

# ADULT ATTACHMENT STYLES AND EMOTION DYSREGULATION

## Yetişkin Bağlanma Tarzları ve Duygu Düzenleme Güçlüğü

Assist.Prof. Dr. Haydeh FARAJİ

İstanbul Aydın University, Department of Psychology İstanbul/TURKEY.

ORCID ID: <https://orcid.org/0000-0001-5306-6546>

Psk. Elif BAŞÇELİK

İstanbul Aydın University, Department of Psychology, İstanbul/TURKEY.

ORCID ID: <https://orcid.org/0000-0001-9144-7251>

### ABSTRACT

Both adult attachment styles and emotion regulation are processes that develop and are shaped by the individual's early attachments significantly. Accordingly adult attachment styles and emotion regulation were seen as closely related processes, and the relationship between adult attachment styles and emotion dysregulation was examined in this study. In order to examine the relationship between these two concepts, Relationship Scales Questionnaire (RSQ), Difficulties in Emotion Regulation Scale (DERS) and personal information form were applied to a sample of 300 people living in İstanbul, consisting of 231 women and 69 men. It is seen that fearful attachment, preoccupied attachment and secure attachment, which are subscales of RSQ, significantly predict DERS. These variables explain 24% of the total variance in emotion dysregulation. Strategies and non-acceptance subscales of DERS significantly predict secure attachment. Strategies and clarity subscales of DERS significantly predict fearful attachment. Impulse and non-acceptance subscales of DERS significantly predict preoccupied attachment. As a result of pearson correlation analysis for DERS subscales and RSQ subscales; it was seen that DERS and secure attachment, fearful attachment and preoccupied attachment all have been correlated.

**Keywords:** Adult attachment styles, Emotion dysregulation, Secure Attachment, Dismissive Attachment, Preoccupied Attachment.

### ÖZET

Hem yetişkin bağlanma tarzları hem de duygu düzenleme, bireyin erken dönem bağlanmalarından önemli ölçüde etkilenecek gelişen ve biçimlenen süreçlerdir. Bu doğrultuda yetişkin bağlanma tarzları ve duygu düzenleme birbirleriyle yakın ilişkili süreçler olarak görülmüş ve bu çalışmada yetişkin bağlanma tarzları ile duygu düzenleme güçlüğü arasındaki ilişki incelenmiştir. Bu iki kavram arasındaki ilişkiyi incelemek için İstanbul'da yaşayan 231 kadın ve 69 erkekten oluşan 300 kişilik örnekleme İlişki Ölçekleri Anketi (İÖA), Duygu Düzenleme Güçlüğü Ölçeği (DDGÖ) ve kişisel bilgi form uygulanmıştır. İÖA alt boyutlarından olan korkulu bağlanma, saplantılı bağlanma ve güvenli bağlanmanın DDGÖ'yü anlamlı düzeyde yordadığı görülmektedir. Bu değişkenler DDG'deki toplam varyansın %24'ünü açıklamaktadır. DDGÖ'nün stratejiler ve kabul etmeme alt boyutlarının güvenli bağlanmayı anlamlı düzeyde yordadığı görülmektedir. DDGÖ'nün stratejiler ve açıklık alt boyutlarının korkulu bağlanmayı anlamlı düzeyde yordadığı görülmektedir. DDGÖ'nün dürtü ve kabul etmeme alt boyutlarının saplantılı bağlanmayı anlamlı düzeyde yordadığı görülmektedir. DDGÖ alt boyutları ve İÖA alt boyutları için yapılan pearson korelasyon analizleri sonucunda; DDGÖ ile güvenli bağlanma, korkulu bağlanma ve saplantılı bağlanma ilişkili bulunmuştur. DDGÖ ile kayıtsız bağlanma arasında ilişki bulunmamıştır. Bunun kayıtsız bağlanma tarzına sahip bireylerin duygularını bastırma eğiliminde olmalarından kaynaklandığı düşünülmektedir.

**Anahtar Kelimeler:** Yetişkin bağlanma tarzları, Duygu düzenleme güçlüğü, Güvenli Bağlanma, Kayıtsız Bağlanma, Saplantılı Bağlanma

## 1. INTRODUCTION

Attachment, which is an unending process throughout life, also continues in adulthood (Bowlby, 1988). It is estimated that the attachment that occurs in adulthood is closely related to the regulation of negative emotions (Karabacak & Demir, 2016). In adulthood, the feeling that the primary attachment figure is accessible when needed becomes internal and external resources used to deal with negative emotions. (Çalışır, 2009).

According to the "Attachment Model" developed by Bartholomew and Horowitz, four different attachment styles are observed in adulthood; secure attachment, fearful attachment, preoccupied attachment, and dismissive attachment. In each of these attachment styles, the individual has specific and differentiated perceptions of both himself and others. These perception styles consist of "models of the self" and "models of others". Depending on the attachment style of the individual, these models can have a positive or negative quality.

Individuals for whom both the model of self and the model of others are not negatively qualified are individuals who experience secure attachment. For individuals who have a preoccupied attachment style, the model of self is negative, and the model of others is positive. For individuals that have a fearful attachment style, the model of the self and the model of the others are both negative. Lastly, in individuals with dismissive attachment style, the model of self is positive but the model of others is negative. (Bartholomew & Horowitz, 1991).

Another concept closely related to attachment is emotion regulation (Gross, 1999). Emotion regulation styles of individuals differ according to their attachment styles (Kobak & Sceery, 1988). Emotion regulation, a concept that strongly influenced by adult attachment styles, is a process which is formed and expressed by the influence of the primary attachment figure (Onat & Otrar, 2010).

Emotion regulation skill is defined with 6 subscales in the literature. These are; awareness, perception and acceptance of emotional responses, goal-oriented action, avoidance of impulsive behavior, and ability to use effective emotion regulation strategies specifically to different situations. As a result of distortions that occur in one or more of these subscales, difficulty in regulating emotions occurs. This is called "emotion dysregulation" (Gratz & Roemer, 2004).

Emotion dysregulation damages the functionality level of individuals, negatively affects the bonds they develop with others and thus prevents them from living a quality life. (Gross & Munoz, 1995). The ability to successfully regulate emotions in childhood is shaped by the support of primary attachment figures and their responses to needs (Calkins & Hill, 2007).

The aim of this study is to examine the relationship between adult attachment styles and emotion dysregulation. In studies conducted in our country on this topic, it has been observed that the relationship between adult attachment styles and emotion dysregulation has always been addressed indirectly and in a limited way (Saribal, 2017; Elibol & Tok, 2019; Karataş, 2019; Bilge & Sezgin, 2021). It is thought that the findings from this study will have a positive contribution to the literature of our country and will benefit adult psychotherapists working in the clinical field.

## 2. METHOD

In this study, it was aimed to examine the relationship between adult attachment styles and emotion dysregulation.

### 2.1. Sample

The sample of the study consists of 300 adults aged between 18-45, living in Istanbul in 2020, participating voluntarily in the study. The mean age of the sample is 27.98 (ss = 8.54) and the gender distribution is 23% male (n = 69) and 77% female (n = 231).

### 2.2. Measures

The personal information form that is prepared by us includes sociodemographic informations about participants. Such as age of participants, educational and economic level, marital status, etc.

### 2.2.1. Sociodemographic Data Form

Demographic characteristics of individuals such as educational status, marital status, financial status, etc. questions were filled in our questionnaire

### 2.2.2. Relationship Scales Questionnaire (RSQ)

Relationship scales questionnaire, which was developed by Griffin and Bartholomew (1994), aims to measure four subscales of attachment. These are secure attachment style, preoccupied attachment style, fearful attachment style and dismissive attachment style. RSQ has 30 items. It consists of paragraphs from attachment research of Hazan & Shaver (1987) and the questions used in Relationship Questionnaire developed by Bartholomew & Horowitz (1991), and Adult Attachment Scale developed by Collins & Read (1990). Evaluation is carried out using likert-type rating scale and it ranges from 1 to 7. Scores belonging to each attachment style are obtained from the sum of the items aiming to measure these styles and dividing the total to the number of items belonging to each subscale. The internal consistency coefficient of the subscales varies between .27 and .61. Adaptations to Turkish were made by Nebi Sümer & Derya Güngör (1999).

### 2.2.3. Difficulties in Emotion Regulation Scales (DERS)

The 32-item scale was developed by Gratz and Roemer (2004) to determine emotion dysregulation. Evaluation is carried out using likert-type rating scale and it ranges from 1 to 5. It was adapted to Turkish by Rugancı (2008) and its validity and reliability studies were conducted. The scale consists of 6 subscales. These are; "awareness" which means lack of awareness of emotional reactions, "strategies" which means lack of access to emotion regulation strategies when needed, "non acceptance" which means not accepting emotional responses, "impulse" which means difficulty in controlling impulses, "goals" which means lack of engage in goal-oriented behaviors while experiencing negative feelings and "clarity" which means not having emotional clarity during negative feelings. While the internal consistency coefficient is .94, the internal consistency coefficient of its subscales varies between .90 - .75. The test and re-test reliability of the Turkish form of the scale is .83.

### 2.3. Procedure

Before starting data analysis, normality test was applied to the data and kurtosis-skewness values were checked. Since Kurtosis-Skewness values are between -2 and +2, it was decided to be a normal distribution. The reliability level was determined as 95%. T-Test was used to analyze the difference between two independent variables. ANOVA analysis was applied to analyze the difference between multiple groups. Pearson correlation analysis was applied for the relationship between two or more variables. Using regression, the effect of independent variables on the dependent variable was observed.

## 3. RESULTS

There are 69 (23%) men and 231 (77%) women in the sample. In the sample, 1 (0.3%) person is primary school graduate, 32 (10.7%) people are high school graduates, 220 (73.3%) people have bachelor's degree, 47 (15.7%) people have master's degree. 18 (6%) people have low income, 258 (86%) people have medium income, and 24 (8%) people high income. 57 (19%) people have a previous psychiatric diagnosis. 279 (93%) people were raised by their parents, 5 (1.7%) by their caregivers, 11 (3.7%) by their first-degree relatives, and 5 (1.7%) by the other. 201 (67%) people reported that their mother's pregnancy to them was planned. 126 (42%) people reported having dreams about the loss of the primary attachment figure. 116 (38.7%) people stated that they are, currently, not in a romantic relationship, 72 (24%) of them are not in a relationship, 107 (35.7%) of them are married, and 5 (1.7%) of them are divorced. 66 (22%) people reported having dreams about losing their partner or spouse.

The average age of the sample is 27.98(ss=8.54), the average number of siblings is 2.67(ss=1.19), and the average birth order is 1.82(ss=1.05).

The mean of secure attachment subscale of the sample is 4.43 (ss = 0.94), the mean of fearful attachment subscale is 3.63 (ss = 1.44), the mean of preoccupied attachment subscale is 3.96 (ss = 1.03), and the mean of dismissive attachment subscale is 4.57 (ss = 0.84).

The mean of DERS of the sample is 81.97 (ss = 21.74). The mean of DERS subscales are as follows: awareness 14.65 (ss = 4.15), clarity 10.83 (ss = 3.81), non acceptance 11.23 (ss = 4), 80), strategies 17.76 (ss = 6.65), impulse 12.66 (ss = 5.16) and goals 14.84 (ss = 4.64).

As a result of Pearson correlation analysis conducted to measure the relationship between age, DERS and its subscales, and RSQ subscales; a weak negative correlation was observed between DERS and age ( $r = -.288, p < .05$ ). According to age status, there is a significant negative difference between the scores obtained from DERS subscales. This subscales are clarity ( $r = -.376, p < .05$ ), strategies ( $r = -.244, p < .05$ ), impulse ( $r = -.227, p < .05$ ), goals ( $r = -.270, p < .05$ ).

It is seen that there is a significant negative difference between the scores obtained from the fearful attachment ( $r = -.162, p < .05$ ) and preoccupied attachment ( $r = -.189, p < .05$ ) subscales according to age. Also, it is seen that there is a positive significant difference between the scores obtained from the secure attachment ( $r = .202, p < .05$ ) according to age.

After Pearson correlation analysis we conducted to measure the relationship between DERS subscales and RSQ subscales, we have found these results: between DERS and secure attachment ( $r = -.325, p < .05$ ), moderately negative; between DERS and fearful attachment ( $r = -.381, p < .05$ ) and preoccupied attachment ( $r = -.302, p < .05$ ) moderately positive correlation were found. A weak negative correlation was found between awareness and secure attachment ( $r = -.131, p < .05$ ) and also between awareness and dismissive attachment ( $r = -.116, p < .05$ ). Between clarity and secure attachment ( $r = -.260, p < .05$ ), there is a weak negative correlation. There is a moderate positive correlation between clarity and fearful attachment ( $r = -.321, p < .05$ ). Between clarity and preoccupied attachment ( $r = -.266, p < .05$ ), there is a weak positive correlation. Non acceptance subscale and secure attachment ( $r = -.277, p < .05$ ) are weakly and negatively correlated. Between non acceptance and fearful attachment ( $r = -.310, p < .05$ ) moderately positive, between non acceptance and preoccupied attachment ( $r = .273, p < .05$ ) weak positive correlation were found. Strategies subscale and secure attachment ( $r = -.332, p < .05$ ) are moderately and negatively correlated. Between strategies and fearful attachment ( $r = -.407, p < .05$ ) and preoccupied attachment ( $r = .318, p < .05$ ) moderately positive correlation were found. We have found that there is a weak negative correlation between impulse and secure attachment ( $r = -.235, p < .05$ ), a moderate positive correlation between impulse and fearful attachment ( $r = -.305, p < .05$ ) and also preoccupied attachment ( $r = .319, p < .05$ ). And lastly, between goals and secure attachment ( $r = -.240, p < .05$ ) a weak negative correlation was found. There is a moderately positive correlation between goals and fearful attachment ( $r = -.323, p < .05$ ) and there is a weakly positive correlation between goals and preoccupied attachment ( $r = .255, p < .05$ ).

As a result of the independent group t-test applied to determine the significant difference in the scores of the sample group from DERS according to the "psychiatric diagnosis" variable, a significant difference was found in the group with a "psychiatric diagnosis" ( $p < 0.05$ ). According to the "psychiatric diagnosis" variable, it is seen that there is a statistically significant difference between the scores of clarity ( $p < 0.05$ ), strategies ( $p < 0.05$ ), impulse ( $p < 0.05$ ), and goals ( $p < 0.05$ ) subscales.

As a result of the independent group t-test applied to determine the significant difference between the scores of the sample group from the DERS, according to the variable of "dreaming about the loss of a partner or spouse", a significant difference was found in the group who have dreams about the loss of a partner and spouse ( $p < 0.05$ ). A statistically significant difference was found between the scores of the strategies ( $p < 0.05$ ) and impulse ( $p < 0.05$ ) subscale according to the variable of "dreaming about the loss of a partner or spouse".

As a result of the independent group t test applied to determine the significant difference in the scores of the sample group from DERS according to the variable of "dreaming about the loss of the primary attachment figure", a significant difference was found in the group who have dreams about the loss of the primary attachment figure ( $p < 0.05$ ). A statistically significant difference was found between the scores they received from the subscales of clarity ( $p < 0.05$ ), strategies ( $p < 0.05$ ), impulse ( $p < 0.05$ ), and goals ( $p < 0.05$ ) according to the variable of "dreaming about the loss of primary attachment figure".

We found a difference in the secure attachment subscale according to the income variable of the sample group [ $F = 3.273, p < .05$ ]. The groups were found to be homogeneously distributed according to the Levene's test result. ( $p > 0.05$ ). According to the results of the Hochberg comparison test, the difference between the

groups was found to be significant, as the group with high income got more points than the group with medium income.

There is a difference in DERS according to the educational status variable of the sample group [ $F=3.272$ ,  $p<.05$ ]. The groups were found to be homogeneously distributed according to the Levene's test result ( $p>0.05$ ). According to the results of the Hochberg comparison test, the difference between the groups was found to be significant, as the group that have bachelor's degree scored higher than the group that have master's degree.

**Table 1.** Results of Multiple Linear Regression Analysis Regarding the Effect of the RSQ on DERS

|                        | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>p</b> | <b>R<sup>2</sup></b> | <b>F</b> | <b>p</b> |
|------------------------|----------|-------------------|-------------|----------|----------|----------------------|----------|----------|
| (Constant)             | 68,009   | 8,647             |             | 7,865    | 0,000    | 0,241                | 32,589   | 0,000    |
| Fearful Attachment     | 3,798    | 0,889             | 0,252       | 4,272    | 0,000    |                      |          |          |
| Preoccupied Attachment | 4,974    | 1,109             | 0,237       | 4,483    | 0,000    |                      |          |          |
| Secure Attachment      | -4,406   | 1,322             | -0,190      | -3,333   | 0,001    |                      |          |          |

**Table 2.** Results of Multiple Linear Regression Analysis Regarding the Effect of DERS on Secure Attachment

|                | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>p</b> | <b>R<sup>2</sup></b> | <b>F</b> | <b>p</b> |
|----------------|----------|-------------------|-------------|----------|----------|----------------------|----------|----------|
| (Constant)     | 5,373    | 0,155             |             | 34,742   | 0,000    | 0,118                | 20,992   | 0,000    |
| Strategies     | -0,036   | 0,009             | -0,258      | -3,992   | 0,000    |                      |          |          |
| Non Acceptance | -0,027   | 0,013             | -0,138      | 2,133    | 0,034    |                      |          |          |

**Table 3.** Results of Multiple Linear Regression Analysis Regarding the Effect of DERS on Fearful Attachment

|            | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>p</b> | <b>R<sup>2</sup></b> | <b>F</b> | <b>p</b> |
|------------|----------|-------------------|-------------|----------|----------|----------------------|----------|----------|
| (Constant) | 1,799    | 0,249             |             | 7,233    | 0,000    | 0,172                | 32,156   | 0,000    |
| Strategies | 0,072    | 0,014             | 0,331       | 5,200    | 0,000    |                      |          |          |
| Clarity    | 0,051    | 0,024             | 0,134       | 2,111    | 0,036    |                      |          |          |

**Table 4.** Findings of Multiple Linear Regression Analysis Related to the Effect of DERS on Preoccupied Attachment

|                | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>p</b> | <b>R<sup>2</sup></b> | <b>F</b> | <b>p</b> |
|----------------|----------|-------------------|-------------|----------|----------|----------------------|----------|----------|
| (Constant)     | 2,949    | 0,168             |             | 17,591   | 0,000    | 0,116                | 20,669   | 0,000    |
| Impulse        | 0,049    | 0,012             | 0,245       | 4,005    | 0,000    |                      |          |          |
| Non Acceptance | 0,035    | 0,013             | 0,161       | 2,639    | 0,009    |                      |          |          |

#### 4. DISCUSSION

Mikulincer et al. (2003) suggested that each adult attachment style (especially when the individual perceives a threat, seeks closeness with the primary attachment figure, or when the primary attachment figure is not available) is associated with a particular pattern of interpersonal behavior and emotion regulation. In another study that supports this, it has been concluded that emotion dysregulation (ED) is one of the important factors effecting the establishment of satisfactory long-term relationships in adulthood. (Bloch et al., 2014).

In our study, it was observed that, when ED level increases, secure attachment in relationships also decreases. Parallel to this, the levels of fearful and preoccupied attachment in relationships increases. The results of Soykan's (2019) and Yüksel's (2014) studies are consistent with our findings. In another study, similar to us, it was found that romantic relationship satisfaction decreases when ED increases in individuals. (Karataş, 2019). According to another study, it was mentioned that individuals with ED have fears of attachment, emotional intimacy and being controlled by the person they are attached to, and therefore avoid establishing close relationships. (Tani et al., 2015).

Individuals' attachment styles are effected by periods such as birth and postpartum. (Monk et al., 2008). Studies show that pregnant women with secure attachment style develop lower psychopathological symptoms after birth, whereas pregnant women with insecure attachment styles become more open to psychopathology, especially depressive disorders and anxiety disorders, after delivery (Croce Nanni &

Troisi, 2017; Marques et al., 2018). When these individuals are under challenging conditions, they have difficulty in accessing emotion regulation skills and are unable to regulate their emotions.

Studies conducted with individuals who are victims of childhood trauma reveal that these individuals have significant difficulties in accessing emotion regulation skills such as being aware of their emotions, describing, explaining them and acting towards goals. (Cloitre et al., 2009; Poole et al., 2017). This is because of the negative effects of childhood traumas that threaten the mental integrity of the individual, either the absence of a secure attachment or the loss of the previous secure attachment.

In our study, no significant relationship was found between ED and dismissive attachment. Soykan's (2019) findings are similar to ours. In another study, contrary to other attachment styles, it was found that dismissive attachment and ED effected each other at the lowest level. (Marganska et al., 2013). It was determined that individuals with dismissive attachment style are more prone to deactivate emotion regulation strategies and actively suppress their awareness of emotions that create attachment desire (Henschel et al., 2019). Although these individuals have more ED symptoms compared to individuals with other attachment styles, when the self-report scales are examined, it is understood that they try to hide ED symptoms (Dozier & Lee, 1995). In the light of this information, it is thought that the reason why there is no relationship between ED and dismissive attachment style is that individuals with dismissive attachment style suppress their emotions and deactivate emotion regulation strategies.

As a result of our study, it was observed that, as the awareness towards emotions decreases level of secure attachment and dismissive attachment also decreases in relationships. There was no evidence that awareness of emotions and preoccupied attachment style effect each other. Also the same situation goes for awareness and fearful attachment, too. Similarly, in another study examining the relationship between relationship satisfaction and ED, it was determined that having awareness of emotions positively effects satisfaction in romantic relationships. (Rick, 2015). This indicates that awareness of emotions may be related to secure attachment. In another study, it was found that increased borderline personality traits in individuals caused a decrease in emotional awareness. In addition, it was determined that individuals with borderline personality traits tend to avoid negative emotions by being afraid of feeling intense emotions (Kuo et al., 2015). The results from another study shows that as the symptoms of borderline personality disorder (BPD) increase, attachment anxiety in romantic relationships also increases (Levy et al., 2015). It was found that this situation causes individuals with BPD to experience relationship difficulties at a higher rate than healthy individuals (Miano et al., 2017; Navarro-Gómez et al., 2017). In line with this information, it can be guessed that BPD reduces the awareness of emotions and this situation is related to the increase of insecure attachment. In another study, which has parallel results with our findings, it is emphasized that a decrease in awareness leads to impulsivity and deterioration in interpersonal relationships (Wupperman et al., 2008). Another study found that alexithymic individuals have difficulty recognizing emotions, especially when they showed signs of depression and anxiety (Motan & Gençöz, 2007). Being aware of emotions, expressing emotions, and emotion regulation in general are associated with secure attachment, and it is possible to say that alexithymia is not included in this scope (Oktay & Batıgün, 2014). It was determined that individuals with alexithymia have more fearful and apathetic attachment styles, and as a result of this, they have difficulty recognizing and talking about emotions (Batıgün & Büyükşahin, 2008). Based on this information, it is thought that individuals with conditions such as alexithymia cannot develop secure bonds in their interpersonal relationships due to insufficient awareness of emotional reactions.

In our study, we found that when the emotional responses of individuals are not understandable (clarity), secure attachment decreases in relationships and at the same time fearful attachment and preoccupied attachment increase. In another study, it was reported that individuals whose emotional reactions were understandable and clear while feeling negative emotions had higher relationship satisfaction (Akdur & Aslan, 2017). Studies have shown that individuals with substance use disorders show more ED symptoms than others. Avoiding behavior through alcohol / substance use is related to the awareness and clarity subscales of ED. Therefore, increased avoidance through alcohol / substance use leads to a decrease in awareness and clarity (Faraji, 2020). As a result of another study in the literature, it was reported that young people with higher levels of insecure attachment use cigarettes, alcohol, marijuana and other drugs more intensively. In addition, dismissive attachment was found to be significantly associated with substance use in the same study (Hayre et al., 2019). Based on this, it is predicted that avoidance behaviors

such as substance / alcohol use will cause individuals to establish insecure bonds as it will prevent open emotional reactions.

As a result of our study, it was found that when there is difficulty in accepting emotional reactions, secure attachment in relationships decreases, and preoccupied and fearful attachment increases. It is observed that individuals with fearful attachment style have more difficulty accepting emotions than individuals with secure attachment style (Henschel et al., 2019). In various studies, results shows that individuals with BPD make an increasing effort to suppress their emotions and therefore not accept them. (Chapman et al., 2005; Colkin et al., 2006; Iverson et al., 2011). In a study on borderline personality traits (BPT) and emotion regulation, it was seen that individuals with BPT suppress their emotions and have difficulties in accepting them, which leads to identity problems and unsatisfying relationships. Since these individuals do not express their authentic feelings towards others, secure attachment processes are hindered (van der Kaap-Deer et al., 2021).

Marganska et al. (2013) concluded that fearful and preoccupied attachment styles are associated with perceived inability to use emotion regulating strategies. Our findings are similar to this study. In another study, it was found that individuals with fearful attachment experience ED when they experience great stress (Berant et al., 2011). A study in the literature stated that ED causes a decrease in satisfaction in romantic relationships (Rick, 2015). In another study that reached similar results, it was concluded that individuals with ED have a decreased satisfaction with their relationships (Karataş, 2019).

In a study on generalized anxiety disorder (GAD), results shows that individuals with GAD perceive negative emotions as threatening and can't use effective strategies to overcome negative emotions because they feel intensely overwhelmed at that time. As a result, it was found that they started to use avoidance strategies instead of effective emotion regulation strategies (Ouellet et al., 2019). In a study, it was determined that there is a strong relationship between attachment anxiety and anxiety symptoms and this relationship is caused by ED (Nielsen et al., 2017). In another study that reached similar findings, it was reported that the relationship between preoccupied attachment and GAD was caused by ED and that preoccupied attachment was equivalent to attachment anxiety (Marganska et al., 2013). Based on this information in the literature, it has been concluded that individuals with GAD experience intensive ED and therefore become obsessively (preoccupied attachment) and fearfully (fearful attachment) attached in relationships.

According to the findings of our study, the inability to control impulses was found to be associated with both a decrease in the possibility of establishing secure attachment with others and an increase in the likelihood of establishing fearful and preoccupied attachment. Akdur and Aslan (2017) concluded in their research that individuals who can control their impulses achieve a high level of satisfaction in their relationships. In another study, it was stated that inability to control impulses reduces satisfaction in romantic relationships (Rick, 2015). In a study on impulse control disorders, it was determined that male participants with gambling addiction showed ED symptoms. (Toneatto et al., 2009). It was found that the group that have gambling problems at the pathological level showed more impulsivity than the control group (Williams et al., 2012). In another study, insecure attachment styles were found to be associated with a more serious and pathological gambling tendency (Keough et al., 2018). Based on all this information, it is thought that behaviors such as gambling at a pathological level is related to ED and especially inability to control impulses, so these individuals can't establish secure relationships in their relationships due to the lack of impulse control. In a study, individuals with alexithymia displayed more aggressive behaviors because they had serious difficulties in regulating their emotions; It was emphasized that they show revenge-oriented, introverted and reckless reactions more frequently in their interpersonal relationships (Oktay & Batıgün, 2014). In another study conducted on this subject, it was found that individuals with insecure attachment styles and alexithymia exhibit more intense impulsive aggression due to their high ED levels (Fossati et al., 2009). This findings are similar to another study's results about alexithymia and attachment styles. It was seen that preoccupied, fearful, and dismissive attachment styles were highly associated with alexithymia (Zakhour et al., 2020). This information suggests that alexithymic individuals form insecure bonds in their relationships by engaging in impulsive behavior. Because they have a hard time regulating their negative emotions.

In our study, we found that inability to engage in goal-oriented behaviors also increases fearful and preoccupied attachment levels, causing a decrease in the level of secure attachment. Soykan (2019)

findings also support the results of our study. ED is one of the foremost characteristics of BPD (Faraji, 2020). As a result of a study conducted with individuals with BPD, it was determined that these individuals could not behave towards the goal because they avoided experiencing the troubles that may arise (Kuo et al. 2015). In another study, it was emphasized that individuals with BPD are also defined as "individuals who are insecurely attached", that these individuals show more ED symptoms and this causes negative relationships (Kaurin et al., 2020). All these findings reveal that individuals with BPD can't act purposefully while feeling negative emotions due to the intense ED they experience and establish insecure attachment in their relationships.

Individuals with substance use disorders are reported to experience more ED compared to others (Chapman et al., 2011). In a study, it was stated that substance users with self harm behavior could not accept emotions, were unable to engage in goal-oriented behaviors and showed more ED than others (Gratz & Tull, 2010). Another study in the literature claims that in addition to insecure attachment (especially fearful attachment), ED can lead to substance use (Liese et al., 2020). Based on this, it can be concluded that insecure attachment and ED are related to substance use disorder and this prevents taking steps towards goals.

According to our findings, after regression analyzes, it was determined that adult attachment styles effect ED. It has been observed that ED is effected by fearful, secure and preoccupied attachment styles. ED was most frequently seen in fearful attachment style. In a study, it was observed that individuals with fearful attachment style showed more ED especially in "awareness" and "non acceptance", "impulse" and "strategies" compared to those who were securely attached (Henschel et al., 2019). Mikulincer and Shaver (2007) stated that individuals with fearful attachment style perceive negative emotions in accordance with their primary attachment figure and therefore can't get out of negative emotions for a long time. Attachment styles effect the way negative emotions are experienced in adulthood as well as in childhood (Carnelley et al., 2007; Gentzler et al., 2010). Therefore, individuals who perceive negative emotions in accordance with the primary attachment figure may show more ED when they reaches adulthood.

When we look at the relationship between ED and secure attachment in our study, it is seen that secure attachment decreases when effective strategies are not reached and emotional reactions are not accepted. In our findings, it has been found that secure attachment is most effected by the inability to access strategies. A study found that safe attachment decreases as the level of non-acceptance of negative emotions increases (Uyar, 2019). In a study conducted with criminals, it was found that criminals who have a more secure attachment style, accept their emotional reactions more and experience less ED (Grady et al., 2018). According to the literature, it is observed that individuals with secure attachment have more problem solving skills, can accept negative emotions more and seek support from others to solve problems (Mikulincer & Shaver, 2007).

Considering the effect of ED on fearful attachment as a result of our study, it was found that the inability to follow useful strategies and the lack of clear and understandable emotional reactions causes fearful attachment. According to our findings, the situation that most effects fearful attachment is the difficulties in following useful strategies. In a study in the literature, it was found that individuals with fearful attachment style have difficulties in performing targeted tasks during stressful situations (Pascuzzo et al., 2013). Similarly, some studies have found that individuals with insecure attachment, especially those with fearful attachment style, can't cope with their emotional problems in a constructive way and have difficulties in understanding emotions (Ciarrochi et al., 2003; Kafetsios, 2004). In another study, it has been suggested that individuals with fearful attachment tend to increase painful emotions and therefore experience more ED (Shaver & Mikulincer, 2007). All these findings are consistent with the results of our study.

When the effect of ED on preoccupied attachment was examined in the results we obtained, it was determined that poor impulse control and difficulties in accepting emotional reactions lead to preoccupied attachment. In our findings, it was found that preoccupied attachment mostly correlated with the weakness of impulse control. In a study conducted with women who have just given birth, despite the social expectations that puerperium creates positive emotions in women, it was found that these women have more insecure attachment styles (Mikulincer & Shaver, 2007). It has been concluded that the tendency of newly given birth women to connect with others (preoccupied attachment) prevents the use of targeted behaviors in the face of negative emotions and increases the use of impulsive behaviors to attract the attention of others (Marques et al., 2018). As a result of some studies, it has been found that insecure



attachment styles in adulthood are associated with anxiety symptoms, including GAD (Marganska, 2013; Cooper et al., 2009). In another study conducted with individuals with GAD, it was reported that these individuals used others to function in daily life and / or to avoid anxiety. It has been alleged that these individuals seek assurance from others because of their beliefs that they can't cope with negativities and are more concerned about attachment-related issues such as abandonment. In addition, it has been suggested that these individuals become dependent to others because they have difficulties in accepting negative emotions and using effective strategies (Nielsen et al., 2017). Individuals with preoccupied attachment style have a negative self-perception of themselves and a positive perception of others (Batholomew & Horowitz, 1991). For this reason, it is thought that individuals with GAD may have a preoccupied attachment style and may have difficulty accepting negative emotions due to the ED they experience.

Giromini et al. (2017) emphasized in their study that ED tends to decrease with increasing age. Similar findings were obtained in our study. Considering the previous studies, the opinion that ED can decrease with increasing age is supported by the findings of many researchers' research (Gross & John, 2002; Carstensen et al., 2003; Blanchard-Fields, 2007; Sullivan et al., 2007; Orgeta, 2009). The reason for this situation is that individuals' emotion regulation skills develop with increasing age (Akhun, 2012; Kalecik, 2016).

As a result of our study, it was observed that age was not related with , being unable to recognize and acknowledge emotions. Karataş (2019) has reached similar results with us. In a study where the sample was examined in two separate groups: between the ages of 18-33 and between the ages of 34-49, it was found that the group consisting of younger individuals showed more ED than the second group. In another study, two groups were formed between the ages of 18-21 and 22-36 and it was found that these groups did not differ in terms of emotion regulation strategies, identifying and processing emotions (Aka, 2011). The different findings from the studies are thought to be due to differences in the age range of the sample groups.

Another finding of our study is that increase in age also increases secure attachment in relationships. Individuals with fearful and preoccupied attachment styles were found to be younger than those with secure attachment styles. However, there was no evidence that dismissive attachment style and age effect each other. In a study that had contrasting results with our findings, no relationship was reached between adult attachment styles and age (Tanış, 2014). This difference may be due to the higher number of participants in Tanış's (2014) study.

Another result obtained from our study is that having a psychiatric diagnosis is associated with ED. A study in the literature shows that when psychological symptoms increase in individuals, there is a significant increase in ED levels too (İnce, 2020). Findings obtained from other studies examining the relationship between ED and having a psychiatric diagnosis are as follows: Soenke et al. (2010), "general anxiety disorder and depression"; Başçivi (2017), "anxiety and depressive symptoms, problematic eating behaviors and food addiction"; Whiteside et al. (2007), "binge eating frequency"; Braden et al. (2018), "eating disorder symptoms"; Akıncı (2015), "arrogant and fragile narcissism"; Eldoğan and Barışkın (2014) "social phobia symptoms"; Karagöz (2010), "substance addiction and self-mutilating behavior"; Carpenter and Trull (2013) and Faraji (2020) found "Borderline Personality Disorder" associated with ED.

In our study, it was determined that dreaming about the loss of primary attachment figure and / or a partner / spouse is related to ED. In a study that investigated the relationship between attachment anxiety and anxiety symptoms, it was found that these two conditions strongly affect each other and this was mainly due to the existing ED (Nielsen et al., 2017). In another study in the literature, it was determined that individuals with preoccupied attachment showed GAD symptoms due to ED (Marganska et al., 2013). In both studies, it is thought that individuals who have intense anxiety about attachment and show symptoms of anxiety experience ED and therefore can't establish secure attachments in their relationships. It is predicted that this situation will increase the fears of losing the partner / spouse and primary attachment figure, and it will also increase dreams about loss. Individuals with insecure attachment styles tend to engage in impulsive behaviors, and to continue the problem by sticking to people with whom they have close bonds in the face of negative emotions (Mikulincer & Shaver, 2012). According to Bowlby's attachment theory, when primary attachment figures respond negatively to the expectations of individuals, insecurity and anxiety occur in the individual and this causes intense emotional confusion in their future relationships (Hazan & Shaver, 1994). In the light of this information, it is thought that having dreams

about the loss of a partner / spouse and / or primary attachment figure is caused by having ED and the interruption of individuals' secure attachment experiences.

According to our study, it was found that the education level of the participants effected their ED levels. On the other hand, as a result of the research conducted by Karataş (2019), no findings were found regarding the effect of the educational status of the participants on ED levels. It can be said that this difference between the results is due to the fact that the level of education of our sample consists mainly of individuals with bachelor's and master's degrees.

According to our findings, high income was found to be associated with secure attachment. A study in the field showed that women with high socio-economic levels have better attachment quality (Camarneiro et al., 2017). Based on this information, it can be inferred that women with high socio-economic levels experience secure attachment more than others. Another study found that mothers who have low income were less securely attached than mothers who have high income (Keser, 2006). In a study conducted on income level, it was found that individuals with low income level show more preoccupied attachment style in their relationships than individuals with medium and high income levels (Karaşar, 2014). These results are explained by the fact that parents who have higher income levels are both more knowledgeable about childcare and have more resources to allocate for the child, as high income levels are often combined with high education and better life conditions.

## 5. RESULTS AND RECOMMENDATIONS

In this study, we examined the relationship between adult attachment styles and emotion dysregulation. As a result, it was found that there is a relationship between these two concepts. Only dismissive attachment style was not associated with emotion dysregulation. The reason for this is thought to be that, individuals with dismissive attachment style suppress emotions. In addition, it is thought that the number of samples used in this study and gender distribution of the sample may create a limitation in terms of the results of this study. For this reason, it may be suggested to increase the sample size in future studies and to balance the gender distribution of the sample.

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