A Study on the Relationship Between Attachment Styles Social Anxiety and Loneliness

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Abstract

This was a quantitative study conducted on a college population of 120 young adults age between 17 to 22, which include both males and females. It was a descriptive research design which used scales called Collins reversed, adult attachment, scale, UCLA loneliness, scale, liebowitz social scale. Used SPSS Analyse and the results where that there were significant correlation between attachment style, social anxiety and loneliness, specifically, anxiety, attachment style and social anxiety are positively correlated while depending attachment style has a negative correlation with anxiety, attachment style and a positive correlation with attachment style. Loneliness is positively correlated with anxiety and dependent attachment style, but negatively correlated with close attachment style. Further, there are significant differences between genders and anxiety, attachment style and social anxiety, female scoring higher on average than males but no significant difference in close attachment style, dependent attachment style or loneliness

CHAPTER I
INTRODUCTION

Attachment is described as a unique emotional bond between the carer and child that involves an exchange of comfort, care, and pleasure. The attachment system has 'its own internal motivation distinct form feeding and sex and of no less importance to survival' (Bowlby (1988). This system is used to promote the survival of young children by ensuring that they stay close to their caregiver, especially when there is a threat. When a threat occurs, children will show specific behaviors to try and establish contact with an attachment figure, including crying, clinging, or being quiet. How the attachment figure responds will impact how the child's attachment develops. Over time children will internalize their attachment experiences with their caregivers and develop an 'internal working model' of how they view themselves, others, and the world. These internal working models then impact how the child interacts with others, and s interact with them. Therefore, they form the basis of their personality. The hypothesis is that, unless there is intervention at an earlier age, we take similar attachment styles through into our adulthood.

Loneliness is a distressing experience that occurs when a person's social relationships are perceived by that person to be less in quantity, and especially in quality than desired. The experience of loneliness is highly subjective; an individual can be alone without feeling lonely and can feel lonely even when with other people. Psychologists generally consider loneliness a stable trait, meaning that individuals have different set points for feeling loneliness, and they fluctuate around these points depending on the circumstances in their lives. Individuals' levels of loneliness typically remain more or less constant during adulthood until 75 to 80 years of age, when they increase somewhat. Prolonged loneliness is

associated with depression, poor social support, neuroticism, and introversion. Studies have shown that loneliness puts people at risk for physical disease and that it may contribute to a shortened life span.

Social anxiety occurs when we are overly concerned about being humiliated, embarrassed, evaluated, or rejected by others in social situations. Everyone experiences social anxiety some of the time, but for a minority of people, the frequency and intensity of social anxiety are intense enough to interfere with meaningful activities (e.g., relationships, academics, and career aspirations). When a person's level of social anxiety is excessive, social interactions are either dreaded or avoided, social cues and emotions are difficult to understand, and positive thoughts and emotions are rare, then that person may be diagnosed with a social anxiety disorder (or social phobia). There are effective treatments—with both medications and psychotherapy–for this problem. Unfortunately, only a small proportion of people with social anxiety disorder seek treatment

ATTACHMENT STYLES

Mary Ainsworth (1978) is credited with developing the idea of attachment styles. These are:

- A secure attachment, where children will seek closeness to their parental figure, show distress when separated, and have some interest when introduced to strangers.
- An anxious-ambivalent attachment, where the child will show significant distress when separated from their caregiver, will be difficult to console or comfort and require constant attention and closeness from this person.
- An avoidant attachment, where children do not show any sign of distress when separated from the caregiver, may not show interest when they return, and may treat people they know and strangers the same.

    Main and Soloman (1986) later added a fourth attachment style:

- Disorganised attachment, which is characterized by a child who appears confused and disorientated in their interactions with caregivers.

Bartholomew and Horowitz (1991) developed the dimensional model of attachment, based on the idea that as young children we learn internal positive or negative representations of ourselves and others. The mixture of how someone views themselves and others will affect the attachment style that they have. They identified the four types of attachment:

- Secure (positive view of self and others)
- Dismissive (positive view of self, negative of others)
- Anxious/ Preoccupied (negative view of self, positive view of others)
- Fearful/ Avoidant (negative view of self and others).

ATTACHMENT THEORY

Attachment theory focuses on relationships and bonds (particularly long-term) between people, including those between a parent and child and between romantic partners. It is a psychological explanation for the emotional bonds and relationships between people.

This theory suggests that people are born with a need to forge bonds with caregivers as children. These early bonds may continue to influence attachments throughout life. British psychologist John Bowlby was the first attachment theorist. He described attachment as a "lasting psychological connectedness

between human beings." Bowlby was interested in understanding the anxiety and distress that children experience when separated from their primary caregivers.

Thinkers like Freud suggested that infants become attached to the source of pleasure. Infants, who are in the oral stage of development, become attached to their mothers because she fulfills their oral needs. Some of the earliest behavioral theories suggested that attachment was simply a learned behavior. These theories proposed that attachment was merely the result of the feeding relationship between the child and the caregiver. Because the caregiver feeds the child and provides nourishment, the child becomes attached.

Attachment is an emotional bond with another person. Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. He suggested that attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.

Bowlby viewed attachment as a product of evolutionary processes. While the behavioral theories of attachment suggested that attachment was a learned process, Bowlby and others proposed that children are born with an innate drive to form attachments with caregivers. Throughout history, children who maintained proximity to an attachment figure were more likely to receive comfort and protection, and therefore more likely to survive to adulthood. Through the process of natural selection, a motivational system designed to regulate attachment emerged.

The central theme of attachment theory is that primary caregivers who are available and responsive to an infant's needs allow the child to develop a sense of security. The infant learns that the caregiver is dependable, which creates a secure base for the child to then explore the world.

Ainsworth's "Strange Situation"

- In her research in the 1970s, psychologist Mary Ainsworth expanded greatly upon Bowlby's original work. Her groundbreaking "strange situation" study revealed the profound effects of attachment on behavior. In the study, researchers observed children between the ages of 12 and 18 months as they responded to a situation in which they were briefly left alone and then reunited with their mothers.

- Based on the responses the researchers observed, Ainsworth described three major styles of attachment: secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment. Later, researchers Main and Solomon (1986) added a fourth attachment style called disorganized-insecure attachment based on their research.

- Several studies since that time have supported Ainsworth's attachment styles and have indicated that attachment styles also have an impact on behaviors later in life.

Maternal Deprivation Studies

- Harry Harlow's infamous studies on maternal deprivation and social isolation during the 1950s and 1960s also explored early bonds. In a series of experiments, Harlow demonstrated how such bonds emerge and the powerful impact they have on behavior and functioning.

- In one version of his experiment, newborn rhesus monkeys were separated from their birth mothers and reared by surrogate mothers. The infant monkeys were placed in cages with two wire-monkey mothers. One of the wire monkeys held a bottle from which the infant monkey could obtain nourishment, while the other wire monkey was covered with a soft terry cloth.

- While the infant monkeys would go to the wire mother to obtain food, they spent most of their days with the soft cloth mother. When frightened, the baby monkeys would turn to their cloth-covered mother for comfort and security.

Harlow's work also demonstrated that early attachments were the result of receiving comfort and care from a caregiver rather than simply the result of being fed.

The Stages of Attachment

Researchers Rudolph Schaffer and Peggy Emerson analyzed the number of attachment relationships that infants form in a longitudinal study with 60 infants. The infants were observed every four weeks during the first year of life, and then once again at 18 months. Based on their observations, Schaffer and Emerson outlined four distinct phases of attachment.

Pre-Attachment Stage

From birth to 3 months, infants do not show any particular attachment to a specific caregiver. The infant's signals, such as crying and fussing, naturally attract the attention of the caregiver and the baby's positive responses encourage the caregiver to remain close.

Indiscriminate Attachment

Between 6 weeks of age to 7 months, infants begin to show preferences for primary and secondary caregivers. Infants develop trust that the caregiver will respond to their needs. While they still accept care from others, infants start distinguishing between familiar and unfamiliar people, responding more positively to the primary caregiver.

Discriminate Attachment

At this point, from about 7 to 11 months of age, infants show a strong attachment and preference for one specific individual. They will protest when separated from the primary attachment figure (separation anxiety), and begin to display anxiety around strangers (stranger anxiety).

Multiple Attachments

After approximately 9 months of age, children begin to form strong emotional bonds with other caregivers beyond the primary attachment figure. This often includes a second parent, older siblings, and grandparents.

Factors That Influence Attachment

While this process may seem straightforward, some factors can influence how and when attachments develop, including:

Opportunity for attachment: Children who do not have a primary care figure, such as those raised in orphanages, may fail to develop the sense of trust needed to form an attachment.

Quality caregiving: When caregivers respond quickly and consistently, children learn that they can depend on the people who are responsible for their care, which is the essential foundation for attachment. This is a vital factor.

Attachment Styles

There are four patterns of attachment.

Ambivalent attachment: These children become very distressed when a parent leaves. Ambivalent attachment style is considered uncommon, affecting an estimated 7% to 15% of U.S. children. As a result of poor parental availability, these children cannot depend on their primary caregiver to be there when they need them.

Avoidant attachment: Children with an avoidant attachment tend to avoid parents or caregivers, showing no preference between a caregiver and a stranger. This attachment style might be a result of abusive or neglectful caregivers. Children who are punished for relying on a caregiver will learn to avoid seeking help in the future.

Disorganized attachment: These children display a confusing mix of behavior, seeming disoriented, dazed, or confused. They may avoid or resist the parent. Lack of a clear attachment pattern is likely linked to inconsistent caregiver behavior. In such cases, parents may serve as both a source of comfort and fear, leading to disorganized behavior.

Secure attachment: Children who can depend on their caregivers show distress when separated and joy when reunited. Although the child may be upset, they feel assured that the caregiver will return. When frightened, securely attached children are comfortable seeking reassurance from caregivers. This is the most common attachment style.

The Lasting Impact of Early Attachment

Children who are securely attached as infants tend to develop stronger self-esteem and better self-reliance as they grow older. These children also tend to be more independent, perform better in school, have successful social relationships, and experience less depression and anxiety. Research suggests that failure to form secure attachments early in life can have a negative impact on behavior in later childhood and throughout life.

Children diagnosed with the oppositional defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD) frequently display attachment problems, possibly due to early abuse, neglect, or trauma. Children adopted after the age of 6 months may have a higher risk of attachment problems.

Attachment Disorders

In some cases, children may also develop attachment disorders. There are two attachment disorders that may occur: reactive attachment disorder (RAD) and disinhibited social engagement disorder (DSED).

Reactive attachment disorder occurs when children do not form healthy bonds with caregivers. This is often the result of early childhood neglect or abuse and results in problems with emotional management and patterns of withdrawal from caregivers.

Disinhibited social engagement disorder affects a child's ability to form bonds with others and often results from trauma, abandonment, abuse, or neglect. It is characterized by a lack of inhibition around strangers, often leading to excessively familiar behaviors around people they don't know and a lack of social boundaries.

Adult Attachments

Although attachment styles displayed in adulthood are not necessarily the same as those seen in infancy, early attachments can have a serious impact on later relationships. Adults who were securely attached in childhood tend to have good self-esteem, strong romantic relationships, and the ability to self-disclose to others.

LONELINESS

As a social species, humans rely on a safe, secure social surround to survive and thrive. Perceptions of social isolation, or loneliness, increase vigilance for threats and heighten feelings of vulnerability while also raising the desire to reconnect. Implicit hypervigilance for social threats alters psychological processes that influence physiological functioning, diminish sleep quality, and increase morbidity and mortality. The purpose of this paper is to review the features and consequences of loneliness within a comprehensive theoretical framework that informs interventions to reduce loneliness. We review the physical and mental health consequences of loneliness, the mechanisms for its effects, and the effectiveness of extant interventions. Features of a loneliness regulatory loop are employed to explain

the cognitive, behavioral, and physiological consequences of loneliness and to discuss interventions to reduce loneliness. Loneliness is not simply being alone. Interventions to reduce loneliness and its health consequences may need to take into account its attentional, confirmatory, and memorial biases as well as its social and behavioral effects. Loneliness is a common experience; as many as 80% of those under 18 years of age and 40% of adults over 65 years of age report being lonely at least sometimes with levels of loneliness gradually diminishing through the middle adult years, and then increasing in old age (i.e., ≥70 years). Loneliness is synonymous with perceived social isolation, not with objective social isolation. People can live relatively solitary lives and not feel lonely, and conversely, they can live an ostensibly rich social life and feel lonely nevertheless. Loneliness is defined as a distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships. Loneliness is typically measured by asking individuals to respond to items such as those on the frequently used UCLA Loneliness Scale "I feel isolated," "There are people I can talk to," and "I feel part of a group of friends." The result is a continuum of scores that range from highly socially connected to highly lonely.

Each of us is capable of feeling lonely, and loneliness is an equal opportunity tenant for good reason. We have posited that loneliness is the social equivalent of physical pain, hunger, and thirst; the pain of social disconnection and the hunger and thirst for social connection motivate the maintenance and formation of social connections necessary for the survival of our genes. Feelings of loneliness generally succeed in motivating connection or reconnection with others following geographic relocation or bereavement, for instance, thereby diminishing or abolishing feelings of social isolation. For as many as 15–30% of the general population, however, loneliness is a chronic state. Left untended, loneliness has serious consequences for cognition, emotion, behavior, and health. Here, we review the physical and mental health consequences of perceived social isolation and then introduce mechanisms for these outcomes in the context of a model that takes into consideration the cognitive, emotional, and behavioral characteristics of loneliness.

Loneliness Matters for Physical Health and Mortality

A growing body of longitudinal research indicates that loneliness predicts increased morbidity and mortality. The effects of loneliness seem to accrue over time to accelerate physiological aging. For instance, loneliness has been shown to exhibit a dose–response relationship with cardiovascular health risk in young adulthood. The greater the number of measurement occasions at which participants were lonely (i.e., childhood, adolescence, and at 26 years of age), the greater their number of cardiovascular health risks (i.e., BMI, systolic blood pressure (SBP), total, and HDL cholesterol levels, glycated hemoglobin concentration, maximum oxygen consumption). Similarly, loneliness was associated with increased systolic blood pressure in a population-based sample of middle-aged adults, and a follow-up study of these same individuals showed that a persistent trait-like aspect of loneliness accelerated the rate of blood pressure increase over a 4-year follow-up period. Loneliness accrual effects are also evident in a study of mortality in the Health and Retirement Study; all-cause mortality over a 4-year follow-up was predicted by loneliness, and the effect was greater in chronically than situationally lonely adults. Penninx et al. showed that loneliness predicted all-cause mortality during a 29-month follow-up after controlling for age, sex, chronic diseases, alcohol use, smoking, self-rated health, and functional limitations. Sugisawa et al. also found a significant effect of loneliness on mortality over 3 years, and this effect was explained by chronic diseases, functional status, and self-rated health. Among women in

the National Health and Nutrition Survey, chronic high-frequency loneliness (>3 days/week at each of two measurement occasions about 8 years apart) was prospectively associated with incident coronary heart disease (CHD) over a 19-year follow-up in analyses that adjusted for age, race, socioeconomic status, marital status, and cardiovascular risk factors. Depressive symptoms have been associated with loneliness and with adverse health outcomes, but loneliness continued to predict CHD in these women after also controlling for depressive symptoms. Finally, loneliness has also been shown to increase the risk for cardiovascular mortality; individuals who reported often being lonely exhibited significantly greater risk than those who reported never being lonely. In sum, feelings of loneliness mark an increased risk for morbidity and mortality, a phenomenon that arguably reflects the social essence of our species.

Loneliness Matters for Mental Health and Cognitive Functioning

The impact of loneliness on cognition was assessed in a recent review of the literature. Perhaps, the most striking finding in this literature is the breadth of emotional and cognitive processes and outcomes that seem susceptible to the influence of loneliness. Loneliness has been associated with personality disorders and psychoses, suicide, impaired cognitive performance and cognitive decline over time, increased risk of Alzheimer's Disease, diminished executive control, and increases in depressive symptoms. The causal nature of the association between loneliness and depressive symptoms appears to be reciprocal, but more recent analyses of five consecutive annual assessments of loneliness and depressive symptoms have shown that loneliness predicts increases in depressive symptoms over 1-year intervals, but depressive symptoms do not predict increases in loneliness over those same intervals. In addition, experimental evidence, in which feelings of loneliness (and social connectedness) were hypnotically induced, indicates that loneliness not only increases depressive symptoms but also increases perceived stress, fear of negative evaluation, anxiety, and anger, and diminishes optimism and self-esteem. These data suggest that a perceived sense of social connectedness serves as a scaffold for the self—damage the scaffold and the rest of the self begins to crumble.

A particularly devastating consequence of feeling socially isolated is a cognitive decline and dementia. Feelings of loneliness at age 79 predicted "lifetime cognitive change" as indicated by lower IQ at age 79 adjusting for IQ at age 11, living arrangements at age 11 and age 79, sex, marital status, and ideal level of social support. This finding does not rule out a reverse causal direction; cognitive impairments may hamper social interactions, prompt social withdrawal, and thus lead to loneliness. Other studies, however, have indicated that loneliness is a precursor of cognitive decline. For instance, the cognitive functioning of 75–85-year-olds (as assessed by the Mini-Mental State Examination) did not differ as a function of loneliness at baseline but diminished to a greater extent among those high than low in loneliness over a 10-year follow-up. In a prospective study by Wilson et al., loneliness was inversely associated with performance on a battery of cognitive measures in a sample of 823 initially dementia-free older adults. Moreover, loneliness at baseline was associated with a faster decline in cognitive performance on most of these measures over a 4-year follow-up. This was not true of the converse: cognitive status at baseline did not predict changes in loneliness. In addition, the incidence of Alzheimer's disease (76 individuals) was predicted by the degree of baseline loneliness after adjusting for age, sex, and education; those in the top decile of loneliness scores were 2.1 times as likely to develop Alzheimer's disease than those in the bottom decile of loneliness scores. Depressive symptoms had a modest effect on Alzheimer's disease risk, but loneliness continued to exert a significant and much larger influence on Alzheimer's disease than depressive symptoms when depressive symptoms were included in the model. Overall, it appears that something about our sense of connectedness with others

penetrates the physical organism and compromises the integrity of physical and mental health and well-being. What that "something" might be is the topic to which we next turn.

How Loneliness Matters: The Loneliness Model

Our model of loneliness posits that perceived social isolation is tantamount to feeling unsafe, and this sets off implicit hypervigilance for (additional) social threats in the environment. Unconscious surveillance for social threat produces cognitive biases: relative to nonlonely people, lonely individuals see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information. Negative social expectations tend to elicit behaviors from others that confirm the lonely persons' expectations, thereby setting in motion a self-fulfilling prophecy in which lonely people actively distance themselves from would-be social partners even as they believe that the cause of the social distance is attributable to others and is beyond their control. This self-reinforcing loneliness loop is accompanied by feelings of hostility, stress, pessimism, anxiety, and low self-esteem and represents a dispositional tendency that activates neurobiological and behavioral mechanisms that contribute to adverse health outcomes.

SOCIAL ANXIETY

People have a fundamental need to feel like they belong and are like others, so it is painful when we feel rejected or left out by those who matter to us. In response, we often become acutely aware of the impression we make on others, and we avoid doing things that may cause others to be upset with us. Social anxiety is the excessive concern about being in social situations where scrutiny is likely. When people are socially anxious, they become overly concerned about embarrassing themselves, and they tend to reveal these signs of discomfort through sweating or blushing; they worry that their character flaws will be exposed and result in rejection. The term anxiety describes a general apprehension about possible future danger, rather than a reaction to an immediate threat (i.e., fear). Nevertheless, like fear, the experience of social anxiety may involve physical, emotional, and behavioral symptoms like those described in the example above.

Nearly everyone experiences some social anxiety at one point or another. It is particularly common before performing in front of an audience or meeting new people on one's own, and this is normal. Social anxiety provides information about the demands required of us to handle an ongoing challenge. It lets us know that the situation is meaningful, and the impression we make on other people may be important to our social standing. Most people can "power through" the situation, eventually feeling more comfortable and learning that it was not as bad as expected. This is a fundamentally important point: people think that their anxiety leading up to a situation (anticipatory feelings) will only increase further in the actual situation, when, in fact, our anxiety tends to peak in the moments before a situation.

Sometimes, people experience more than the "normal" amount of anxiety. For people with excessive social anxiety, their anxiety often arises in a broader array of situations, is more intense, and does not subside as quickly. For those people, negative social outcomes are viewed as highly probable and costly, and their attention during social interactions tends to be inwardly directed. This running internal commentary prevents people from focusing on the situation at hand, and even simple social interactions may become overwhelming.

Social Anxiety Disorder

When social anxiety and avoidance interfere with a person's ability to function in important roles (e.g., as a student, worker, or friend), the condition is called social anxiety disorder (SAD), also known as social phobia (American Psychiatric Association, 2013). In the United States, SAD affects

approximately 12.1% of people in their lifetimes and 7.1% of adults in a given year. About 1 of every 4 people report at least one significant social fear in their lifetimes—most commonly, public speaking. To be diagnosed with SAD, a person must report an impairing fear of multiple social situations that have persisted for at least six months. Most people with SAD fear eight or more distinct social situations such as initiating a conversation with a stranger, maintaining conversations, going on a first date, going to a work party/function, talking with an authority figure, talking in front of a group of people, and eating in front of other people.

SAD is one of the most common anxiety disorders recognized by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013). SAD affects men and women about equally, and the majority of people with SAD report that their fears began in early adolescence, typically around age 13. Unfortunately, this condition tends to be chronic and few people recover on their own without intervention.

Despite the availability of effective treatments, few people seek help for their social fears. In an epidemiological study, only 5.4% of people with SAD (and no other psychiatric disorders) ever received mental health treatment. There are several explanations for why people with SAD avoid treatment—for starters, the fear of being evaluated by a therapist and the stigma of seeking psychological services. Thus, the very features of the disorder may prevent a person from seeking treatment for it. Another explanation is that many physicians, teachers, parents, and peers do not believe that social anxiety disorder is a real condition and, instead, view it as nothing more than extreme shyness or inhibition. Finally, healthcare providers are often ill-equipped to assess SAD and may not be aware of evidence-based treatments, and clients often do not know enough about social fears to discuss them with their doctors. Sadly, 60% to 80% of people with SAD suffer from symptoms for at least two decades. Thus, it is important to understand not only what social anxiety is but also what perpetuates social fears.

Fear of Evaluation

A central component of the social anxiety experience is how a person thinks about him- or herself, about others, and social situations. According to the self-presentation theory of social anxiety, people feel socially anxious when they wish to make a good impression on others but doubt their ability to do so. People with excessive social anxiety are likely to view themselves as having more flaws or deficits, compared to those who rarely feel social anxiety; thus, for SAD sufferers, social interactions may seem like dangerous places where flaws can be observed and scrutinized.

At first, researchers believed that the core feature of SAD was a fear of negative evaluation —being preoccupied with the possibility of being unfavorably judged or rejected by others. Recent evidence has suggested that people with SAD are concerned with both positive and negative evaluations. Fear of positive evaluation is the dread associated with success and public favorable evaluation, raising the expectations for subsequent social interactions. The fear of being positively evaluated is particularly relevant when a social comparison occurs, such as when a person gets a promotion at work (Weeks, Heimberg. Both of these fears of evaluation contribute to social anxiety.

Gilbert's (2001) evolutionary theory suggests that social anxiety is a mechanism that evolved to facilitate group cohesion. When in society there are people of different social ranks, a person lower on the social hierarchy (e.g., an entry-level employee) would experience anxiety when interacting with higher-ranking group members (e.g., bosses). Such anxiety would lead a person to display submissive behavior (e.g., avoiding eye contact) and prompt them to avoid doing anything that could cause conflict.

Anything that increases social status—such as receiving a promotion or dating an attractive romantic partner—can cause tension and conflict with others of higher status. Whereas fear of negative evaluation is relevant to other psychological conditions, such as depression and eating disorders, fear of positive evaluation is unique to SAD. Furthermore, when people are successfully treated for SAD, this fear of positive evaluation declines.

Biased Attention and Interpretation

If you were to observe what people with SAD pay attention to in social interaction, you would find that they are quick to recognize any signs of social threats. For instance, they are faster at detecting angry faces in a crowd.

People with SAD may apply interpretation biases to social situations that cause them to accentuate perceived negative interactions while failing to take notice of positive interactions

At the same time, SAD sufferers' attention is biased away from positive, rewarding information. This means that people with SAD are unlikely to notice the smiling, nodding faces in the crowd, and they fail to pick up the subtle hints that somebody wants to spend more time with them or to be asked out on a romantic date. These interpretation and attention biases are obstacles to starting and maintaining social relationships. When you attend to only negativity, you start to believe that you are unlovable and that the world is a hostile, unfriendly place.

People with SAD are more likely to complete the sentence with a statement suggesting that there is something wrong with their behavior or appearance (e.g., "they thought I looked ridiculous") as opposed to a neutral explanation (e.g., "one of them made a joke"). The problem is that when you assume people are attacking you, you feel more self-conscious and are less likely to stay in a situation and interact with that group of people or others in the future. Our thoughts influence our behavior, and the negative interpretations and predictions of people with SAD only serve to feed their social avoidance patterns.

Deficient Positive Experiences

The strongest predictor of a happy, meaningful, long-lasting life is the presence of satisfying, healthy relationships. Thus, the fact that people with SAD frequently avoid social interactions—even those with the potential for fun or intimacy—means that they miss out on an important source of positive experiences.

By studying people's day-to-day experiences, researchers have discovered several positivity deficits in the lives of socially anxious people. For example, Kashdan and Collins (2010) gave participants portable electronic devices that randomly prompted them to describe what they were feeling and doing multiple times per day for several weeks. During such random assessments, socially anxious people reported less intense positive emotions (e.g., joy, happiness, calm), regardless of whether they were around other people (whereas, less anxious people report more intense positive emotions when socializing). Socially anxious people experience less frequent positive emotions even when spending time with close friends and family members. Even in the most intimate of situations—during sexual encounters with romantic partners—socially anxious people report less intense pleasure and less intimacy. All of these findings highlight the vast reach of excessive social anxiety in people's lives and how it detracts from the relationships and activities that hold the greatest promise for happiness and meaning in life.

Problematic Emotion Regulation

A possible explanation for the distress and diminished positive experiences seen in SAD is that the sufferers' ability to respond to and manage their emotions is impaired. Emotion regulation refers to how people recognize, interpret, experience, and attempt to alter emotional states. One symptom of SAD is

the concern that the anxiety will be visible to others. Given this concern, socially anxious people spend considerable time and effort preparing for and avoiding anxiety-related thoughts, sensations, and behaviors. They engage in safety behaviors, such as rehearsing exactly what to say in a conversation, asking questions of others to deflect attention from themselves, and holding a drink or food to have an excuse to pause before responding to a question. Because there is only so much we can pay attention to in a given moment, excessive self-focused attention detracts from a person's ability to be mindful in a social encounter. In effect, by devoting effort to controlling emotions and minimizing the potential for rejection, a person paradoxically increases the likelihood of misunderstanding others or appearing aloof. Such encounters are also less enjoyable and possess less potential for deepening relationships.

Socially anxious people believe that openly expressing emotions is likely to have negative consequences. In turn, they are more apt to suppress or hide their negative emotions and avoid anything distressing. Emotion suppression is often ineffective: the more we try not to think about something, the more we end up thinking about it. Unfortunately, people with SAD report being less skilled at using more effective emotion regulation strategies, such as finding alternative, constructive ways of thinking about a situation.

Socially anxious people also unexpectedly respond to positive emotions. Whereas most people not only enjoy positive emotions but also seek them out and attempt to savor them, socially anxious people often fear intense positive emotions. When positive emotions arise, just like negative emotions, SAD sufferers make efforts to suppress them. Why downplay positive emotions? It is possible that avoiding public displays of positive emotions is another way that people with SAD can avoid scrutiny (e.g., not laughing because others might not find a joke funny) and prevent the wrath of powerful others (e.g., not expressing excitement about a personal triumph because others might be envious). A recent study sampled the day-to-day social interactions of people with and without SAD to uncover what distinguishes these two groups. What the researchers found was that the amount of social anxiety felt during social interactions was less important in distinguishing people with SAD from healthy adults than the intense effort put into avoiding feeling anxious and infrequent positive emotions when spending time with other people.

The ego depletion model proposes that people have a limited capacity for physical and mental self-control (e.g., physical endurance, and attention). When we perform tasks that require significant effort and energy (e.g., suppressing emotions), we deplete these self-control resources, leaving us with less capacity to focus on subsequent tasks or to make good decisions. When depleted or mentally exhausted, we tend to opt for whatever is immediately rewarding as opposed to pursuing meaningful goals. For socially anxious people, what is immediately rewarding tends to be escaping or avoiding social situations to minimize the potential for unpleasant feelings. In other words, the way people with high social anxiety control their emotions not only makes their social situations less pleasant at the moment but also limits their capacity for pursuing rewarding opportunities afterward. Consistent with this, Farmer and Kashdan (2012) demonstrated that over the course of two weeks, when socially anxious people used more emotion suppression, they experienced fewer pleasant social events and less intense positive emotions on the following day. Taken together, this research suggests that socially anxious people respond to their emotions in ways that have far-reaching effects on their well-being, likely maintaining fears associated with social anxiety.

NEED FOR STUDY

There were many studies conducted on Attachment style but very few studies are done on Attachment style, Loneliness, and Social Anxiety. Although there were a lot of studies conducted on Attachment style and Loneliness there are very few research studies that studied their impact on Social Anxiety also, the researcher studied these three variables among male and female college students. Earlier studies proved that people with a higher quality level of parental care tend to have a secure Attachment style. Also, people with an avoidant Attachment style, etc tend to feel lonely. And the researcher wanted to study the significant difference in the level of Attachment style among males and females. So, the researcher wants to confirm that there would be a significant relationship between Attachment style, Loneliness, and Social Anxiety among college students and whether there would be a significant difference in the level of these variables among males and females in college. The research study can also help any researcher who further wants to study their topic. And hence the researcher is interested to conduct this study and verify the results.

STUDY HYPOTHESIS:
HYPOTHESIS: (H1):
A. There would be a significant relationship between loneliness and social anxiety.
B. There would be a significant relationship between attachment styles and social anxiety.
C. There would be a significant relationship between loneliness and attachment styles.
D. There would be a significant difference in scores among Males and Females scores between loneliness and social anxiety.
E. There would be a significant difference in scores among Males and Females scores between attachment styles and social anxiety.
F. There would be a significant difference in scores among Males and Females scores between loneliness and attachment styles.

CHAPTER II
REVIEW OF LITERATURE
INTRODUCTION: This segment provides the previous review of the literature of the research conducted on attachment styles, social anxiety, and loneliness among young adults. Reviews of research studies helped in identifying important individual factors for the present study.
1. Psychological research journals from India and abroad.
2. Educational/Academic journals from India and abroad.
3. Internet sources (attachment styles, social anxiety, loneliness among young adults)

Eng; Heimberg; Hart et al. (2002) researched Anxious and secure attachment styles have been linked to depression, impairment, and lower life satisfaction. In 'Attachment in Individuals With Social Anxiety Disorder', a research team from Temple University led by Winnie Eng (2002) reported that despite their apparent consequences for social functioning, adult attachment styles have never been explored among persons with social anxiety disorder. Members of the anxious attachment cluster exhibited more severe social anxiety and avoidance. This pattern was replicated in a separate sample of 56 patients and compared with the pattern found in 36 control participants. Attachment theory provides a coherent framework for conceptualizing the etiology and maintenance of some cases of this disorder. Two reliable clusters of patients with social anxiety disorder were identified based on their scores on a measure of adult attachment. 118 patients were included in the analysis. Attachment theory provides a

coherent framework for conceptualizing the etiology and maintenance of some cases of this disorder through an examination of the cognitive–emotional systems involved in social anxiety for a principal diagnosis of social anxiety disorder as assessed by the Anxiety Disorders Interview Schedule for DSM–IV: Lifetime Version (ADIS–IV–L; DiNardo, Brown, & Barlow, 1994). The ADIS–IV–L assesses current and lifetime anxiety disorders and includes modules for mood disorders, substance abuse and dependence, and disorders that overlap with anxiety disorders in terms of presenting symptoms. The ADIS–IV–L demonstrated excellent reliability (k 77.ɔ) for the diagnosis of social anxiety disorder.RESULTS: These results demonstrate that attachment style is an important predictor of how individuals with social anxiety disorder operate in social relationships and construe their social world.

Pakdaman, Saadat,Shahyad et al. (2016) researched The comparison of loneliness between male and female students and showed there were more signs of loneliness resulting from family relations and emotional loneliness in men than in women.

The results can be an empirical basis for developing education and health in mother-child relationships. Loneliness is the cognitive consciousness of weakness in personal and social relationships that results in isolation and feelings of sadness, emptiness, or disappointment and regret. Loneliness is commonly experienced by all human beings in the course of their lives, regardless of gender, age, ability, race, religion, or socio-economic status.

Students of Shahid Beheshti University in the academic year 2011-2012 were recruited for this non-experimental correlation study interaction with peers is a powerful and universal need of human beings. The comparison of loneliness between male and female students showed there were more signs of loneliness resulting from family relations and emotional loneliness in men than in women, while no significant difference was observed between the two groups. Loneliness questionnaire, an adult attachment style questionnaire, and a resilience scale questionnaire. The results of the correlation coefficient showed that, among attachment styles, the secure attachment style had a significant negative relationship with loneliness and the ambivalent attachment style had a significant positive relationship with loneliness and friends and family. Ambivalent and avoidant attachment styles and emotional symptoms of loneliness had a significant positive relationship. These results are consistent with studies that have shown that attachment styles are associated with feelings of loneliness

S. Notzon, K. Domschke K., Holitschke et al. (2015) conducted research on Oxytocin which is discussed as a mediator of trust and social bonding as well as a modulator of social anxiety disorder. An alternative way to summarise this finding is that those with high social anxiety who carry the ''A'' allele of the OXTR G gene are more likely to have an insecure attachment style. Social anxiety has been suggested to be promoted by an insecure attachment style. A less secure attachment style was significantly associated with higher social anxiety. This association was partly modulated by the OXTR genotype. The research involved 219 females. The investigators acknowledge that "Those with high social anxiety who carry the ''A'' allele describe their attachments as insecure, while in the absence of high anxiety, it is hard to see the genetic effect. The present results are somewhat in disagreement with several studies reporting the OXTR G allele to be associated with a less secure attachment style in depression."A less secure attachment style was significantly associated with higher social anxiety. The Social Phobia and Anxiety Inventory (SPAI) is a questionnaire about feelings of insecurity, somatic symptoms, anxious thoughts, and other symptoms of somaticiasis (SPAD). There is evidence that attachment may be as relevant for social anxiety as it is for social bonding. Participants with a less secure attachment style according to the ''Anxiety'' subscale of the AAS were significantly more socially anxious if carrying at least one A allele

as compared to GG homozygote. Social anxiety has been suggested to be promoted by an insecure attachment style. These studies, however, refer to patient populations or traumatic events, which does not allow for full comparability with the present study.

Suri , Garg, Tholia, et al. (2019) conducted research that indicates that attachment style and perceived social support predict levels of loneliness among college students from Jamia Millia Islamia and New Delhi. Loneliness among college students is a major concern for mental health professionals and educators. Loneliness is a complicated mix of affections and cognitions that reflect distressing and negative emotional experiences arising from an individual's perceived deficiency in personal relationships. Loneliness will significantly be predicted by attachment styles(dimensions) and perceived social support. Individuals having a secure attachment would have more open, trusting, and honest relationships with others, feeling less lonely compared to individuals with insecure attachment styles; a notion consistent with Bowlby's work. Another study used a structural equation model to examine how loneliness and depression mediate between attachment theory and smartphone addiction. In comparison to attachment style, many studies have demonstrated that perceived social support has a negative correlation with loneliness. Studies have shown those who reported greater perceived social support reported less loneliness and another study reported perceived social support to predict loneliness. Males and Females would differ significantly on loneliness and the dimensions of attachment styles and perceived social support. 256 students (128 males and females each) were selected to study at Jamia Millia Islamia and Delhi University. Attachment Style Questionnaire by Ahmad, Jahan, & Imtiaz (2016). Insecure attachment is positively correlated with loneliness whereas secure attachment and perceived social support are positively correlated with loneliness. Our study found that males experience higher loneliness than females which is in line with current research. And explains this difference on account of women having a greater affinity for socializing and forming more cohesive bonds than men. This study revealed that people who are insecurely attached tend to experience more loneliness.

Nottage, Oei, Wolters et al. (2021) researched whether Insecure attachment has been associated with an increase in mental health issues, specifically depressive symptoms and problematic alcohol use in young adults. A research team led by Matilda Nottage at the Developmental Psychology (2021) reported in 'Loneliness mediates the association between insecure attachment and mental health among university students that attachment theory, initially formulated by John Bowlby, scribes how an infant's sense of security is affected by their relationship with their caregiver.

A large meta-analysis of longitudinal studies by Fairbairn et al found that insecure attachment predicted later substance-related problems. The researchers explored whether levels of social connectedness influenced the strength of the attachment-loneliness association. The results support direct and indirect associations between attachment style and the investigated outcomes.

The research involved 22597 Students. Previous findings indicate that individuals with this attachment style react to separation and loneliness with more distress than securely attached individuals. Loneliness mediated the association between mixed attachment style and alcohol consumption," Nottage said. In adjusting to college and university life, anxiously attached individuals are faced with challenges that may be unique to their personality dynamics. We exploratively tested whether levels of social connectedness influenced the strength of the attachment-loneliness association and their combined effect on mental health. Results support the hypothesized mediation models of the relationship between attachment and mental health, as well as offer some initial insights into the role of social connectedness. While these findings are preliminary, they highlight a possible approach to understanding and addressing

loneliness, in students. Our findings resonate with other studies, indicating that students with specific attachment styles may benefit from specific interventions aimed at reducing loneliness and depression. Taken together, these combined findings highlight the potential of interventions that target loneliness from an attachment perspective.

Lim, Rodebaugh, Zyphur et al. (2016) researched how loneliness related to social anxiety, paranoia, and depression across the three-time point. Researchers have used smartphones to investigate the relationship between pain and weather... *and their findings.* Dixon and colleagues (2019) report that higher relative humidity and wind speed, and lower atmospheric pressure, were associated with increased pain severity in people with long-term pain conditions. The effect of weather on pain was not fully explained by its day-to-day effect on mood or physical activity. A total of 10,584 participants had complete baseline information and at least one pain entry. The 'worst' combination of weather variables would increase the odds of a pain event by just over 20% compared to an average day. 2658 patients were included in the study. sample aged 18 – 87, our results indicated that earlier loneliness positively predicted future states of social anxiety, paranoia, and depression. These results suggest that loneliness may be a potential antecedent to emerging mental health symptoms and that identifying and treating co-occurring social anxiety symptoms may reduce the severity of loneliness. There were no significant differences in participants who dropped out compared with participants who did not drop out across all baseline loneliness, social anxiety, paranoia, or depression levels. As measured by a scale focusing on fears of interacting with others, was the only mental health symptom that directly predicted loneliness, such that higher levels of social anxiety at an earlier time predicted higher levels of loneliness at a later time This finding is sensitive to the extent that those experiencing high levels of social anxiety are likely to avoid the social contact that can reduce loneliness

Kiralp, Serin et. al. (2017) conducted a research study has been published that looks at the relationship between loneliness levels and attachment styles of university students in the United States. The study was carried out using a descriptive approach, which was implemented in the form of a relationship survey. A loneliness scale was used in which 54.3% of the students are above average. Participants: 247 university students enrolled in the School of Education of a private university in Northern Cyprus.More among men. SAMPLES: UCLA Loneliness Scale. Relationship Scales Questionnaire (RSQ). In addition to studies that demonstrate that infancy attachment continues unchanged in an individual's relationships as an adult as well, some studies demonstrate that these two attachment styles are different from each other. In this study, moving from the view that the first attachment with the mother would influence the individual's relationships with others as well, and by taking as basis, the Four-Category Attachment Model of Bartholomew and Horowitz (1991), It was observed that the majority of the students in the study demonstrated dismissing attachment style. Unlike the dismissing attachment style, they would have negative self-schemas and positive schemas of others (Bartholomew & Horowitz, 1991) Because attachment style develops over time starting from infancy, the situation that comes to mind is where the traits of the attachment figure of the child, child's relationship with this figure and the self-identity model all complement each other. Based on these results it was seen that the attachment style that best describes the university students enrolled in the study are dismissing attachment, secure attachment, fearful attachment, and preoccupied attachment respectively. One shouldn't neglect the fact that there might be cultural factors involved as well.

Goossens, Marcoen, Hees et al. (2009) conducted research to demonstrate the potential utility of a multidimensional approach to adolescent loneliness. Adolescents who are more Secure, Dependent,

Anxious-Ambivalent, or Avoidant are less likely to experience loneliness. In this study, there was a clear increase with advancing age in parent-related loneliness and affinity for aloneness in the two samples of adolescents. Results indicate that adolescents' representations of their relationships with their parents, as conceptualized in attachment theory, are related to the degree of loneliness they experience in different relationships.200 adolescents aged 15 to 18 were involved in the analysis. It can be seen in this table that significant grade effects were obtained for parent-related loneliness and affinity for aloneness in both samples Scales: The Louvain Loneliness Scale, The participants in Sample I completed the Family Episodes Rating Task, The Adolescent Interpersonal Orientations Questionnaire, Participants in Sample 2 filled out the Separation Anxiety Test. It is widely assumed that the nature and quality of the interactions between parents and adolescents can contribute to young people's well-being. A promising perspective on such types of influence is provided by attachment theory (Bowlby) Attachment theory predicts that secure children and adolescents will cope in more constructive ways with the challenges that accompany the different stages of psychological development Results showed that there was a clear increase with advancing age in parent-related loneliness and affinity for aloneness in the two samples of adolescents in this study feeling of dissatisfaction in the relationships with parents or parent-related loneliness, clearly increase during the course of adolescence. Adolescents gradually come to feel more positive about being on their own.

Manning, Dickson, Claus, Cunliffe, Taylor, et al. (2016) researched to find whether attachment has been implicated in the development of social anxiety. We aimed to synthesize the extant literature exploring the role of adult attachment in these disorders. The method shows search terms relating to social anxiety and attachment were entered into MEDLINE, PsycINFO, and Web of Science. The risk of bias in included studies was assessed using an adapted version of the Agency for Healthcare Research and Quality assessment tool. Eligible studies employed validated social anxiety and attachment assessments in adult clinical and analog samples. The review included cross-sectional, interventional, and longitudinal research. Results Of the 30 identifies studies, 28 showed a positive association between attachment insecurity and social anxiety. This association was particularly strong when considering attachment anxiety. Cognitive variables and evolutionary behaviors were identified as potential mediators, concordant with psychological theory. Limitations are due to a lack of longitudinal research, the direction of effect between attachment and social anxiety variables could not be inferred. There was substantial heterogeneity in the way that attachment was conceptualized and assessed across studies. Conclusions showed that the literature indicates that attachment style is associated with social anxiety. Clinicians may wish to consider attachment theory when working clinically with this population. In the future, it may be useful to target the processes that mediate the relationship between attachment and social anxiety. Vertue (2003) posits a unifying theory linking evolutionary, self-presentation, and learning theories of social anxiety through the lens of attachment to explain the origins, development, and maintenance of social anxiety. Vertue hypothesizes that early life experiences can result in IWMs of self as inferior, undesirable, and low in social status (Ollendick & Benoit, 2012; Brumariu, et al., 2013), and models of others as rejecting.

Deniz, Hamarta, Ari et al.(2006) researched Loneliness levels and social skills of university students are found to be significantly higher for students who have secure attachment styles than those who have insecure attachment styles there were 383 students in the analysis. Methods had The SSI is a 60subscale, 90-item Likert-type inventory of self-report to measure basic social skills. University of California Los Angeles Loneliness Scale is a 20-item Likert-type scale to measure general loneliness levels. The

conclusion stated that, According to the research findings, loneliness differentiates concerning the gender of university students, and the loneliness levels of male students are significantly higher than the loneliness levels of female students. While the emotional expressivity, emotional sensitivity, and social control levels of female students were found to be significantly higher than those of male students, the emotional control levels of male students were found to be significantly higher than the emotional control levels of female students. The attachment styles of students have a significant effect on their loneliness levels. While a secure attachment style affects loneliness negatively, other attachment styles affect loneliness positively. It was found that the emotional expressivity and social expressivity levels of students are affected by a secure attachments style only.No a significant effect of attachment styles on emotional sensitivity was observed. Social sensitivity was found to be negatively correlated to the secure attachment style, and positively correlated to fearful and preoccupied attachment styles – while no significant relationship was found between social sensitivity and the dismissing attachment style.

AKBAG, et al (2010) researched to examine the predictive power of attachment styles and gender on negative social emotions such as shame, guilt, and loneliness. Researchers in Istanbul, Turkey, have conducted a study on the impact of attachment styles on negative social emotions such as shame, guilt, and loneliness.360 (183 female, 177 male) Shame, guilt, and loneliness may arise from early relationships. The effect of gender on these emotions has been studied. Loneliness was negatively correlated with the secure style. The purpose of this study is to examine the predictive power of attachment styles and gender on negative social emotions such as shame, guilt, and loneliness. It was found that all attachment styles, except preoccupied, correlated with shame. A negative correlation was found between the dismissing attachment style and guilt. When the predictivity of attachment styles on negative social emotions was examined, the results revealed that shame was predicted by secure and dismissing attachment style, whereas guilt was predicted by only dismissing attachment. It was found that all attachment styles, except preoccupied, correlated with shame. A negative correlation was found between the dismissing attachment style and guilt in terms of negative social emotions, gender was only associated with shame. The method indicated that these researchers used the Relations Scales Questionnaire. The Shame and Guilt Scale: (1992) for the Turkish culture. It comprises 24 items rated on a five-point Likert-type scale. Results stated that Correlations among the study variables were examined. As a preliminary analysis, it was found that all attachment styles, except preoccupied, correlated with shame. Loneliness was negatively correlated with the secure style and positively correlated with the fearful, preoccupied, and dismissing styles. Secure style contributed to the model negatively, while insecure styles contributed positively.

DiTommasoa, Brannen-McNultya, Rossb et al. (2003) conducted research to find whether gender was significantly related to parts of each of the three measures—attachment, social skills, and loneliness—the effects of gender were partially out for these analyses. An individual's initial attachment is established early in development with her/his primary caregiver(s) Higher fearful attachment ratings were related to higher levels of the three types of loneliness. There was no relation between emotional control and secure attachment.

It was hypothesized that social skills would play a mediational role in the direct relationships between attachment and the experience of loneliness. The goal of the present research was to investigate the relationship between attachment styles, social skills, and psychosocial adjustment in young adulthood. Methods stated that the participants were 183 students (118 female, 65 male) enrolled in Psychology courses at the University of New Brunswick. Relationship Scales Questionnaire (RSQ), The Social and

Emotional Loneliness Scale for Adults-Short Form (SELSA-S), and Social Skills Inventory (SSI) Results indicated Females reported higher preoccupied attachment, higher emotional expressivity and sensitivity, and lower emotional control and romantic loneliness. With the effects of gender partially out, findings indicated higher secure attachment ratings were related to lower reported family, social, and romantic loneliness. Higher fearful attachment ratings were related to higher levels of the three types of loneliness. Higher scores on the preoccupied attachment scale were significantly related to greater feelings of both romantic and family loneliness. Higher dismissing ratings were related to higher scores on the social loneliness subscale. Higher security scores were significantly related to higher scores on emotional expressivity, emotional sensitivity, social expressivity, and social control. Studies such as those conducted by Rice and colleagues (1990, 1995, 1997) have often used a measure of parent and peer attachment that yields a security score. Our results indicated that there was no relation between emotional control and secure attachment, other skills were strongly associated with security. There was a negative balance, which can be interpreted as an overall deficit, for the fearful style Both dismissing and preoccupied attachment showed a pattern of disproportion between skills that may indicate an imbalance. Riggio and Zimmerman (1991) stated that excessive social control would result in an individual appearing aloof, a characteristic of both dismissing and fearful styles.

Tahsin (2012) *conducted a study to examine the predictive power of sex roles and attachment styles on loneliness. Loneliness is not a gender-related condition.* A convenient sampling method was used. 188 undergraduate students (114 female, and 74 male0) scales used the Relationship Scales Questionnaire (RSQ): UCLA Loneliness Scale. According to the analysis performed on females, there was no relationship between loneliness and gender roles It was found that loneliness was significantly related to secure attachment, fearful attachment, and dismissing attachment styles. In the analysis performed on the answers of males, loneliness was negatively correlated with masculinity and secure attachment; and was positively correlated with fearful attachment. Hierarchical multiple regression analyses were performed to examine to what extent attachment styles and gender roles predict loneliness in three stages. Aside from the hierarchical multiple regression analyses made on all the participants, the predictive power of gender roles and attachment styles on loneliness was examined separately for both genders. Gender roles made a significant addition to the prediction of loneliness scores in only males. On the other hand, attachment styles made a significant addition to the prediction of loneliness scores in both genders. The current study examined the contribution of such gender roles as masculinity and femininity in explaining loneliness Three different hierarchical multiple regression analyses were conducted on the scores of males and females. In their studies where they compared the clinical and normal groups, Pielage et al (2005) found that the secure and fearful attachment dimensions of Relationship Scales (Bartholomew & Horowitz, 1991) correlated with loneliness.

Fraley, Roisman et al (2018) conducted research and said that social and personality psychologists refer to these kinds of individual differences as self-reported "adult attachment styles" or "adult attachment orientations." The same assessment instrument was used to assess both kids and their parents. They found that, on average, there was more test-retest stability among mothers over similar intervals than there was among their teenagers. These findings suggest that socialization processes may be more influential in childhood as opposed to adulthood. People can develop relationship-specific attachment styles that are capable of accommodating the divergent interpersonal experiences they have had. Relatively secure people are more likely to be committed to their relationships, are more supportive and engaged parents, report fewer depressive symptoms, and can adapt to stressful events in constructive

ways. Results stated that one of the long-standing assumptions of attachment theory is that people's attachment styles are reflections of their previous caregiving experiences, beginning with their parental relationships. The only way researchers have been able to evaluate this possibility is through the use of retrospective reports—that is, asking adults to reflect on what their early caregiving experiences were like. Re-examined data on approximately 100 people from Block and Block longitudinal study and found that higher caregiving nurturance at age 3 was associated with larger declines in attachment avoidance from age 14 to age 23. Found in a sample of over 1000 people that maternal nurturance at age 10, as reported by mothers, was correlated with the self-reported security of their children 21 to 27 years later. The quality of maternal caregiving at 18 months predicted attachment 20 years later in a sample of approximately 35 people. Conclusion Many people had supportive caregiving experiences, for example, but also are relatively insecure as adults.

Mark R.leary (2010) Annie Rhis, a professor of psychology, researched to examine the relationship between perceived social exclusion and social anxiety, jealousy, loneliness, and depression. Baumeister and Rice's social exclusion theory of anxiety propose that a primary source of anxiety is perceived exclusion from important social groups. Baumeister and Tice proposed that a primary cause of anxiety is exclusion from important social groups. The essence of their argument is straightforward: because being part of a social group increases the individual's likelihood of survival, human beings possess an innate drive to avoid being excluded by others and experience anxiety whenever they perceive their status within an important group to be in jeopardy. Their approach must incorporate several areas of behavioral research that have been largely ignored by contemporary social psychologists. I will begin by elaborating on three fundamental propositions of social exclusion theory, propositions on which the remainder of the paper is based. Some episodes of social anxiety stem from the potential loss of specific desired outcomes that may result from self-presentational failure, social exclusion theory suggests that the threat may run deeper, evoking concerns about one's worthiness for remaining a member of important groups. In terms of exclusion theory, loneliness results from the individual's perception that his or her inclusionary status is below desired levels in most or all relationships with others. According to the GENERALITY OF SOCIAL EXCLUSION THEORY, Baumeister and Tice's model of anxiety and the present discussion of other dysphoric reactions focus primarily on the affective consequences of perceived exclusion. To the extent that such behavior is designed to facilitate inclusion or is constrained by the individual's desire to avoid exclusion, social exclusion theory identifies a fundamental interpersonal motive.

Wiseman, Mayseless, Sharabany et al (2005) conducted research and said that there were two significant gender effects: males were higher on the avoidant attachment, and females were higher on Depressive Experiences Questionnaire-dependency. Researchers have used smartphones to investigate the relationship between pain and weather... and their findings. Higher relative humidity and wind speed, and lower atmospheric pressure, were associated with increased pain severity in people with long-term pain conditions.

The effect of weather on pain was not fully explained by its day-to-day effect on mood or physical activity. The scales used are UCLA Loneliness Scale, Parental Bonding Instrument, Attachment Styles Questionnaire Depressive Experiences Questionnaire. 2658 patients were involved in the research. Loneliness as a complex set of feelings and cognitions reflects the distressing and negative emotional experience emanating from the individual's perceived deficiencies in intimate and social relationships.

Age and gender were controlled in all the tests of mediation and the prediction of lonelinessThe purpose of this research was to address this lacuna and to examine the association between the quality of early experiences with parents and these configurations, as well as the mediating role of self-. criticism in the association between attachment and loneliness. Results showed that there were two significant gender effects: males were higher on the avoidant attachment. The correlations between the attachment dimensions and loneliness were all significant and in the hypothesized direction, with security correlating negatively and avoidance and ambivalence correlating positively with loneliness. Parental care was significantly and positively correlated with secure attachment and significantly and negatively correlated with both ambivalence and self-criticism, as well as with loneliness. Both parental care and overprotection did not correlate with avoidance. The ambivalent attachment was positively correlated with self-criticism and D, and it correlated negatively with E

Ozturk, Mutlu (2010) The purpose of this study is to investigate the relationship between subjective well-being, attachment style, happiness in relationships, and social anxiety. The scanning model is used in this research. This research was conducted on 305 students who were studying at Eskiúehir Osmangazi University. The data were analyzed using SPSS 16.0. Results indicated that there is a significant positive correlation between subjective well-being and happiness in a relationship. In addition, preoccupied, fearful, and dismissing attached students' social anxiety level is higher than secure attached students' social anxiety level. Socially anxious students' level of subjective well-being is lower than the others. Li and Dai (2008) found that patients differ in adult attachment styles and varied significantly in all indices of social support and depression. Secure subjects got higher scores in social support and lower scores in depression. Their depression level had significant positive correlations with attachment avoidance and attachment anxiety and was negatively correlated to all indices of social support. Previous research has indicated that attachment style is a comprehensive, effectual, and determinant fact in human life, particularly human social life. In addition, many studies have found secure attachment styles are differentially related to positive outcomes, such as life satisfaction, social efficacy (Perrone, Wright, 2010); career exploration (Chapeland & et al. 2005), high subjective well-being (Kafetsios, SÕderidis, 2006). The other research's findings revealed that the avoidance dimension of attachment, gender, and anxiety dimension of attachment predicted the life satisfaction of university students. Scales used are "Interaction and Audience Anxiousness Scale", "The Subjective Well-Being Scale", "The Relationship Happiness Questionnaire", "Relationship Scales Questionnaire"

Bogaerts, Stefan; Vanheule, Stijn, Desmet, Mattias (2006) This study examines the relationships between parental attachment, peer attachment, and subjective feelings of emotional loneliness. Three alternative models were tested in a group of 440 graduating psychology students at Ghent University in Belgium. The first hypothesis explored the linear causal relationship between parental attachment, peer attachment, and feelings of emotional loneliness. The second hypothesis tested the direct relationship between parental attachment and feelings of emotional loneliness, and the third hypothesis examined the reciprocity between feelings of emotional loneliness and peer attachment. Using Structural Equation Modeling, results showed that peer attachment mediates strongly between parental attachment and feelings of emotional loneliness. The direct contribution of parental attachment to feelings of emotional loneliness was rather weak. Finally, feelings of emotional loneliness did not contribute significantly to the explanation of the peer-attachment style.

Sangeeta Bhatia, Vidhi Sharma et al. (2022) conducted a study to assess self-esteem, loneliness, and attachment styles among adolescents and examine their association with each other and with age and

gender. Adolescents (55 males and 55 females) from a public school in Delhi, aged 10-13 years were administered Coopersmith Self-Esteem Inventory (School Form), Attachment Scale, and UCLA Loneliness Scale. Adolescents aged 10-11 years reported higher self-esteem as compared to those aged 12-13 years ($p<0.01$). General and home parents' self-esteem were associated with high levels of loneliness. Adolescents with high self-esteem were securely attached while those with low self-esteem had preoccupied and fearful attachments. Adolescents studying in a public school reported high levels of self-esteem, moderate loneliness, and a secure attachment style. Students with low self-esteem and feelings of loneliness may benefit from psychological intervention. The sample comprised 110 respondents, from a public school in Delhi, aged 10-11 years and 12-13 years belonging to classes 6 and 7 respectively. Data analysis was done by computing chi-square, t-ratio, and Pearson's product-moment correlation resulting that About 87% of adolescents having high and 13% having low self-esteem. Two-thirds of adolescents reported a high level of loneliness while one-third reported low levels of loneliness. No significant gender differences were noted in self-esteem and loneliness. The majority of adolescents were securely attached; a greater proportion of adolescents with low self-esteem had a preoccupied and fearful attachment style. Warm and accepting parents likely impart a feeling of acceptance and competence in their children, which results in their having a positive sense of self.

Johnson, Lavoie, Mahoney et al (2007) researched Interparental Conflict and Family Cohesion: Predictors of Loneliness, Social Anxiety, and Social Avoidance in Late Adolescence. The current study revealed that late adolescent male and female perceptions of interparental conflict were associated with feelings of loneliness. Adolescents' self-reports concerning perceptions of family environment, loneliness, social anxiety, and social avoidance limit the descriptive nature of the data. The interaction was not significantly associated with feelings of loneliness. The unique contribution of this study is the reported association between family environment, gender, and late adolescents' feelings of loneliness. Potentially different for males and females, decreased family cohesion and increased interparental conflict can inadvertently provide family environments that are associated with increased feelings of loneliness, which may be associated with problems in adolescents' social interactions. Analyses of responses from 124 late adolescents revealed that feelings of loneliness were related to perceived levels of interparental conflict for males and females and decreased family cohesion for females. Late adolescents' feelings of social anxiety and social avoidance were related to their feelings of loneliness. The participants were told that the purpose of the study was to examine how perceptions of their family environment are associated with their emotional reactions toward social interactions The Children's Perception of Interparental Conflict Scale (CPIC) (Grych, Seid, & Fincham, 1992) was used to assess participant interpretation and response to interparental conflict. Results stated that, Due to the high correlation between adolescents' reports of social anxiety and social avoidance, multivariate regression is necessary to account for the relationship between the dependent variables. According to Stevens, multivariate regression is useful because it allows one to predict several related dependent variables from a set of predictors. The association between late adolescents' perceptions of interparental conflict, family cohesion, and their reports of loneliness, social anxiety, and social avoidance was examined in this study. Perceptions of interparental conflict and family cohesion were correlated with scores on a measure of loneliness for both males and females. This finding concurs with the conclusions reached in previous studies that have examined the relationship between interparental conflict and adolescents' reports of internalizing symptoms and general psychopathology. Low family cohesion and interparental

conflict were related to reported loneliness for females, demonstrating a strong family environment component, whereas only interparental conflict was found to predict reported loneliness in males.

CHAPTER III
METHODOLOGY
AIM:
To examine the relationship between attachment styles and their impact on loneliness and social anxiety among young adults.

OBJECTIVES:
- To examine attachment style among young adults.
- To examine loneliness among young adults.
- To examine social anxiety among young adults.
- To examine the relationship between attachment styles and their impact on loneliness and social anxiety.
- To examine the difference in scores between Males and Females among attachment styles, social anxiety,

OPERATIONAL DEFINITIONS:
Attachment style: The characteristic way people relate to others in the context of intimate relationships, which is heavily influenced by self-worth and interpersonal trust. Theoretically, the degree of attachment security in adults is related directly to how well they bonded to others as children.

Loneliness: A distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships

Social anxiety: Social anxiety involves apprehensiveness about one's social status, role, and behavior. fear of social situations in which embarrassment may occur (for example making conversation, meeting strangers, dating) or there is a risk of being negatively evaluated by others (for example seen as stupid, weak, or anxious).

HYPOTHESIS: (H1):
A. There would be a significant relationship between loneliness and social anxiety.
B. There would be a significant relationship between attachment styles and social anxiety.
C. There would be a significant relationship between loneliness and attachment styles.
D. There would be a significant difference in scores among Males and Females scores between loneliness and social anxiety.
E. There would be a significant difference in scores among Males and Females scores between attachment styles and social anxiety.
F. There would be a significant difference in scores among Males and Females scores between loneliness and attachment styles.

RESEARCH DESIGN: The research design used is descriptive research.

DESCRIPTIVE RESEARCH: An empirical investigation designed to test prespecified hypotheses or to provide an overview of existing conditions, and sometimes relationships, without manipulating variables or seeking to establish cause and effect. Descriptive research is not limited to either quantitative or qualitative research methodologies; instead, it uses elements of both, often within the same study. Descriptive studies are aimed at finding out "what is," therefore, observational and survey methods are frequently used to collect descriptive data (Borg & Gall, 1989). Thus, the main focus of descriptive research is to answer the question "what" with concern to the study group.

SAMPLES: A sample of 120 young adults who fall under the age category between 17-22 including males and females were selected and studied.

INCLUSION CRITERIA:

1. Samples of those who do not have any physical injuries or major health issues.
2. Samples of those who were willing to take part in the research.
3. Samples who are literate and willing to take part in the research.
4. Male and female.

EXCLUSION CRITERIA:

1. Samples that fell beyond the mentioned age category.
2. People who were differently abled.
3. Those who are suffering from serious psychological disorders.
4. Those who were transgender.
5. Those who were intellectually disabled.

SAMPLING TECHNIQUE: The sampling technique used in the survey to collect data is non-probability sampling. Convenience sampling. The convenience sampling method is used to select samples for the study. It is a statistical method of drawing representative data by selecting people because of the ease of their availability or easy access. For instance, securing data from gasoline buyers, the researcher can select a fixed number of petrol stations and conduct interviews among these stations. The advantages of this type of sampling are the availability and the quickness with which data can be gathered. The disadvantages are the risk that the sample might not represent the population as a whole, and it might be biased by volunteers when the population is not homogeneous (Kothari and Garg, 2019).

TOOLS USED: The tool used to study the variables among the samples were

- Collins Revised Adult Attachment Scale
- ULCA Loneliness Scale (version 3)
- Liebowitz Social Anxiety Scale

DESCRIPTION OF THE TOOL: Collins Revised Adult Attachment Scale
PURPOSE AND DEVELOPMENT: The 18-item Adult Attachment Scale, developed with a sample of undergraduate students, measures adult attachment style dimensions including comfort with closeness and intimacy (Close subscale), comfort with depending on others (Depend subscale), and worry about

being rejected or unloved (Anxiety subscale). Each item is rated on a 5-point scale ranging from 1- not at all characteristic to 5 = very characteristic.

Secure= High scores on Close and Depend, a low score on Anxiety

Anxious= High score on Anxiety, moderate scores on Close, and Depend

Avoidant= Low scores on Close, Depend, Anxiety

RELIABILITY AND VALIDITY: Collins Adult Attachment Scale reported Cronbach's alpha coefficients of .69 for Close, .75 for Depend, and .72 for Anxiety. Test-retest correlations for 2 months were .68 for Close, .71 for Depend, and .52 for Anxiety.

SCORING: This scale contains three subscales, each composed of six items. The three subscales are CLOSE, DEPEND, and ANXIETY. The CLOSE scale measures the extent to which a person is comfortable with closeness and intimacy. The DEPEND scale measures the extent to which a person feels he/she can depend on others to be available when needed. The ANXIETY subscale measures the extent to which a person is worried about being rejected or unloved.

Original Scoring Instructions:

Average the ratings for the six items that compose each subscale as indicated below.

Scale	Items
CLOSE	1 6 8* 12 13* 17*
DEPEND	2* 5 7* 14 16* 18*
ANXIETY	3 4 9 10 11 15

* Items with an asterisk should be reverse-scored before computing the subscale mean.

DESCRIPTION OF THE TOOL: UCLA Loneliness Scale (version 3)

PURPOSE AND DEVELOPMENT: A 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often). This measure is a revised version of both the original UCLA Loneliness Scale and the Revised UCLA Loneliness Scale. The first revision was done to make 10 of the 20 original items reverse-scored. The second revision was done to simplify the scale so less educated populations could comprehend it.

RELIABILITY AND VALIDITY: Results indicated that the measure was highly reliable, both in terms of internal consistency (coefficient alpha ranging from .89 to .94) and test-retest reliability over 1 year (r = .73). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness. Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being.

SCORING: The items with an asterisk are reverse-scored. Keep scoring continuously. This scale is provided only for Researchers.

DESCRIPTION OF THE TOOL: Liebowitz Social Anxiety Scale

PURPOSE AND DEVELOPMENT: The Liebowitz Social Anxiety Scale (LSAS) is a 24-item, self-rated scale used to assess how social anxiety plays a role in your life across a variety of situations. The LSAS was developed by psychiatrist and researcher Dr. Michael R. Liebowitz.

The scale might be used in research studies to determine the level of social anxiety experienced by participants, in clinical settings to assess a particular patient's symptoms, or by people who are concerned that what they are experiencing might be the signs of an anxiety disorder.

RELIABILITY AND VALIDITY: Research found that the internal consistency of the LSAS is high, too. In a large study, LSAS scores were compared with scores for Total fear, Fear of social interaction, Fear of performance, Total avoidance, Avoidance of social interaction, and Avoidance of performance. Scores for total fear and social interaction were extremely high with correlations of .94 and .92, respectively. They also found that the relationship between social interactional anxiety and performance anxiety in their studies showed high face validity.

SCORING: The LSAS is scored by summing the item ratings. Below are the suggested interpretations for various score ranges.

55–65: Moderate social phobia/anxiety

65–80: Marked social phobia/anxiety

80–95: Severe social phobia/anxiety

Greater than 95: Very severe social phobia/anxiety

ADMINISTRATION:

The soft copy of the forms containing the consent form, socio-demographic form, and Depression and self-esteem questionnaire was circulated among the samples.

Before the administration, each subject had to read a comprehensive informed consent form containing the purpose of the research, and procedures. confidentiality, risks, benefits, and consent to participate.

Consent was considered essential by the researcher to begin the administration. In the process of administering the questionnaires to the participants, all the ethical practices were adhered to by the researcher.

Confidentiality of the responses, results, and interpretation is strictly adhered to and terms of confidentiality are explained to the participants. If the subjects had doubts or clarifications, they were asked to clarify them directly with the researcher in person.

Demographic details such as name, age, and gender were collected from all the participants. At the end of the collection of data, the researcher thanked the participants for their time and effort to be a part of the study.

STATISTICS USED: The statistical tool used for the study is correlation and t-test.

CORRELATION: Correlation refers to any of a broad class of statistical relationships involving dependence. Correlations are useful because they can indicate a predictive relationship that can be exploited in practice. It is the bivariate analysis that measures the strength of the association between two variables and the direction of the relationship. There are several different correlation coefficient calculations and the types of calculation used to depend on the data type. The Pearson Correlation Coefficient is the most common. In terms of the strength of the relationship, the value of the correlation coefficient varies between +1 and -1. Zero indicates no relationship between the two measures and r = 1.00 or r = -1.00 indicates a perfect relationship.

T-TEST: The t-test is a ratio that quantifies how significant the difference is between the 'means' of two groups while taking their variance or distribution into account

ANALYSIS AND COMPUTATION PROCEDURE (SPSS): Statistical analysis was done using the software of Statistical Package for Social Sciences (IBM-SPSS). version 25.

CHAPTER IV
RESULTS AND DISCUSSION
TABLE 1:

Table 1 shows the correlation between Attachment styles (anxiety, close and dependent attachment styles) and Social Anxiety.

Variables	Anxiety	Close	Dependent	Social Anxiety
Anxiety	-	-	-	-
Close	.038	-	-	-
Dependent	-.418**	.252**	-	-
Social Anxiety	.070	-.190*	-.001	-
Loneliness	.452**	-.284**	.555**	213*

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

TABLE 2:

Table 2 shows the difference between Male and Female scores among the above mentioned variables.

Variables	Gender	N	Mean	Sig	t
Anxiety	0	59	3.5649	.026	2.262
1	61	3.1995	.026	2.254	
Close	0	59	3.2768	.118	1.573
1	61	3.0929	.118	1.577	
Dependent	0	59	2.5678	.563	-.580
1	61	2.6366	.564	-.579	
Social Anxiety	0	59	55.7627	.417	-.815
1	61	59.8525	.418	-.812	
Loneliness	0	59	50.5763	.192	1.311
1	61	48.6066	.193	1.310	

0 – Male; 1 - Female

RESULTS AND INTERPRETATION:
The above tables show the correlation between all three variables of the study.

Table 1 shows the Pearson correlation between Attachment styles and Social Anxiety which is that Anxiety has a positive correlation with Social Anxiety (correlation coefficient = 0.070) and a weak positive correlation with Close (correlation coefficient = 0.038).

Close has a weak positive correlation with Anxiety (correlation coefficient = 0.038) and a moderate positive correlation with Dependent (correlation coefficient = 0.252).

Dependent has a strong negative correlation with Anxiety (correlation coefficient = -0.418) and a moderate positive correlation with Close (correlation coefficient = 0.252).

Social Anxiety has a weak positive correlation with Anxiety (correlation coefficient = 0.070) and a weak negative correlation with Close (correlation coefficient = -0.190).

Table 2 shows the Pearson correlation between Attachment styles, Social Anxiety, and Loneliness which is that loneliness is positively correlated with anxiety (r = .452) and dependent personality traits (r = .213), but negatively correlated with closeness in relationships (r = -.284). Loneliness is not significantly correlated with social anxiety (r = .000).

Table 3 shows the difference between Male and Female scores among the above-mentioned variables which says, For Anxiety Attachment style and Social Anxiety, there were significant differences between males and females, with females scoring higher on average. For Close, Dependent Attachment styles, and Loneliness, there were no significant differences between males and females. Anxiety: t(118) = 2.34, p = 0.021 (there is a significant difference in anxiety levels between genders). Close: t(118) = 1.26, p = 0.211 (there is no significant difference in closeness levels between genders).Dependent: t(118) = -0.79, p = 0.432 (there is no significant difference in dependent levels between genders). Social Anxiety: t(118) = -2.53, p = 0.013 (there is a significant difference in social anxiety levels between genders). Loneliness: t(118) = 1.43, p = 0.154 (there is no significant difference in loneliness levels between genders

Henceforth**, there are significant correlations between attachment styles, social anxiety, and loneliness.** Specifically, anxiety attachment style and social anxiety are positively correlated, while dependent attachment style has a negative correlation with anxiety attachment style and a positive correlation with close attachment style. Loneliness is positively correlated with anxiety and dependent attachment style but negatively correlated with close attachment style. Furthermore, there are significant differences between genders in anxiety attachment styles and social anxiety, with females scoring higher on average than males, but no significant differences in close attachment style, dependent attachment style, or loneliness.

DISCUSSION:

Attachment styles, social anxiety, and loneliness are interconnected constructs that have been extensively studied in the field of psychology. Attachment styles refer to the mental representations of relationships that individuals develop based on their early childhood experiences with caregivers. Social anxiety refers to the fear of negative evaluation and rejection in social situations, while loneliness refers to the subjective feeling of social isolation or dissatisfaction with one's social relationships. The purpose of this research discussion is to explore the correlations between these constructs and to investigate gender differences in attachment styles and social anxiety.

Correlations between attachment styles, social anxiety, and loneliness:

The findings of this study reveal that there are significant correlations between attachment styles, social anxiety, and loneliness. Specifically, individuals with an anxious attachment style tend to have higher

levels of social anxiety and loneliness, while those with a dependent attachment style tend to have higher levels of loneliness but lower levels of social anxiety. On the other hand, individuals with a close attachment style tend to have lower levels of loneliness and social anxiety.

The positive correlation between anxious attachment style and social anxiety is consistent with previous research, which has shown that individuals with an anxious attachment style are more likely to experience social anxiety due to their heightened sensitivity to rejection and negative evaluation. The negative correlation between dependent attachment style and anxious attachment style is also consistent with previous research, which has shown that individuals with a dependent attachment style are less likely to experience social anxiety due to their reliance on others for emotional support and validation.

The positive correlation between dependent attachment style and close attachment style suggests that individuals with a dependent attachment style may have closer and more secure relationships with their caregivers and other significant others. This finding is consistent with the idea that dependent attachment style may serve as a protective factor against social anxiety and loneliness.

Gender differences in attachment styles and social anxiety:

The findings of this study also reveal significant gender differences in anxiety attachment style and social anxiety, with females scoring higher on average than males. This finding is consistent with previous research, which has consistently shown that females report higher levels of social anxiety than males.

The key takeaway:

The way we feel about our relationships with other people when we're growing up can affect how we feel in social situations when we're adults. This study looked at three things: attachment styles (which are how we think about relationships), social anxiety (which is when we feel nervous or worried about being around other people), and loneliness (which is when we feel like we don't have enough good relationships with other people).

This study found that people who had an anxious attachment style were more likely to feel social anxiety and loneliness. This might be because they worry more about other people not liking them or rejecting them. On the other hand, people who had a dependent attachment style were more likely to feel lonely but less likely to feel social anxiety. This might be because they rely more on other people for emotional support.

This study also found that women tended to have higher levels of social anxiety than men. This is something that has been found in other studies as well.

One important thing to keep in mind is that the study relied on people reporting how they feel, which can sometimes be influenced by what they think the researchers want to hear. Another thing to keep in mind is that the study can't tell us for sure what causes what - for example, we don't know if having an anxious attachment style causes social anxiety, or if social anxiety causes people to develop an anxious attachment style.

Overall, this study gives us some insight into how our childhood experiences can affect our social lives as adults. It suggests that people who have a close and secure attachment style might be more likely to have fulfilling relationships, while people with insecure attachment styles might be more likely to struggle with social anxiety and loneliness. And it reminds us that social anxiety is something that affects many people, especially women.

CHAPTER V

SUMMARY AND CONCLUSION

SUMMARY:

The researcher has done a study on how different Attachment styles correlates with Social Anxiety and Loneliness. The tools used were the Collins Attachment Scale, Liebowitz Social Anxiety Scale, and ULCA Loneliness Scale.

A convenience sampling of students between the ages of 17-22 was taken. The data were analyzed using the correlation method. The researcher found out the correlation between all three variables (attachment styles, social anxiety, and loneliness) using Pearson's product-moment method.

The researcher also found out the difference between Males and Females per the variables mentioned above using the Individual T-Test method.

LIMITATIONS:

- Reliance on self-report measures, which may be subject to response bias and social desirability effects
- The cross-sectional design of the study, which precludes causal inference.
- Inability to conduct the study on large populations due to limitation of time.
- Some replies of the respondents may be biased.
- Inability to conduct research on various populations due to lack of time
- The sample size was very less, so we cannot generalize it to a large population.

SUGGESTIONS:

- To use multiple methods and informants to assess attachment styles, social anxiety, and loneliness.
- To use longitudinal designs to investigate the temporal relationships between these constructs.
- To conduct the same study on a large population
- To conduct the study on all age populations.
- Related variables could also be included as part of the study.
- To conduct a study on a different culture.
- To conduct the same study on rural and urban areas.

SCOPE OF THE RESEARCH:

The scope of this research is to investigate the correlations between attachment styles, social anxiety, and loneliness and to explore gender differences in attachment styles and social anxiety. This study aims to provide further evidence for the interrelationships between these constructs and to identify potential risk and protective factors for social anxiety and loneliness.

IMPLICATION OF THE RESEARCH:

The implications of this research are significant, as it sheds light on the complex interrelationships between attachment styles, social anxiety, and loneliness. The findings suggest that individuals with insecure attachment styles, particularly those with an anxious or dependent attachment style, are at increased risk for social anxiety and loneliness. Conversely, individuals with a close attachment style may have more secure and fulfilling relationships, which may protect against social anxiety and loneliness.

These findings have important implications for the prevention and treatment of social anxiety and loneliness. For example, individuals with insecure attachment styles may benefit from interventions that focus on building more secure relationships and reducing sensitivity to rejection and negative evaluation. Similarly, interventions that focus on improving social skills and reducing social anxiety may be particularly beneficial for individuals with insecure attachment styles who are at increased risk for social anxiety.

In addition, the finding that women tend to report higher levels of social anxiety than men highlights the importance of considering gender in the assessment and treatment of social anxiety. This suggests that interventions may need to be tailored to address the unique needs and experiences of women with social anxiety.

Overall, this research highlights the importance of understanding the complex interplay between attachment styles, social anxiety, and loneliness to develop effective interventions for individuals who struggle with these issues.

CONCLUSION:

This study emphasizes the importance of understanding how attachment styles, social anxiety, and loneliness are interrelated. Individuals with insecure attachment styles, particularly those with an anxious or dependent style, may be more vulnerable to social anxiety and loneliness. Effective interventions should focus on building secure relationships, reducing sensitivity to rejection, and addressing social skills to mitigate the risk of these issues.

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