study revealed that there was significant positive correlation between secure attachment style and Adaptive Coping Strategies (see table 2). These findings were consistent with the findings of Todd C. Ognibene & Nancy L. Collins (1998) their study revealed that secure attachment style has positive correlation with adaptive coping strategies. The findings of this study revealed that there was slightly positive near to negative correlation between secure attachment style and Maladaptive Coping Strategies (see table 2).
Furthermore the present study exhibited the significant positive correlation between maladaptive coping strategies, fearful attachment and dismissing attachment style (see table 3). These findings were consistent with findings of Hyu J. Huh, Hee K. Lee & Jeong H. Chae (2018) their study revealed that fearful and dismissing attachment style have positive correlation with maladaptive coping strategies.
Furthermore the present study exhibited the significant negative correlation between adaptive coping strategies, fearful attachment and dismissing attachment style (see table 3). These findings were consistent with the findings of Hyu Jung Huh ,Kyung Hee Kim ,Hee-Kyung Lee & Jeong-Ho Chae (2018) their study revealed that fearful and dismissing attachment have negative correlation with adaptive coping strategies.
The present study exhibits the significant positive correlation between Well-Being and Secure Attachment Styles (see table 4). These findings were consistent with the findings of Estefanía Mónaco, Konstanze Schoeps, and Inmaculada Montoya-Castilla (2019) their findings revealed that secure attachment with caregiver has positive correlation with well-being.
The present study exhibits the significant positive correlation between Well-Being, fearful, preoccupied and dismissing attachment style. These findings were consistent with Brenda L. Volling, Paul C. Notaro and Joelle J. Larsen (1998) their findings revealed that preoccupied and dismissing attachment styles have positive correlation with well-being.

The present study exhibits the significant correlation between Well-Being and Adaptive coping strategies (see table 5). These findings were consistent with Jakob Scheunemann & Steffen Moritz (2021) their findings revealed positive correlation between well-being and adaptive coping strategies.

The present study exhibits the significant correlation between Well-Being and maladaptive coping strategies (see table 5). These findings were consistent with Martha E. Wadsworth (2015) their findings revealed that sometime maladaptive coping is important to cope up with problems.

Conclusion

The present study investigated the role of Attachment Styles that how it effects the Well-Being and Coping of the orphans. Findings have identified the significant role of Attachment on Well-Being and Coping of the orphans living with their families. Secure and Insecure attachments have effect on the well-being and coping ability of the children's. It is important to investigate the role of socioeconomic status on Attachment style, Well-Being and Coping strategies. The present study could not find it so it is suggested for future studies.

Limitations
- There was difficulty in collecting data because of pandemic condition.
- Sample readiness in participation.
- Lack of previous studies in the research area.

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