

**Examining How Early Attachment Contributes to Later Romantic Relationship Quality:
The Role of Emotion Regulation and Conflict Management Strategies**

A DISSERTATION

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Abstract

Individuals with insecure styles of attachment often have difficulties with emotion regulation and conflict management and may utilize strategies to manage their emotions or navigate conflict that are maladaptive and negatively impact the relationship. While many studies cite the relationship between attachment, emotion dysregulation, conflict management, and romantic relationship quality, few investigate the association of attachment on romantic relationship quality with the inclusion of each of these variables altogether. This research aimed to bring greater clarity to the association between early and current attachment and romantic relationship quality for individuals in non-married relationships. In study 1, a structural equation model was tested which hypothesized that insecure attachment would be directly associated with poorer relationship quality, and indirectly associated through poorer emotion regulation and conflict management skills. While results largely supported these hypotheses, an unexpected finding emerged. In this model, emotion dysregulation was positively associated with relationship quality. Study 2 aimed to understand the relationships between the variables over time through a diary study design involving 2 reports daily for 7 days. Multi-level models indicated that attachment was predictive of poorer end of day ratings of relationship satisfaction and intimacy. In some models, interactions between attachment and conflict engagement and conflict withdrawal, and between attachment and emotion dysregulation were significant, however, similar unexpected findings from study 1 emerged (e.g., emotion dysregulation and poor conflict management predicting higher rates of relationship quality). The findings of both studies represent a valuable contribution to the vast literature on attachment, provide insight into individual differences impacting the quality of romantic relationships, and have implications for individuals or couples seeking therapy.

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Chapter 1. Introduction

As social creatures, interdependency and a need to belong and connect with others is at the core of human existence – resulting in motivation and effort exerted to form and maintain relationships (Baumeister & Leary, 1995). Relationships with caregivers are generally the first close relationships that children develop (Ainsworth, 1989; Bowlby, 1973). Attachment Theory explains that individuals' early experiences with their primary caregivers in childhood contributes to the development of emotion regulation, and influences their beliefs and expectations about the self, others, and the world, which continues to impact close relationships into adulthood (e.g., Bowlby, 1973; Bretherton, 1987; Hazan & Shaver, 1994). Romantic relationships in particular can provide positive social and psychological benefits to both partners, with relationship satisfaction being a strong predictor of individual subjective well-being (Roberson et al., 2017). Despite some evidence for positive effects of romantic relationships, they do not always have protective and beneficial effects on individual well-being. For example, romantic relationships that are rife with problems contribute to individual distress and relationship dissatisfaction (Cramer, 2000).

Romantic relationships involve a level of intimacy, passion, and commitment that separates them from other forms of social relationships and can have a strong impact on subjective well-being and psychological adjustment (e.g., Braithwait et al., 2010; Demir, 2010; Kansky, 2018; Moss & Shwebel, 1993; Sternberg, 1986). The quality of such romantic relationships strongly influences the outcomes associated with them. For example, Johnson, and colleagues (2012) studied intimacy as a component of relationship quality and found that measures of intimacy were positively associated with self-esteem and negatively associated with loneliness, social avoidance, and social anxiety. Other research examining components of

relationship quality support associations with increased happiness (Demir, 2009), life satisfaction (Roberson, et al., 2018), and decreased depressive and anxiety symptoms (e.g., Leach et al., 2012). Given the role of relationship quality in predicting individual outcomes (Johnson et al., 2012; Roberson et al., 2018, Leach et al., 2012), it is important to understand factors that contribute to relationship quality. One such factor that has received attention is attachment (e.g., Cate et al., 2002; Cooper et al., 2017; Meyers & Landsberger, 2002; Feeney, 2008; Meyers, et al., 2015; Mikulincer & Shaver, 2007; Mondor et al., 2011; Shaver & Mikulincer, 2006). Thus, in order to better understand the factors that contribute to relationship quality, the present dissertation research aims to disentangle the links between individual differences in current romantic attachment style (influenced by early attachment with primary caregivers) and romantic relationship quality, through emotion regulation and conflict management strategies.

Origins of Attachment Theory

John Bowlby's evolutionary and ethological Attachment Theory began as a result of his observations of the impact that the loss of parents during World War II had on young children (Bowlby, 1944, 1956, 1969). His theory suggested that infants are born with an innate predisposition (the attachment-behavioural system) to attach to others in order to survive (Bowlby, 1969, 1988). The behaviours associated with attachment are instinctive and are employed as a means to gain proximity to attachment figures for protection from potential threats and harm and stimulate caregiving behaviours. These innate behaviours (e.g., crying, eye contact, and cuddling) are what Bowlby identified as "social releasers" because they aid in gaining proximity to the primary attachment figure and increase the likelihood of responsiveness and caregiving behaviours (Bowlby, 1969, 1988). Social releasers are specific to the human species and maximize the infant's chances of survival as well as the likelihood of their own

reproduction in adulthood. Bowlby's theory also explained that mothers are born with an innate predisposition to respond appropriately to these social releasers (Bowlby, 1969, 1988).

Supportive and caring reactions from the caregiver to the child's cues promotes a positive mental representation of his/her mother, as the child can depend on the availability and responsiveness of the caregiver to protect him/her from potential harm or threats.

Bowlby believed that a child generally develops one primary bond before the age of two that has the greatest impact on the child than any other, which is usually the mother (the primary attachment figure that he generally refers to within his theory; Bowlby, 1951). While both mothers and fathers were considered attachment figures within Bowlby's Attachment Theory, an infant's relationships with their father were conceptualized as being secondary to the mother-infant relationship (Bowlby, 1982). The term "monotropy" was used by Bowlby to explain the importance of a positive attachment relationship with one person (i.e., the child's mother) that is characterized by warmth, love, and support, and the profound impact this relationship has for all subsequent relationships throughout the child's development (Bowlby, 1951). A lack of or break in the formation of attachment to the child's mother during the first 18-24 months of the child's life (a time period that Bowlby believed to be most critical to socialization), was related to a number of negative consequences for the child (e.g., affectionless psychopathy and developmental retardation; Bowlby, 1951). Bowlby's maternal deprivation hypothesis (1951), was devised to explain the impact of a lack of attachment formation during this critical time period and its associated consequences, as well as the impact this would have on other close relationships the infant has throughout his/her development. This research led to Bowlby's Internal Working Models (IWMs) of the self and others, his final component of Attachment

Theory, to explain the processes by which the developed representations of the dependability of the primary attachment figures influences the infants' expectations of future relationships.

Mary Ainsworth began working with Bowlby in his research unit in the late 1950's, and began naturalistic observations of children's behaviours (Bretherton, 1992). While attachment was conceptualized within Bowlby's theory as an all or nothing process, Ainsworth's work in this area began to identify individual differences within the quality of attachment. Inspired by Bowlby's theories related to the importance of the infant-mother attachment, Ainsworth was the first to empirically measure the individual differences in the formation of attachment in children by examining how they reacted to separations from their mother (Ainsworth, 1963, 1967; Ainsworth & Bell, 1970; Ainsworth & Wittig, 1969). The 'Strange Situation' is a standardized test developed by Ainsworth, which has since been identified as the gold standard for identifying the quality and organization of attachment in infants (Ainsworth et al., 1978; Bick et al., 2012; Prince et al., 2021). Through observing how children react to separations and reunions to their primary attachment figure within a laboratory setting, the style/quality of attachment could be identified.

Three main attachment styles resulting from early interactions between an infant and his/her mother were initially identified by Ainsworth and Bell (1970) and were labelled secure, insecure avoidant, and insecure ambivalent/resistant (also identified as anxious attachment throughout the literature). A fourth category, added later on, was identified as disorganized attachment (Ainsworth & Eichberg, 1991; Hesse & Main, 2000; Main & Solomon, 1990). For the secure style of attachment identified within the 'Strange Situation', the infant would demonstrate confidence in his/her attachment figure as a secure base, which was characterized by the infant exploring in the playroom with ease with his/her attachment figure present. When the

mother left the room, the securely attached infant would demonstrate distress and reduce his/her exploration. Upon her return, infants with a secure style of attachment generally responded with enthusiasm, sought proximity to their mother, easily accepted soothing and comfort, and proceeded to explore once again.

The behaviours associated with insecure styles of attachment within the 'Strange Situation' procedure were quite different. For infants identified as ambivalent/resistant, they would become distressed, demonstrated by emotional protests when their mothers left the room (Ainsworth et al., 1978). While these infants would seek proximity to their mothers upon their return, they would often be difficult to soothe despite the mothers' attempts at comforting the infants. It was theorized that these infants were fearful of separation from their attachment figure and would engage in behaviours that were characterized as clingy and dependent in order to ensure proximity and receive comfort (Brenning & Braet, 2012; Campbell & Marshall, 2011). For infants categorized as avoidantly attached, they would seem unbothered or unaware of their mother leaving and would demonstrate distancing behaviours when she returned (Brenning & Braet, 2012; Campbell & Marshall, 2011).

The later identified disorganized-disoriented style of attachment, was characterized by a set of behaviours in line with its name. These infants would demonstrate odd behaviours while their mothers were in the room as well as when they left and returned. For example, infants with this style of attachment may attempt to seek out proximity to their mothers by running up to them for comfort and then turning their back or laying on the floor once near them, suggesting a fear of proximity to their caregiver.

While early research testing components of attachment theory highlighted the importance of the mother-infant relationship, researchers began observing that by the age of approximately

18 months, infants were displaying signs of distress at the separation of both the mother *and* the father (Grossman et al., 2002; Schaffer & Emerson, 1964). Despite this, considerably less research has focused on the infant-father attachment relationship, and results of this research provides mixed results (van IJzendoron & De Wolff, 1997). For example, attachment security, assessed with the ‘Strange Situation’ for both the mother and father combined is supported to be the best predictor of infants’ later psychosocial functioning (Easterbrooks & Goldberg, 1990; Suess et al., 1992). However, research that assesses attachment style with only the father finds weak associations between paternal caregiving sensitivity and secure attachment styles (Braungart-Rieker et al., 2001; van IJzendoron & De Wolff, 1997). Similarly, weak associations were also supported between infant-father attachment style as assessed by the ‘Strange Situation’ and later social competencies (Oppenheim et al., 1988; Steele et al., 1999; Volling, 2001). Some of the literature subscribes the weak associations between paternal caregiving sensitivity and secure styles of attachment to the poor validity of the ‘Strange Situation’ as an assessment of attachment relationships in infancy with fathers, as it was developed to assess mother-infant attachment relationships (Grossman et al., 2002).

Despite the weak associations found within the early research that assessed father-infant attachment as assessed by the ‘Strange Situation’, it is unquestioned that the father-infant relationship is important for a child’s development (Hewlett, 1992). Research in this area suggests that in infancy, other factors such as paternal involvement and play sensitivity (in addition to caregiving sensitivity) are important factors for secure attachment representations in children (Brown et al., 2012; Grossman et al., 2002). Further, current attachment research explains that an individual’s attachment figures throughout development are identified as whomever serves four primary attachment functions: secure base, proximity seeking, safe haven,

and separation protest, and finds that more than one person can be identified (Feeney, 2004; Hazan & Zeifman, 1994).

Nevertheless, all styles of attachment that are identified by the 'Strange Situation' are thought to be reflective of expected unavailability of their attachment figure due to consistent rejection or inconsistent responses to the infants past attempts for proximity when their attachment system was highly activated (e.g., Ainsworth, et al., 1978). The result of consistent rejection or inconsistent responses from their caregiver may lead the child to adjust their own behaviours to minimize their distress by avoiding his/her attachment figure. These early theories of childhood attachment lay the initial foundation for young children's expectations of close others throughout their development and influences how they relate and interact with their social worlds.

Since the inception of Attachment Theory, decades of empirical research on infant attachment continues to validate, clarify, and expand on the early components of the theory. Research continues to support the observation that the early environment in which children are raised impacts development, and that disruption to secure, responsive, dependable, and loving relationships can have severe and long-lasting consequences on the child (Shonkoff & Phillips, 2000). Research has also highlighted the complexity of attachment related processes, including identification of moderators and mediators that explain the link between attachment and its associated outcome (i.e., childhood psychosocial functioning/psychopathology). In addition to IWMs, other factors including parents own attachment behaviours, additional contributors to parental behaviour (i.e., culture, SES, personality, child's temperament, etc.), and the child's physiology and stress responses have been examined and are supported as contributors to attachment related processes (see Cassidy et al., 2013 for a review).

Continuity and Discontinuity of Attachment Over Time

Attachment Theory suggests that one's style of attachment with their caregivers is stable into adulthood. Research does support this theory specifically for early and middle adolescence when caregiving remains relatively constant when it is not interrupted by negative life events (e.g., Waters et al., 2000; McConnell & Moss, 2011; Thompson & Raikes, 2003). A review of the literature on the continuity and discontinuity of attachment across the lifespan by McConnell & Moss (2011) indicated that the continuity of attachment style is often not supported in the literature for individuals who had suffered a trauma or loss between assessments, or other life events (i.e., divorce, parental drug abuse, physical and mental illnesses). The experience of these distressing life events are also supported to influence the change from secure attachment in infancy into insecure at later developmental periods. Research also shows that attachments to primary caregivers are less stable once the adolescent gains independence. At this later stage of development, styles of attachment to primary caregivers that were previously identified as secure in childhood may become less secure and can shift during this time to a style that is insecure. This adjustment in attachment style is associated with decreases in dependency on the caregivers, and increases in maturity, autonomy, and life stressors (e.g., Ammaniti et al., 2000; Buist et al., 2002).

Around this stage in adolescence is also when close relationships (i.e., same-sex friendships and romantic relationships) outside of the immediate family form and become increasingly important to the adolescent (e.g., Ainsworth, 1989, Armsden & Greenberg, 1987). Although attachment needs within these relationships may differ from those with primary caregivers, research supports that these close relationships begin to fulfill one's attachment

needs. This is particularly true for romantic relationships, which involve the attachment, sexual, and caregiving systems (e.g., Doyle et al., 2009; Fraley & Davis, 1997; Markiewicz et al., 2001).

While the attachment relationship with the primary caregiver continues to be important during this time, an attachment hierarchy of the relationships begin to form and the figure who serves as the most secure base becomes the preferred attachment figure (Doyle et al., 2009; Waters & Cummings, 2000). For those in long-term stable relationships, the figure who serves as the most secure base is often their romantic partner (e.g., Fraley & Davis, 1997). Despite the shifts in attachment with the primary caregiver as the child gains this independence, research supports that the attachment with caregivers in childhood moderately predicts style of attachment with close others outside of the caregiver/child dyad, specifically for romantic partners (Fraley, 2002).

Transferability of Childhood Attachment to Romantic Attachment

To assess the continuity and transferability of attachment styles to close others into adulthood, researchers began expanding the assessment of attachment beyond the parent and child dyad, particularly for the purposes of understanding the functioning of these constructs within adult romantic relationships (e.g., Feeney, 1999). Early studies which assessed the continuity of individual differences in attachment into adulthood commonly utilized the Adult Attachment Interview (AAI; George et al., 1985), and compared these scores to self-report measures of close relationships with other adults (i.e., the Experiences in Close Relationships Inventory, see measures; Brennan, et al., 1998). Researchers that assessed attachment in adulthood with the AAI are typically interested in generalized representations of attachment, as the items in this measure do not assess relationships with close others outside of the parent-child dyad (George et al., 1985). Specifically, the AAI is a semi-structured interview that measures

the retrospective accounts of individuals' attachment in childhood with their primary attachment figure. The AAI assesses how individuals remember and describe their early experiences with their caregiver to yield a classification of attachment style similar to that of the 'Strange Situation'. Specifically, attachment classifications of the AAI include autonomous (congruent with secure style in the 'Strange Situation'), preoccupied (congruent with anxious/ambivalent style in the 'Strange Situation'), and dismissing (congruent with the avoidant style in the 'Strange Situation'). An indicator of the disorganized style of attachment is a classification of "Unresolved state of mind with respect to loss or trauma," or "U" for the AAI. Studies that followed up by assessing adults with AAI who had been assessed with the 'Strange Situation' in infancy support the continuity of classification of attachment styles over the lifespan, including the association between childhood disorganized styles and adult unresolved state of mind with respect to loss or trauma (e.g., van Ijzendoorn et al., 1999; Waters et al., 2000).

A longitudinal study by Roisman and colleagues (2005) assessed styles of attachment in infancy with the 'Strange Situation' (Ainsworth et al., 1978) and followed up with the infant throughout development and into adulthood (around the age of 20) and assessed adult romantic attachment with the Current Relationship Interview (Crowell & Owens, 1998). While the Current Relationship Interview is similar to the AAI in terms of structure and coding, it differs as it assesses experiences of attachment with a specific romantic partner (Crowell & Owens, 1998). Results of the Roisman and colleagues (2005) study found that secure styles of attachment identified in infancy with the 'Strange Situation' were associated with secure styles of attachment in adulthood with the Current Relationship Interview.

A longitudinal study by Conger and colleagues (2000), that did not use measures of attachment but assessed the quality of 193 participants' interactions with their caregivers when

participants were in the seventh grade, and later on between the participants and their romantic partners at age 20. The participants in this study were initially recruited as a component of a larger study of family economic stress in the rural Midwest United States, and interactions between the youth and the parents were assessed during extensive yearly interviews. The same youth were followed up at age 20 and were invited to participate in this research if they were currently in a steady romantic relationship along with their partner. Interviews with parents and partners were recorded and involved a number of self-report questionnaires and tasks which encouraged discussion between the family, with some tasks designed to elicit positive and negative affect within the interactions. Recordings were then coded by trained observers who rated dimensions of the family and couple interactions. The results of this longitudinal research also supported that individuals' interactions with romantic partners at age 20 reflected interactions with caregivers when assessed in early adolescence (Conger et al., 2000). Specifically, interactions between parents and youth that demonstrated nurturant and involved parenting were predictive of the youth's warm, supportive behaviours and low levels of hostility towards the youths' partners at age 20.

A more recent study by Diez and colleagues (2019), found similar results in their cross-sectional study with a large sample of 1,502 emerging adults. Participants completed a Spanish version of the Experiences in Close Relationships survey (Brennan et al., 1998), to assess behaviours within romantic relationships across avoidant and anxious dimensions, and also completed measures of parental support, warmth, and psychological and behavioural control. Results of this study indicated that perceived parental support and warmth was negatively associated with avoidant and anxious attachment to romantic partners, and higher levels of parental psychological and behavioural control was positive associated with avoidant and

anxious attachment. Overall, the authors of this study concluded that individuals who have poorer quality familial relationships with parents were more likely to demonstrate insecure attachment to partners in emerging adulthood (Diez et al., 2019).

Outcomes Associated with Attachment Styles

Despite the differences between the types of relationships being assessed (i.e., parent-child, generalized, or romantic relationships), attachment within close relationships in adulthood predict similar outcomes to those hypothesized within Attachment Theory (Shaver & Mikulincer, 2004). Research supports that attachment style in childhood and adolescence is associated with a number of mental health, physical, and interpersonal outcomes later in life (Bannink et al., 2013; Raque-Bogdan et al., 2011). For instance, secure styles of attachment and positive relationship quality with parents in childhood has been identified throughout the literature as a protective factor for mental health issues, and individuals who demonstrate this style of attachment experience higher levels of psychological well-being (Love & Murdock, 2004). A daily diary study by Mallers and colleagues (2010) also found that adults who reported higher quality parenting and higher quality relationships with their parents in childhood had fewer mental health difficulties compared to those who reported poorer quality relationships with their parents in childhood. This study involved 912 men and women between the ages of 25-74. Participants of this study rated the quality of their relationships with their mother and father during childhood at one time point and were then required to report daily psychological distress and stress exposure for 8 consecutive nights via short telephone interviews in order to examine how these early relationships are related to exposure to stress, and reactivity to daily stressors (i.e., arguments, deadlines, traffic, discrimination, etc.). Results of multi-level analyses, after controlling for age group, neuroticism, SES, gender, and mother and father survival status,

indicated that higher levels of relationship quality to one's mother is associated with lower levels of daily psychological distress (Mallers et al., 2010), and poorer ratings of relationship quality to both parents was associated with greater daily stress exposures. Results also indicated that higher quality relationships specifically with one's father, was associated with less reactivity to daily stressors. At the within-person level this model predicting reactivity accounted for 12% of variance at the within person-level and 54% at the between person's level. Overall, this study highlights and differentiates the important roles of early relationships with mothers and fathers to later experiences of psychological distress, stress exposure, and reactivities to stress exposures (Mallers et al., 2010).

Research supports that secure attachment is associated with current mental health status and a lesser likelihood of developing mental health problems later in life. In contrast, evidence supports that insecure styles of attachment are associated with a greater likelihood of a number of adverse mental health outcomes, physiological outcomes, and interpersonal challenges. For example, in adolescence, individuals with insecure attachment have a greater likelihood of demonstrating conduct problems, as well as aggressive and risky behaviours (Formoso et al., 2000; Laible et al., 2000; Oshri et al., 2013). Individuals who demonstrate insecure styles of attachment are more likely to develop psychopathology in adulthood, such as depression (Catanzaro & Wei, 2010; Shaver et al., 2005), anxiety disorders, eating disorders (Illing et al., 2010), obsessive compulsive disorder (Doron et al., 2009), post-traumatic stress disorder (Eindor et al., 2010), bipolar disorder (e.g., Morris et al., 2010) and a range of personality disorders (Levy et al., 2005; Meyer & Pilkonis, 2005). An article by Mikulincer and Shaver (2012) reviewed literature on insecure attachment and mental health disorders among both clinical and non-clinical samples for various research designs including longitudinal and cross-sectional

studies. Overall, their review of the literature indicated that insecure styles of attachment in childhood predisposes individuals to the development of mental health difficulties including mental health disorders and personality disorders as adults (Mikulincer and Shaver, 2012).

Not only is insecure attachment related to higher rates of mental health challenges, it also is shown to impact treatment utilization for mental health care. A systematic review on attachment and mental health care utilization was conducted by Adams and colleagues (2018). This review evaluated 18 studies which targeted the relationship between attachment and aspects of treatment utilization (i.e., engagement, participation, and completion), for adults with mental health challenges. The results of this systematic review indicated that a majority of the studies evaluated supported the link between attachment and treatment utilization, especially for studies which examined engagement and participation. Specifically, all of the studies included in the systematic review which examined attachment and either treatment engagement (i.e., 8 studies), or participation (i.e., 4 studies) supported the link between attachment and these constructs. Individuals higher on the anxious dimension tended to display a higher utilization of services, while avoidant attachment was associated with a lesser degree of treatment utilization for mental health services (Adams et al., 2018).

Individuals who demonstrate insecure attachment are also at a greater risk for negative physiological outcomes such as pain, fatigue, and sickness (Feeney, 2000; Maunder & Hunter, 2001). Individuals who demonstrate anxious attachment are more likely to report greater experiences of stress and distress, and avoidant individuals are more likely to experience greater physiological responses to stress as observed through analyses of heart rate variability (Maunder et al., 2006). It is hypothesized that the increased risk for negative physiological outcomes may be due in part to elevations in cortisol levels and increased vagal tone as a result of maladaptive

emotion regulation strategies or a lesser degree of support seeking that is associated with insecure styles of attachment (Feeney 2000; Raque-Bogdan et al., 2011). In a review of the studies of attachment behavioural system and its association with biological mechanisms and health outcomes, Robles and Kane (2014) suggest that these physiological variables associated with attachment such as heart rate and cortisol levels are biological mediators for attachment and a number of health outcomes. A meta-analysis was conducted by Robles and colleagues (2014) which evaluated physical health outcomes associated with marital quality. One hundred and twenty-six published studies which met criteria for this meta-analysis were examined, which spanned over 50 years and collectively included 72,000 participants. Overall, results of this meta-analysis indicated that greater marital quality was associated with better health, lower risk of mortality, and lower cardiovascular reactivity during marital conflict, however, effect sizes of these findings were relatively small.

Lastly, in terms of interpersonal outcomes, insecure styles of attachment are associated with poorer levels of psychosocial functioning and poor romantic relationship functioning, demonstrated by lower levels of satisfaction, reports of persistent discord leading to dissolutions, and reported lack of support within romantic relationships (Banse, 2004; Feeney, 1999; McCarthy & Maughan, 2010; Kumar & Mattanah, 2016). Secure attachment with parents in childhood and adolescence is also associated with positive interpersonal outcomes such as satisfying romantic relationships in adulthood (e.g., Banse, 2004). For example, a study by Kumar and Mattanah (2016) investigated the associations between attachment with mothers and fathers and psychosocial functioning using a cross-sectional design with a sample of 188 emerging adults in monogamous relationships. Results of a series of one-way analyses of variance indicated that overall secure attachment was associated with better psychosocial

adjustment compared to anxious or avoidant styles of attachment. Specifically, secure attachment to mothers was associated with higher ratings of romantic relationship competence, relationship satisfaction, satisfaction with life, and lower rates of overall distress. Similar results were found for fathers, however, findings were not significant for differences in ratings of romantic competence and relationship satisfaction when compared to insecure styles of attachment (Kumar & Mattanah, 2016). Further, this study assessed a mediational model which hypothesized that secure attachment to mothers would be associated with better psychosocial adjustment through romantic competence and relationship satisfaction to their current partner. While secure attachment, relationship satisfaction and psychosocial adjustment was measured using validated self-report questionnaires, romantic competence was assessed using a semi-structured interview called the Romantic Competence Interview (RCI; Davila et al., 2009), which was a particular strength of this research. The RCI gathers information from participants on how they would respond in certain situations based on past experience as well as hypothetically, and also how they think and feel in response to these situations through open-ended questions. The RCI is coded and participant's responses are rated in terms of their learning and insight, mutuality, and emotion regulation, as well as a global competence level score (Kumar & Mattanah, 2016). Overall, their hypotheses for their proposed serial mediation model were significant. Directly, attachment, romantic competence, and relationship satisfaction each predicted overall levels of distress, and indirectly the pathways through each of these variables (attachment to romantic competence to relationship satisfaction, to distress levels) was significant. This finding indicates that a secure attachment to one's mother promotes a greater degree of competency within one's romantic relationship, thereby improving one's satisfaction with this relationship, and subsequently reducing overall experiences of distress for emerging

adults (Kumar & Mattanah, 2016). Despite the wide range of outcomes associated with individual differences in attachment style, the focus of the present research is to investigate the impact of individual differences in attachment style on romantic relationship functioning and quality, in particular.

Attachment and Relationship Quality

The Theory of Adult Romantic Attachment was originally developed by Hazan and Shaver (1987) to explain observed individual differences in the experiences of love and relationships. The original theory explained that the processes of developing an attachment bond with a romantic partner are similar to the process of developing an attachment bond between child/caregiver (Hazan & Shaver, 1987). This model describes that individuals in a romantic relationship feel more secure when their partner is both near to them and responsive to their needs or cues (similar to Bowlby's "social releasers"), act as a secure base for the partner to participate in activities without the other, and act as a source of comfort and protection when a partner is sick or distressed.

Adult romantic attachment is often conceptualized as falling along the continuum of the two dimensions of insecure attachment: anxious and avoidant (Brennan et al., 1998). In line with this continuum, individuals can be categorized into styles of adult romantic attachment: individuals who score high on the anxiety dimension and high on avoidance are considered to have a fearful style of attachment; high-anxiety and high avoidance characterizes a preoccupied style; high avoidance and low anxiety characterizes the dismissive style; and low scores on both dimensions characterizes a secure style of attachment. Since its inception, Attachment Theory and the Theory of Adult Romantic Attachment have become the major frameworks for the study of romantic relationships, specifically for the study of relationship satisfaction.

Individual differences in attachment have received overwhelming empirical support as one factor that is associated with romantic relationship satisfaction (e.g., Cate et al., 2002; Feeney, 1999; Feeney, 2008; Joel et al., 2020; Meyers & Landsberger, 2002; Mikulincer & Shaver, 2007). For example, a study by Meyers & Landsberger (2002) of married women found that continuous ratings of secure, anxious, and avoidant styles of attachment were related to varying levels of self-reported satisfaction within their marriages. Specifically, continuous ratings of secure attachment were positively correlated with marital satisfaction and negatively correlated with anxious and avoidant styles of attachment (Meyers & Landsberger, 2002). Further, the relationship between attachment and marital satisfaction was mediated by psychological distress and social support such that lower levels of psychological distress mediated the association between secure attachment and relationship satisfaction. Psychological distress also moderated the association between both of the insecure styles of attachment and marital satisfaction such that higher levels of psychological distress influenced lower levels of marital satisfaction for these individuals (Meyers & Landsberger, 2002). Lastly, for avoidant styles of attachment, lower levels of perceived social support also mediated the relationship between this style of attachment and marital satisfaction. The authors theorized that because individuals high on avoidant styles of attachment engage in behaviours that are intended to detach themselves from their partners in times of distress, they perceive less social support which negatively impacts the level of satisfaction within their relationship.

In addition to relationship satisfaction, the literature suggests that individuals who demonstrate secure styles of attachment are less likely to experience relationship outcomes such as dissolution or divorce. While satisfaction in relationships is an important contributor to relationship outcomes, it has been identified in the literature as just one component of overall

relationship quality (e.g., Fletcher et al., 2000). For example, Fletcher and colleagues (2000) identified six other commonly identified domains in addition to satisfaction which contribute to perceived relationship quality, including commitment, intimacy, trust, passion, and love. They theorized that judgments regarding the relationship may vary across each dimension but ultimately contribute to a global evaluative judgment about the quality of the relationship. Through the development of the Perceived Relationship Quality Components Inventory (PRQC; Fletcher, Simpson, & Thomas, 2000) their research supported this model and concluded that the individual domains of satisfaction, commitment, intimacy, trust, passion, and love contributed to the overall unitary construct of relationship quality.

Attachment has been measured in a number of studies against these broader outcomes of relationship quality (i.e., satisfaction, commitment, intimacy, trust, passion, and love), and finds that insecure attachment is associated with poorer perceived relationship quality for many of these domains (Cooper et al., 2018; Shaver & Mikulincer, 2006). For example, Cooper and colleagues (2018) conducted a diary study to assess the impact of attachment orientations, as well as daily volatility within the relationship on end of day ratings of relationship quality. Relationship quality in this study included self-report ratings on items designed to measure relationship satisfaction, commitment, love, closeness, and ambivalence to one's partner. One-hundred and fifty-seven heterosexual couples were recruited. Each partner within the dyad completed an initial questionnaire of basic demographic info and attachment measures followed by 7 days of daily diary entries. Each diary entry included 5 items designed to assess relationship quality, as well as 1 item which asked participants to rate the degree of conflict they had with their partner for that day to assess for daily levels of volatility within the relationship. Results of this study indicated that attachment avoidance for both men and women was

associated with lower levels of relationship quality for both partners in the dyad. While attachment anxiety was not supported to be associated with poorer ratings of relationship quality for either partner, results indicated that women's attachment anxiety in the dyad was associated with increased ratings of volatility within the relationship. Results also indicated that daily conflict was significantly associated with poorer ratings of relationship quality especially for dyads where one partner was higher on attachment anxiety, indicating that attachment anxiety moderates the relationship between conflict and relationship quality (Cooper et al., 2018). The authors conclude that overall attachment avoidance predicts lower relationship quality in general, but attachment anxiety indirectly impacts relationship quality when there is greater conflict within the relationship (Cooper et al., 2018).

A more recent large machine learning study of relationship quality by Joel and colleagues (2020) also highlighted the impact of attachment anxiety and avoidance on components of relationship quality, specifically for satisfaction and commitment. Their study examined 43 longitudinal datasets of couples to understand the predictability of relationship quality, as well as determine which factors are the strongest predictors of relationship quality. Altogether, this study involved data on 11,196 romantic couples (Joel et al., 2020). The analyses for this study employed random forests, a machine learning method that can analyze multiple predictor variables at once without overfitting the data (Joel et al., 2020). Along with attachment anxiety and avoidance, multiple predictors were tested across the models in this study, ranging from objective constructs (i.e., age, cohabitation, number of children, length of relationship etc.) to subjective constructs (i.e., perceived partner responsiveness, empathy, investment, etc.). While multiple interesting findings emerged from this study, the study demonstrated strong support for the importance of individual differences of attachment anxiety and avoidance on relationship

quality, as they were identified as the fourth and fifth strongest robust predictors across multiple models involving a multitude of constructs (Joel et al., 2020).

Additional studies investigating the impact of attachment on romantic relationships assess the degree of dyadic adjustment within the relationship as a measure of relationship quality (i.e., Karantzas et al., 2014; Meyers et al., 2015; Meyers & Landsberger, 2002; Mondor et al., 2011). The most common measure of dyadic adjustment within romantic relationships is the Dyadic Adjustment Scale (DAS; Spanier, 1976). The DAS measures the degree of agreement within the dyad for a number of factors that are shown to impact romantic relationships such as level of agreement with handling finances, matters of recreation, sex relations, and career decisions. The measure also assesses adjustment based on the frequency of both positive romantic behaviours that would indicate levels of intimacy, passion, or satisfaction such as how often participants discuss terminating the relationship, argue, get on each other's nerves, or laugh together, kiss, and work together on projects. Due to these advancements in understanding relationship quality, recent research in attachment and romantic relationships has begun to focus on the association between attachment and relationship quality, whether through the domains of relationship quality (i.e., satisfaction, commitment, trust, intimacy, passion, and love) or through level of dyadic adjustment (Karantzas et al., 2014; Meyer et al., 2015; Winterheld, 2016).

For example, a Canadian study by Mondor and colleagues (2011) with a clinical sample of 172 couples seeking therapy assessed the relationship between attachment and marital satisfaction, as measured by the DAS. In this sample, all couples completed the DAS, and were then categorized as distressed or non-distressed based on their score on this measure (i.e., a score of less than 98 was representative of couples in the 'distressed' subsample). An initial analysis comparing the scores between distressed and non-distressed couples indicated that men and

women in the distressed group scored significantly higher on the avoidant dimension of attachment compared to the non-distressed subgroup. An analysis of actor effects of attachment and marital satisfaction for both the distressed and non-distressed subsamples were also conducted. Results of these analyses indicated a strong negative effect of avoidant attachment on marital satisfaction for men and women, and a strong negative effect of anxious attachment on marital satisfaction for women. Similar results emerged for the non-distressed subsample, as significant negative actor effects for attachment avoidance on marital satisfaction were found for both men and women, and significant negative effects of attachment anxiety for men. The authors conclude with implications for therapy, specifically the importance of considering attachment orientations in couples therapy, and also highlight the need for future research to identify the mechanisms that influence the link between attachment insecurity and marital satisfaction for distressed couples (Mondor et al., 2011). Overall, while it is well established that the relationship between attachment styles and romantic relationship quality exists, research in the area has only begun to focus on explaining this link through identifying mediating variables. Specifically, much of the research examining this link highlights the impact of individual differences in emotion regulation and conflict management strategies.

Underlying Mechanisms Contributing to the Transferability of Attachment

Internal Working Models

The literature attributes the transferability of attachment from childhood to romantic relationships and individual differences in relationship quality to Internal Working Models that are developed within the attachment relationship. Internal working models (IWMs), a main component of Bowlby's Attachment Theory, are theorized to develop from an individual's early experiences with his/her primary attachment figure (Bowlby, 1988; Bretherton, 1987; 1990).

From repeated exposure to the caregiver's responses to the child's cues, the child learns what to expect from his/her attachment figure in times of distress based on the consistency and quality of their responses. This contributes to their expectations and beliefs concerning the self, others, and the world which guides the child throughout their development in personality and interpersonal relationships (Bartholemew & Horowitz, 1991; Bowlby, 1988; Bretherton & Munholland, 1999; Collins & Read, 1994; Hazan & Shaver, 1987). For example, if a primary caregiver is nonresponsive to their child's social releasers or cues for proximity, the child may come to perceive others as untrustworthy or undependable. Further, IWMs explain that frequency and quality of their caregivers' responses also influence their emotion regulation strategies into adulthood and their expectations about future relationships (Laurent & Powers, 2007; Thompson & Meyer, 2007). For the child who comes to perceive others as untrustworthy or undependable, he/she may become less likely to express his/her distress or seek help from close others into adulthood (which could be viewed as adaptive emotion regulation strategies), as he/she had learned that these behaviours were not successful in getting their needs met early on. Over the course of the child's development, the IWMs become more organized and habitual and are generalized to new experiences and to new relationships outside of the parent-child dyad, especially for romantic relationships (Bowlby, 1973).

Emotion Regulation

Attachment Theory is increasingly conceptualized as an emotion regulation theory within the literature (Gardner et al., 2019; Gillath et al., 2016; Malik et al., 2015; Mikulincer & Shaver, 2019). For example, Belsky (2002) suggests that the cognitive, affective, and behavioral responses individuals experience when in distress are influenced by IWMs developed from early attachment relationships. Emotion regulation is both the conscious and unconscious process of

modulating one's emotions (Bargh & Williams, 2007; Rottenberg & Gross, 2003). The strategies that one employs to modulate their emotions are referred to as emotion regulation strategies, which can be either adaptive or maladaptive. Research supports that individuals who demonstrate secure styles of attachment generally learn adaptive emotion regulation strategies as a result of positive experiences of emotion regulation with their caregivers in early childhood. For example, when the child experienced distress, they sought out their caregivers who were then responsive to the child's needs by providing comfort to the child and assisting them through the uncomfortable emotions.

Emotion regulation strategies that are adaptive include cognitive reappraisal (reconceptualising the problem in a neutral or positive manner), problem solving, and emotional disclosure (sharing emotional experiences with others; Garrison et al., 2012; Gross & John 2003). These strategies are considered adaptive as they intervene prior to the development of greater distress and subsequently change the trajectory of the emotional experience. Conversely, individuals with insecure styles of attachment tend to engage in more maladaptive strategies of emotion regulation (or emotion dysregulation). Habitual emotion dysregulation for individuals with insecure styles of attachment results from poorer experiences with caregivers in childhood, whose responses to the child's cues failed to effectively regulate their emotions and contribute to negative IWMs (Main, 1990). Strategies that are response-focused (are employed after negative emotions are elicited), are considered maladaptive (Agako et al., 2022; Gross & John, 2003).

Suppression and avoidance are examples of maladaptive strategies as they involve attempts to ignore or avoid the experience of negative emotions or distress (Wenzlaff and Wegner, 2000). These maladaptive strategies are often not associated with the use of adaptive strategies. For example, people who regularly use suppression as an emotion regulation strategy

are less likely to disclose their distress to others (Garrison et al., 2012). While maladaptive strategies such as avoidance and suppression may allow the individual to manage their emotion in the moment, they are associated with a number of negative consequences such as increased sensitivity to negative cognitions and depressive symptomology (Malik et al., 2015; Wenzlaff & Wegner, 2000). Ultimately, these maladaptive strategies do not change or solve the situation causing distress, nor do they prepare the individual with helpful strategies for similar situations in the future but are rather a temporary release from a difficult emotion.

Mechanisms Explaining the Link between Attachment and Relationship Quality

Emotion Regulation and Conflict Management

Emotion regulation has an impact on the management of conflict (Eisenberg & Fabes, 1992). The literature supports that poor emotion regulation strategies in childhood and adolescence are associated with difficulties managing distress and conflict, which has an impact on close relationships in adulthood, including romantic relationships (Kim et al., 2009). For example, a study by Kim and colleagues (2009) was the first to assess how emotion regulation strategies impact the intergenerational transmission of conflict in romantic relationships; specifically, how the degree of conflict within parents' relationships is associated with the degree of conflict within their sons' romantic relationships in adulthood. The authors employed a multi-method, multi-agent, prospective longitudinal design with a sample of 190 men along with their parents. The results of this study supported that parents' emotion regulation and poor parenting skills influenced the relationship between the degree of conflict within the parents' relationship and the degree of conflict within their sons' romantic relationships in adulthood. Specifically, parents' emotion dysregulation was associated with their son's dysregulation, which influenced conflict within the son's relationships (Kim, Pears, Capaldi, & Owen, 2009). Further, specific

emotion regulation strategies such as expressive suppression (not expressing one's experience of negative emotions to others) negatively impacts conflict management strategies within relational conflict. For example, research by Thomson and colleagues (2018), supported that higher levels of expressive suppression are associated with reduced capabilities to effectively manage and resolve conflict that arises within romantic relationships. The authors suggest that the cognitive capacity necessary to actively suppress emotions impedes the ability to problem solve or develop solutions to relational conflict (Thomson et al., 2018).

The ability to manage conflict within a relationship is commonly identified as a key relationship skill, as adaptive conflict management strategies are associated with romantic relationship satisfaction (e.g., Caughlin & Vangelisti, 2006; Epstein et al., 2013). Examples of adaptive conflict management strategies include positive problem solving and communicating in a positive manner (e.g., Kurdek, 1994) and are associated with higher reports of satisfaction, stability, and happiness in romantic relationships (Gottman et al., 1998). On the other hand, strategies such as withdrawal, criticism, and conflict engagement are shown to be negatively associated with satisfaction among couples and positively associated with negative relationship outcomes such as relationship dissolution (e.g., Eldridge et al., 2007; Wegner, 2005). In the validation study of the Conflict Resolution Styles Inventory (CRSI; Kurdek, 1994), infrequent positive problem solving along with frequent conflict engagement predicted relationship dissolution in their sample of both heterosexual and homosexual couples.

Attachment, Emotion Regulation, and Conflict Management

The studies that assess the continuity of attachment or shifts across the lifespan also support that an individual's capacity to manage emotional states and their experiences with close others in adulthood are reflective of their IWMs developed from their styles of attachment in

childhood (e.g., Bretherton, 1987; Collins & Read, 1990; Hazan & Shaver, 1987). For example, a recent study by Clear and Zimmer-Gembeck (2017), examined emotion regulation strategies in response to sadness, worry, or anger, with attachment orientations (anxious, avoidant, and secure) in a sample of late adolescents and young adults. Results of this study found that anxious styles of attachment were associated with higher levels of emotional dysregulation in response to sadness, worry, and anger. Higher levels of suppression to anger were also associated with anxious styles of attachment. Avoidant orientations of attachment were associated with emotional dysregulation in response to anger, and suppression of sadness and worry. Participants in this study were also randomly assigned to either an insecurity priming group or no priming group (Clear & Zimmer-Gembeck, 2017). Participants in the insecurity priming group demonstrated greater difficulties with emotion regulation for sadness and anger compared to the no priming group, which ultimately supports the temporal precedence of attachment influencing individual differences in emotion regulation and conflict management.

Overall, the literature supports that individuals who demonstrate secure styles of attachment in adulthood are often comfortable with closeness, intimacy, and relying on others when needed. The IWM's of these individuals are associated with higher levels of confidence, self-worth, they are more assertive, and generally have positive views about the self, and view close others as trustworthy and dependable (e.g., Shaver et al., 1996). Research supports that securely attached individuals are more likely to utilize adaptive strategies (e.g., cognitive reappraisal; Gross & John, 2003; Fitzpatrick et al., 2016), for managing negative emotional states or conflict within relationships (e.g., Creasey & Ladd, 2004). Conversely, a characteristic of individuals with insecure attachment is difficulties managing both emotional experiences and conflict within their relationships (e.g., Laurent & Powers, 2007). Individuals with either style

of insecure attachment demonstrate difficulties in self-soothing and managing distress and may utilize poor or inappropriate strategies to respond to conflict within their relationships, with individual differences in these strategies existing for each (Creasey et al., 1999).

Anxious attachment in adulthood is often characterized by a fear of rejection and abandonment despite a strong desire for close relationships. A desire for closeness and fear of abandonment motivates proximity and reassurance seeking behaviours and over-immersion of the self into the relationship for individuals who score high on this dimension (Mikulincer et al., 2002). The IWM's of individuals high on the anxious dimension of attachment are associated with negative perspectives of the self and their social world, as well as with lower reports of self-worth, confidence, and assertiveness. In response to attachment threats or relational difficulties, individuals who are higher on the anxiety dimension of attachment are likely to become emotionally reactive or overwhelmed with negative affect (Banse, 2004; Mikulincer & Florian, 1998).

Within romantic relationships, individuals with anxious styles of attachment demonstrate greater use of emotion-oriented strategies of regulating emotions and managing conflict (e.g., Winterheld, 2016). These ways of navigating negative emotional states are commonly referred to as hyperactivating strategies and are associated with anxious styles of attachment throughout the literature (e.g., Malik et al., 2015). These strategies include a greater focus on negative emotions related to the distressing situation such as self-blame, self-criticism, rumination, and other behaviors that are unrelated to solving or re-conceptualizing the problem (i.e., task-oriented strategies), or distracting one's attention from their distress (Pascuzzo et al., 2013). At times when a partner is unresponsive to their needs, the anxious individual attempts to minimize distance from their partner (both physically and emotionally; Mikulincer et al., 1998). Cognitive

and behavioral strategies to minimize the perceived distance and distress may be hyperactive, and are associated with increases in negative affect, can elicit negative memories, and have an impact on other areas of the individual's life outside of the relationship (Mikulincer, 1995; Mikulincer, Orbach, and Iavnieli, 1998).

Higher scores on the avoidance dimension of attachment are associated with chronic attempts to deactivate or suppress the activation of the attachment system (Mikulincer et al. 1998). IWMs of individuals who demonstrate an avoidant style of attachment generally have more negative views of others, see others as untrustworthy or undependable, and are less confident within social situations. Because of this, individuals who score high on this dimension have difficulties with emotional closeness and intimacy and are likely to employ strategies to minimize the expression of any distress (e.g., Brennan, Clark, & Shaver, 1998; Fraley & Shaver, 1997; Gross & Levenson, 1993).

Mikulincer and colleagues (1988) identified two approaches that are commonly employed by individuals high on avoidant dimensions when their partner is unresponsive to their needs. First, these individuals disassociate from internal or external distress to avoid negative interactions with their partner who may be causing them the distress. Second, they make attempts at increasing their self-sufficiency in order to decrease the need for dependency on their partner (e.g., minimizing the importance of the relationship; Mikulincer & Shaver, 1988). The behaviours associated with avoidant styles of attachment (e.g., expressive suppression) are referred to as deactivating strategies (Brenning & Braet, 2012; Malik, Wells, & Wittkowski, 2015). For example, Winterheld (2016), found that individuals high on the avoidant dimension of attachment are likely to refrain from expressing distress within their romantic relationships. This form of managing conflict was identified as “protective buffering”, a form of suppression.

Depending on their perceived degree of connectedness to their partner individuals engage in this form of managing conflict in order to either spare their partner or minimize their own distress. Ultimately, these emotion regulation strategies that are intended to regulate emotion and manage conflict within romantic relationships contrast those of securely attached individuals and can negatively impact the quality of romantic relationships.

Attachment, Emotion Regulation, Conflict Management and Relationship Quality

It has been identified throughout the literature that as distress increases within close relationships, beliefs and behaviours associated with individuals' attachment styles are exacerbated to facilitate emotion regulation (Bowlby, 1969, 1988; Shaver & Mikulincer, 2014), which can impact the quality of one's romantic relationship (e.g., Davila et al., 1997; Khalifian & Barry, 2016; Meyers et al., 2015). Thus, researchers began to include emotion regulation and conflict management strategies in the study of romantic relationship quality. For example, in a study of married couples by Feeney (1999) correlational analyses between own and partner's style of attachment and emotional control were conducted, followed by multiple regression analyses to evaluate the relationship of style of attachment and emotional control on marital satisfaction. Insecure attachment was associated with less self-reported control of emotions, and control of one's own negative emotions strongly predicted marital satisfaction for the self and partner (Feeney, 1999). The author concluded that individual differences in attachment and emotional control were roughly equal in importance as predictors of marital satisfaction, and that control of emotion predicted variance in satisfaction after controlling for style of attachment. However, emotional control as defined in this study referred to the extent to which participants controlled negative emotions such as anger, sadness and anxiety, and positive emotions such as happiness, love, and pride. Participants rated whether they controlled this emotion by either

expressing it to their partner or not. While this study does provide valuable insight to the impact that control of negative emotions has on relationship quality, it did not assess emotion regulation strategies or conflict management. Further the measure of marital satisfaction was a 6-item measure designed for the study of marriage, thus the findings of this study may not be generalizable to unmarried samples.

A more recent study by Meyer and colleagues (2015) with a sample of individuals currently involved in a romantic relationship examined the direct and indirect associations between style of attachment and affective state (positive and negative) on romantic relationship quality - specifically for the dyadic consensus, dyadic satisfaction, and dyadic cohesion (Busby, Christensen, Crane, & Larson, 1995). The results of structural equation modelling indicated a negative direct association between insecure styles of attachment and romantic relationship quality as well as positive affective state (Meyer et al., 2015). This study did not examine the indirect effects of emotional regulation or conflict management strategies in this model and did not include measures of attachment style in childhood/adolescence.

Winterheld (2016) tested how styles of anxious, avoidant, and secure styles of attachment in adulthood are associated with the habitual use of emotion regulation strategies (i.e., cognitive reappraisal, expressive suppression, and negative emotion expressivity), and whether or not these differences are moderated by perceptions of their relationships (i.e., closeness and perceptions of the partner's negative behaviours) and the partner's attachment orientations. Ninety-six undergraduate couples completed a series of self-report questionnaires assessing the former constructs at one time-point. Results supported that habitual use of emotion regulation strategies was associated with each style of attachment (in line with what has been reviewed above). However, perceived closeness as well as perceptions of partner's negative behaviours moderated

the use of certain strategies. For example, feeling close to a partner was associated with greater reports of cognitive appraisal as well as lower levels of engagement in suppression for secure styles of attachment. Perceptions of partner's negative behaviours were associated with increased use of suppressive conflict management strategies for avoidant styles of attachment. Partner's attachment orientation also moderated the individual's use of emotion regulation strategies. For instance, individuals with anxious styles of attachment were more likely to habitually use suppression as an emotion regulation strategy if they were paired with a partner who demonstrated more avoidant styles of attachment. While incorporating couples in this study was a strong component of its method to account for actor-partner interactions, it did not include measures that assess for the quality of these relationships and assess how quality is associated with individual differences in attachment and emotion regulation strategies.

A more recent study of attachment, conflict management, and relationship quality among young adult Spanish couples was conducted by González-Ortega and colleagues (2020). Results of this research found that dyads where either one or both couples demonstrated more secure styles of attachment were less likely to engage in maladaptive conflict management strategies and were also associated with higher degrees of romantic relationship quality. This study had a large sample of 405 heterosexual couples that were dating at least three months. This study also referenced the impact of IWMs and the role of emotion dysregulation without including a measure. The measure of relationship quality in this study was based on a 4-item measure (Conger et al., 2000) of satisfaction, happiness, and commitment to the relationship (González-Ortega et al., 2020).

Gaps in the Literature

Overall, few studies have tested the indirect effects of attachment style (past and current) and emotion regulation and conflict management on romantic relationship quality simultaneously. The studies that do include similar constructs have a number of limitations and present as gaps within the literature. First, many of these studies are conducted on the assumption that attachment style in adult romantic relationships stems from the style of attachment developed within the parent/child dyad in childhood/adolescence but fail to include measures of attachment with their primary caregiver throughout development (e.g., Banse, 2004). As argued by Pascuzzo, Cyr, and Moss (2013) there is an assumption in the literature that emotion regulation strategies are associated with early experiences of attachment with few studies to empirically validate this assumption by not including retrospective measure of attachment to a primary caregiver in childhood. Further, many studies that do examine the relationship between attachment and romantic relationship quality fail to offer comprehensive explanatory mechanisms (i.e., mediators) for this relationship, in which all identified constructs (past and current attachment, emotion regulation, conflict management, and relationship quality) are included. For example, a number of studies and reviews explain that IWMs developed from the attachment bond influence emotion regulation strategies and expand on this relationship by measuring adult attachment with another construct (e.g., positive and negative effect, or levels of distress), without including the measure of emotion regulation to explain romantic relationship quality. The same is true for studies examining the relationship between attachment and depressive symptoms, many of these studies also do not include measures of emotion regulation and seem to assume that emotion regulation is inherently associated with attachment (see Malik et al., 2015).

Second, there is a gap in the literature related to understanding how emotion regulation influences conflict management strategies within romantic relationships (Cupach & Olsen, 2006). Further, many of the studies that do include measures of attachment and emotion regulation or conflict management focus on relationship satisfaction (e.g., Feeney, 1999), or one aspect of quality (e.g., dyadic adjustment), highlighting the need for more comprehensive observations of relationship quality. For instance, research which focuses on satisfaction alone presents as a limitation as satisfaction is identified as only one aspect that contributes to the quality of a romantic relationship (i.e., Fletcher et al., 2000). Lastly, no studies have incorporated each of the identified constructs using a daily process designs of research (i.e., diary studies). Daily process design methods allow for a deeper understanding of the variables at both the group and individual level and provide information on the cause-and-effect relationships between variables, which cannot be detected or inferred within cross-sectional designs. A lack of daily process designs in research presents as a major gap to understand the nature of the relationship between attachment, emotion regulation, conflict, and romantic relationship quality over time.

Chapter 2. The Present Research

Objectives

In their review of interpersonal relationships in adulthood, Shaver and Mikulincer (2006) stated that behind the relationship between attachment and relationship functioning lies a relatively simple model which explains that the relational and affect-regulation strategies adapted from one's degree of attachment security influences the functioning of his/her personal relationships. While existing evidence supports this model and suggests that there are associations between attachment (past and current) and romantic relationship quality, through

emotion regulation and conflict management, there has not been a model to test the indirect effects of these constructs specifically. As such this research aimed to return to the roots of Attachment Theory and empirically validate its core theories and enhance our understanding of the factors that contribute to romantic relationship quality by testing a comprehensive model of the indirect effects of attachment style (past and current) on relationship satisfaction through emotion regulation and conflict management in two studies. The first study tested the applicability of this model using a cross sectional design (see Figure 1). Study 2 expanded upon the findings of study 1 by examining the temporal processes of the identified constructs through a within-person daily process design (Affleck et al., 1999). The design of study 2 allows for the repeated measures of dependent variables through daily diary entries, a design commonly used within the study of close relationships and emotions (e.g., Bolger, 2013; Laurenceau et al., 2005; Feldman, 1995). By studying the daily fluctuations in emotion regulation strategies and conflict management strategies, study 2 allowed for the assessment of the temporal processes between the variables (Bolger & Laurenceau, 2013). Specifically, relations among variables were assessed at the between-person level as well as over time at the within-person level for each individual participant.

Hypotheses

Study 1

Consistent with findings that emotion regulation strategies are influenced by IWMs developed from early experiences with primary caregivers (e.g., Roisman et al., 2005) current attachment style (influenced by early attachment with a primary attachment figure from childhood/adolescence) was hypothesized to have an indirect effect on relationship quality through emotion regulation and conflict management (see Figure 1). Based on past research

which supports the link between individual differences in attachment and relationship quality (e.g., Bane 2004; Feeney, 1999; Meyer et al., 2015), I also hypothesized that lower levels of attachment security with caregivers in childhood would be associated with lower levels of attachment security within romantic relationships in adulthood. Consistent with research that suggests that insecure styles of attachment influence poor emotion regulation (e.g., Pascuzzo & Cyr, 2013; Winterheld. 2016) and conflict management strategies (Karantzas et al., 2014), I hypothesized that lower levels of attachment security in childhood and within romantic relationships in adulthood would be associated with poorer capabilities to regulate emotions and manage conflict. Lastly, as theory and research support the connections between each of these constructs, I hypothesized that developing a comprehensive model, referred to as the ‘The Model of Attachment, Coping, and Relationship Quality’, which includes each construct altogether would predict romantic relationship quality. Specifically, lower levels of attachment security with parents and within adult romantic relationships, and poorer capabilities to regulate emotions and manage conflict would be associated with poorer levels of relationship quality.

Study 2

Relationships between the variables included in the ‘Model of Attachment, Coping, and Relationship Quality’ from Study 1 were tested over time using a daily process design, specifically a daily diary method. This method was chosen as it allows for the examination of the processes of attachment, emotion regulation, conflict management, and relationship quality underlying within-person variability. Results of this study also allowed us to analyze whether the relationships between the variables at the within-person level also generalize across individuals at the between-person level, or whether individuals differ in these processes (Bolger et al., 2003).

There are a number of additional benefits to repeated observations gathered within diary study methods. First, they allow for the direct observation and collection of real-time occurrences and moments of change, which in turn also reduces recall bias – a common consequence of cross-sectional research particularly when assessing emotional experience (Robinson & Clore, 2002; Tversky & Kahneman, 1982). In diary studies participants are also used as their own controls, which reduces the likelihood of confounding as it controls for third variables, and also allows for the ability to assess forms of event reactivity (Bolger et al., 2003; Bolger & Laurenceau, 2013). For example, this allowed us to examine how individuals higher on insecure attachment react to conflict within their relationship and how this impacted their perceptions of the quality of their romantic relationships later that day. Lastly, repeated observations allowed for the establishment of temporal precedence and the conclusion of causal inferences of the relations between the variables – an inference that can be only indirectly inferred from cross-sectional study designs (Bolger & Laurenceau, 2013), and allowed for the assessment of the model at both the between-person and within person level.

Similar to Study 1, I suspected that at the between-person level, early and current attachment styles (influenced by past attachment with caregivers), emotion dysregulation, and poor conflict management strategies, would be associated with poorer ratings romantic relationship quality. At the within-person level, I suspected on a daily level that increases in maladaptive emotion regulation strategies and increases in the use of poor conflict management strategies, would contribute to lower ratings of perceived relationship quality for that day (see Figure 2). In terms of supplemental hypotheses, at both the within and between-persons levels, it was hypothesized that two-way interactions between current attachment and emotion dysregulation, current attachment and poor conflict management, and emotion dysregulation and

conflict management, and a three-way interaction between each of these variables combined would be supported, indicating that these variables have a combined effect on ratings of relationship quality.

Sample Size Calculations

Study 1

For the hypothesized model including 5 latent variables and 17 observed variables, a sample of at least 150 participants to achieve a power of .8 was calculated (Soper, 2018). Within the structural equation model, the effect of interest is the indirect effects. Based on this sample size and power, a calculated effect size of .3 was anticipated (Soper, 2018), which is consistent with findings in the literature examining similar constructs and models. For example, Feeney (1999) examined the relationship between adult (as well as partner's) attachment and level of comfort within the marriage, with effect sizes ranging from .28 to .31. A study by Chung (2014) examined a model with similar constructs (i.e., attachment, rumination, forgiveness, and marital satisfaction). Using structural equation modelling, Chung (2014) concluded that the relationship between anxious attachment and forgiveness was partially mediated by an emotion regulation strategy (i.e., rumination) and the relationship between anxious attachment and marital satisfaction was fully mediated by a conflict strategy (i.e., forgiving). For individuals higher on avoidant attachment, the path to forgiveness was partially mediated by empathy, and the effect of avoidant attachment on marital satisfaction was partially mediated by both empathy and forgiveness (Chung, 2014). Overall, this model accounted for 53% of the variance between style of attachment and marital satisfaction (Chung, 2014), and further supports the anticipated effect size of .3 for the proposed research.

Study 2

Within multilevel causal modeling, the sample size necessary to satisfy the anticipated power and effect size for the higher-level analysis (the between-person level) is required (Robson & Pevalin, 2016; Snijders, 2005). For models without interaction effects a minimum sample size of 84 participants was calculated in order to achieve the expected effect size of .15 and power of .8 for models with 4 observed predictor variables (Soper, 2018). The best way of calculating the sample size for models involving interaction analyses would involve simulations with existing data or a series of assumptions, as the association structure (e.g., linearity of the association) is unknown. Using data for simulations would be unadvisable in this case as power estimation would be conducted post hoc. Therefore, a rule of thumb was considered and suggests that interactions require about four times the sample size needed, and assumes that the interactions have half the effect size of the main effects (Baranger et al., 2022). With this rule of thumb considered, it is possible the analyses are underpowered in cases where interaction effects are not supported, as underpowered analyses may contribute to higher possibility of Type II errors (false negatives).

Chapter 3. Study 1 Method

Participants

One hundred and eight undergraduate students from Lakehead University who were in a monogamous relationship of at least three months duration were initially recruited. All participants were required to speak and read fluently in English. The majority of the sample reported their ethnicity as Caucasian (66.1%); 9.2% as more than one ethnicity, 4.6% as Indian; 3.7% as Aboriginal, First Nations, or Native American; 1.8% as Black; and 6.4% as other ethnicities. Overall, 98.1% of the sample reported being born in Canada. The majority of the sample identified their gender as female (85.3%). Mean age of the sample was 20.26 years of age

($SD = 3.67$). All participants reported being in a monogamous relationship with an average duration of 1.63 years ($SD = 1.29$; $Mdn = 1.42$). Overall, 15.6% of participants reported that they were cohabitating with their partner. The majority of the sample (87.1%) identified as predominantly or exclusively heterosexual, 6.4% identified as exclusively or predominantly homosexual, and 4.6% identified as equally heterosexual and homosexual. Two participants did not indicate their sexual orientation.

Procedures

Participants were recruited via an online psychology recruitment system (SONA Systems Software), flyers around the university campus, and announcements during lectures. Participants attended a laboratory session to complete the self-report questionnaires. In addition to standard demographics (e.g., age, gender, ethnicity, etc.) the demographics questionnaire also included information relating to participants caregivers while growing up, including who they will be referring to when they respond to questionnaires (e.g., mother, father, step-parent, etc.), and the method and frequency of contact with each caregiver. The demographic questionnaire also included information regarding the composition of the participant's family. This demographic questionnaire also included information relating to their romantic relationships, including their relationship status, duration of the relationship, and whether or not they cohabit with their partner. Remaining self-report questionnaires measured participant's attachment to their caregivers in childhood/adolescence, their current attachment style within their romantic relationship, emotion regulation and conflict resolution strategies, and measures of the quality of their current relationship (e.g., commitment intimacy, trust, and satisfaction). It should be noted that Study 1 was a part of a larger study of attachment, coping, and relationships. The larger study also involved the participation of the participants identified caregivers, which was reflected

in the recruitment posters as well as the information and consent letters (See appendix A and B). Caregivers were not involved in this research, and participants completed a number of additional questionnaires for this larger study which were not analyzed for this study (see Appendix D). Participants received either \$15 CAD or 1.5 bonus points towards an eligible psychology course of their choice as compensation for their time.

Measures

Across measures, higher scores indicated higher levels of the construct assessed. For early and current attachment measures, attachment was scored as a continuous construct with higher scores indicating a greater degree of insecure attachment.

Early Attachment

I included the Primary Attachment Styles Questionnaire (PASQ; Salzman, Kunzendorf, Saunders, & Hulihan, 2013) as a measure of early attachment. The PASQ measures the quality of the participants' attachment with their primary attachment figure. The original PASQ includes 48-items assessing respondents experiences with their caregiver both before and after age 12 (24-items for each). The separate measures for before and after the age of 12 were developed to assess either the continuity or shifts of attachment style throughout development (Salzman et al., 2013). However, for the current study only one questionnaire was used and the instructions for this questionnaire were modified. Participants were asked to rate each item according to how true it was of their experiences with each caregiver while growing up, rather than specifying either before and after age 12. This modification was made to have consistency with the other measures of childhood attachment and also to reduce participant burden by reducing the number of items that participants were asked to complete.

Overall, the modifications made to the PASQ for the present research resulted in a 24-item measure of childhood attachment while growing up. Responses were rated on a 7-point Likert-type scale ranging from 1 (*Never*) to 7 (*Always True*). Scoring the PASQ yields six attachment subscales which include secure, secure-ambivalent, secure-avoidant, ambivalent, avoidant, and disorganized. Only the ambivalent (6 items; e.g., *My self-confidence went up and down with my caregiver's changing attitude toward me*) and avoidant (6 items; e.g., *I learned to protect myself because my caregiver didn't want me to lean on him/her*) subscales were included in the present study. With two options for scoring, the subscales can be scored as discrete categories or as a scaled score across each in order to categorize participants style of attachment (Salzman et al., 2013). Subscales were scored continuously and were calculated by averaging the items in each scale (Salzman et al., 2013), as current research indicates that dimensional models of attachment are better suited to account for individual differences in attachment styles for both early and current measures of attachment (Cowan & Cowan, 2007; Fraley, Hudson, Heffernan, & Segal, 2015).

The two subscales of the original PASQ have good internal consistencies for both before age of 12 (coefficients ranging from .76 to .90) and after the age of 12 (coefficients ranging from .80 to .91). Good test-retest reliability is also supported for the secure, ambivalent, and avoidant scales for both the before age 12 (i.e., coefficients ranging from .75 to .85) and after age 12 questionnaires (i.e., coefficients ranging from .80 to .85). It should be noted that the subscales that were not included in the present research (i.e., secure-ambivalent, secure-avoidant, and disorganized) did not perform as well as the subscales included in the study in terms of psychometrics. For example, test-retest coefficients ranging from .63 to .72 for the before age 12 version and .63 to .86 for the after age 12 version were demonstrated (Salzman et al., 2013),

further supporting the decision to not incorporate these subscales in the present research. In the present research the PASQ subscales demonstrated good internal consistencies (coefficients ranging from .87 to .95) which was consistent with previous research with a similar sample (Pang & Thomas, 2019).

Romantic Attachment

We used the 36-item Experiences in Close Relationships-Revised (ECR-R; Fraley et al., 2000) as measures of romantic attachment. The ECR-R consists of two subscales: the anxiety subscale (18 items; e.g., *I often worry that my partner will not want to stay with me*) and the avoidance subscale (18 items; e.g., *I prefer not to show a partner how I feel deep down*). Higher scores on each subscale indicate more insecure attachment. Participants rated items on a 7-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). Using repeated measures data, Sibley and Liu (2004) assessed temporal stability, factor structure, and internal reliability of the ECR-R. Participants in this study completed the ECR-R on two occasions, separated by a six-week time interval. The results of this study indicated a high degree of temporal stability of the measure for both the avoidance and anxious subscales, and strong internal reliability estimates of .95 (anxiety) and .93 (avoidance). In terms of factor structure results of separate exploratory and confirmatory factor analysis supported the distinct 2 factor structure, and overall supported this measure as a precise and reliable measure of attachment (Sibley & Liu, 2004). Consistent with past research with samples of undergraduate students (Ennis et al., 2008; Sibley & Liu, 2004), I found moderate correlations between the anxiety and avoidance subscales ($r = .63, p < .001$), with strong internal consistencies of .93 (anxiety) and .93 (avoidance).

Emotion Regulation

Emotion regulation was assessed with the Difficulties in Emotion Regulation Scale – Short Form (DERS-SF; Kaufman et al., 2015). The DERS-SF is an 18-item measure of participants' difficulties in regulating emotions when they become upset. Participants indicate the degree to which they agree with each of the statements on a scale from 1 (*Almost Never* or 0-10%) to 5 (*Almost Always* or 91-100%). The DERS-SF consists of 5 subscales: nonacceptance of emotional responses (e.g., *When I'm upset, I become embarrassed for feeling that way*); difficulties engaging in goal-directed behaviour (e.g., *When I'm upset, I have difficulty getting work done*); impulse control difficulties (e.g., *When I'm upset, I become out of control*); lack of emotional awareness (e.g., *I pay attention to how I feel*); limited access to emotion regulation strategies (e.g., *When I'm upset, I believe there is nothing I can do to make myself feel better*); and lack of emotional clarity (e.g., *I am confused about how I feel*). Scores on the DERS-SF are calculated by averaging items within each subscale to yield a subscale score (Gratz & Roemer, 2004; Kaufman et al., 2015).

Psychometric properties for the DERS-SF are comparable or superior to the original 36-item measure (Kaufman et al., 2015). In the initial validation of the DERS-SF with a college sample, Chronbachs' alphas for the total scale and six subscales of DERS-SF ranged from .78 to .91 (Kaufman et al., 2015). Strong correlations were supported between the DERS-SF and DERS, with alphas ranging from .90 to .97. Concurrent validity of the DERS-SF is supported to be comparable to the DERS, as correlations between the DERS-SF and a number of outcome variables (e.g., BDI-II and SCL-90-R) were similar to the DERS with the same outcomes in both statistical significance and magnitude. Cronbach's alphas for each of the subscales in the present research were strong and consistent with those cited throughout the literature (e.g., Kaufman et al., 2015; Miller & Racine, 2020), ranging from .80 to .92.

Conflict Management

Participants' habitual conflict management strategies within their romantic relationships were assessed with the 16-item Conflict Resolution Styles Inventory (CRSI; Kurdek, 1994). While the measure includes complementary self-report and partner-report versions, the self-report version alone was included in the present research. Participants were instructed to rate the CRSI's items on a scale ranging from 1 (*Never*) to 7 (*Always*) to indicate how frequently they use each of the conflict resolution styles to deal with arguments or disagreements with their partner (Kurdek, 1994). The conflict resolution styles which form the subscales of the CRSI include positive problem solving (e.g., *Focusing on the problem at hand*), conflict engagement (e.g., *Launching personal attacks*), withdrawal (e.g., *Withdrawing, acting distant, and not interested*), and compliance (e.g., *Giving in with little attempt to present my side of the issue*). Four composite scores of the CRSI are calculated by summing the ratings given to each of the 4-items within the respective subscales, with higher scores indicating greater use of that conflict resolution strategy. Within the CRSI's initial validation study, scores of the CRSI (self and partner versions) were associated with satisfaction within relationships and predicted dissolution of relationships for both homosexual and heterosexual couples (including those with and without children), providing evidence of the predictive validity of the CRSI (Kurdek, 1994). In the present research, Cronbach's alphas for each of the subscales ranged from .77 to .82, which is consistent with the psychometrics reported in previous studies with similar samples (Hanzal & Segrin, 2009; González-Ortega, 2020).

Relationship Quality

The perceived quality of participants' current romantic relationships was assessed with the Perceived Relationship Quality Components Inventory (PRQC; Fletcher et al., 2000) and the

Dyadic Adjustment Scale (DAS; Spanier, 1976). The PRQC is an 18-item measure that assesses participants' perceptions of six components of relationship quality. Participants are asked to rate their responses on a 7-point Likert-type scale ranging from 1 (*Not At All*) to 7 (*Extremely*). The 6 components of relationship quality form the subscales of the PRQC and include: satisfaction (e.g., *How satisfied are you with your relationship?*); commitment (e.g., *How committed are you to your relationship?*); intimacy (e.g., *How intimate is your relationship?*); trust (e.g., *How much do you trust your partner?*); passion (e.g., *How passionate is your relationship?*); and love (e.g., *How much do you love your partner?*). The PRQC yields a score for each subscale by averaging the responses to the three items within each. Higher scores for the subscales indicate greater perceptions of each component of relationship quality (Fletcher et al., 2000). With a sample of two hundred students in heterosexual relationships, the PRQC had good internal reliability coefficients for the subscales ranging from .74 to .94 (Fletcher et al., 2000). Internal reliability coefficients for the subscales of the PRQC in the present study were comparable and ranged from .75 to .94.

The DAS (Spanier, 1976) is a widely used measure that assesses the quality of romantic relationships. The DAS includes 32-items and consists of four subscales: dyadic consensus, dyadic cohesion, dyadic satisfaction, and affectional expression. The first 15 items of the DAS focus on participants' level of agreement on a number of topics with their partner (e.g., aim and goals, demonstrations of affection, household tasks, etc.), these items are rated on a 6-point Likert-type scale ranging from 0 (*Always disagree*) to 5 (*Always agree*). An additional 15 items focus on the frequency of certain behaviours within the relationship (e.g., *kissing, leaving the house after a fight*), and are rated on a variety of scales pertaining to each item. The final 2 items measure the degree of happiness, rated on a scale from 0 (*Not at all happy*) to 6 (*Perfect*) as well

as level of commitment within the relationship. This final question requires participants to circle the number beside the statement which best describes their relationships (e.g., *I want desperately for my relationship to succeed, and would go to almost any length to see that it does*).

The DAS has range of 0-151 with higher scores indicating greater satisfaction with the relationship, with scores below 98 indicating distress (Spanier, 1976). Cronbach's alpha for the DAS was high in the present research (.88), which is consistent with findings throughout the literature (Meyers & Landsberger, 2002; Montesi et al., 2013; Schnaider et al., 2014; Spanier, 1976). For example, a study which examined the association between intimate relationship distress and depressive symptoms with a similar sample of undergraduate students in a relationship of at least one month yielded an alpha of .85 for the DAS (Schnaider et al., 2014). While the DAS was originally developed for the study of couples who are married, this measure has been frequently used within samples of couples who are dating.

Study 1 Analyses

I reported descriptive statistics and conducted missing value analysis as well as tests of multivariate normality for all variables using SPSS software. For the purpose of this research, analyses focused on a subset of participants from the larger study who identified their mother as a primary caregiver during childhood ($N=107$). This was decided as many participants identified two caregivers without specifying which of these caregivers would have served as their primary attachment figure while growing up. To correct this, the mother-child relationship was specifically chosen as this relationship is exceedingly investigated throughout the attachment literature, and to control for potential differences in attachment relationships with caregivers in differing roles (Bretherton, 2010). In study 2, this was corrected by asking participants to identify one caregiver who served as their primary attachment figure growing up.

Structural equation modeling (SEM) using Analysis of Moment Structures (AMOS) Version 20 was used to test the hypothesized ‘Model of Attachment, Coping, and Relationship Quality’ (see Figure 1). Full information Maximum Likelihood Estimation was used to estimate the parameters of the distribution. In the present study, a latent variable for romantic relationship quality was created using participants’ self-reports of satisfaction, intimacy, trust, and dyadic adjustment. The hypothesized structural model is presented in Figure 1, which reflects the hypothesized paths and relationships between the latent (unobserved) variables (Byrne, 2010). Prior to analyzing the structural model, a confirmatory factor analysis was used to assess the goodness of fit of the measurement model (Kline, 2005). A measurement model is the model that outlines/describes the relationships between the observed and unobserved (latent) variables (Byrne, 2010). Indirect effects were tested using bootstrapping procedures (Kline, 2005). Model fit was assessed with the goodness of fit χ^2 statistic, Bollen-Stine bootstrap measure, comparative fit index (CFI), standardized root mean square residual (SRMR), and root-mean-square error of approximation (RMSEA) with a 90% confidence interval (90% CI). A well-fitting model is indicated by a non-significant χ^2 goodness of fit statistic and a non-significant Bollen-Stine bootstrap measure ($p > .05$), CFI $> .95$, SRMR $< .09$, and RMSEA $< .06$ (Hu & Bentler, 1999; Kline 2005). The significance of the indirect effects was tested using random sampling with replacement to create 20,000 ($N = 108$) bootstrap samples from the data and estimated 95% CIs. A significant indirect effect ($p < .05$) is indicated when the confidence interval does not include 0 in its range (Mallinckrodt et al., 2006).

Chapter 4. Study 1 Results

Missing Data

Missing data were minimal across all variables (<1%), and was missing at random as indicated by a non-significant Little's Missing Completely at Random test, $\chi^2(5754, N=107) = .000, p = 1.00$ (Little, 1988). Missing data were handled with mean imputation in SPSS Version 25. One participant was identified as a multivariate outlier in the sample and was subsequently removed ($N=107$). Participants are considered a multivariate outlier if they demonstrate an unusual combination of extreme scores across each of the observed variables included in the model (Meyers et al., 2013). Multivariate outliers were identified using Mahalanobis Distance, which calculates each participant's distance from a calculated centroid value representing the intersection of means of all variables included in the model. P values are calculated for each participant, and p values < .001 indicate that the combination of the participant's values across all variables significantly deviates from the centroid.

Descriptive Statistics and Multivariate Normality

Means, standard deviations, and bivariate correlations of the observed variables are presented in Table 1. Descriptive statistics of early and current measures of attachment, and conflict management measures were consistent with past research with similar samples (i.e., Forchuk et al., 2021; González-Ortega, 2020; Pang & Thomas, 2019). Means and standard deviations of emotion dysregulation subscales that were included in the final model were also similar to those reported in other studies (Burton et al., 2022; Gouveia et al., 2020). In terms of measures of relationship quality, means and standard deviations of studies that used the PRQCI with similar samples were relatively similar or somewhat lower compared to the present sample (Beaudoin et al., 2021; Murphy et al., 2022; Raposo & Muise, 2020). Many of the subscales of the PRQCI were quite high in this sample, as they fell within the range of 6.20 to 6.40, with small standard deviations (less than 1). The impact of potential ceiling effects of the relationship

quality measures, with minimal variability among scores will be further discussed in the limitations section of the discussion.

A majority of correlations between variables emerged in the expected directions. Specifically, early attachment anxiety and avoidance were significantly and positively correlated with adult attachment variables. With the exception of the goal's subscale of the DERS-SF, early and current attachment variables were also significantly and positively correlated with most emotion dysregulation variables. Early and current attachment variables were also significantly and positively correlated with most conflict management variables in the expected directions. Conflict engagement, however, was not significantly associated with early attachment avoidance. Most emotion dysregulation variables were significantly associated with conflict management variables. The goals subscale of the DERS-SF and the conflict engagement subscale of the CRSI was the only correlation between emotion dysregulation and conflict management variables that was not significant. In terms of relationships between independent variables and relationship quality variables, many relationships were significant in the expected directions. For example, early attachment anxiety was significantly and negatively associated with relationship intimacy and dyadic adjustment. Early attachment avoidance was also significantly and negatively associated with dyadic adjustment. All relationships between current attachment variables and romantic quality demonstrated stronger correlations (ranging from $r = -.35$ to $r = -.56$) in expected directions. As expected, both conflict management variables were significantly and negatively associated with all variables of relationship quality. Overall, some relationships between emotion dysregulation variables and relationship quality were unexpected. While most relationships between these variables were in the expected negative direction (aside from a positive and insignificant relationship between the clarity subscale of the DERS-SF and

relationship intimacy), not all relationships were significant and the relationships that were significant were not as strong as expected (i.e., significant correlations ranged from $r = -.19$ to $r = -.25$).

Mardia's measures of multivariate skewness and kurtosis (Mardia, 1970) indicated that the data was multivariate non-normal. To account for non-normality, the Bollen-Stine bootstrap measure of model fit was used, and parameter estimates were calculated using bias corrected bootstraps with 20,000 ($N = 10$) bootstrap samples, as recommended by Kline (2005).

Measurement Model

Results of an initial confirmatory factor analysis including all subscales from each measure demonstrated poor to adequate fit ($X^2 = 394.84$; $df = 179$, $p = .000$; CFI = .816; SRMR = .097; TLI = .785; and RMSEA = .107). Due to poor factor loadings (.40 to .51), the following subscales were removed from the measurement model: the aware, and goals subscales of the DERS-SF, the passion subscale of the PRQCI, as well as the problem solving and comply subscales of the CRI. Including only higher factor loadings is recommended especially for small sample sizes (less than 100-150 cases), and in order to reduce the likelihood of Heywood cases (regression coefficient values that fall within an impossible or very rare range; Kline, 2005; Kolenikov & Bollen, 2012; Marsh & Hau, 1999; Wothke, 1993). Other studies identify .65 as a good loading for small samples (Hair et al., 1998; MacCallum et al., 2001). However, two variables yielded factor loadings of .64 and it was decided that these would remain in the model in order to maintain at least 2 observed variables for each latent variable, as they were near enough to the suggested .65 marker and considerably higher than the factor scores of remaining subscales that were removed. Retaining at least two observed variables per latent variable is necessary to satisfy the two-indicator rule (Kline, 2005), which states that a measurement model

with 2 or more latent variables requires at least 2 indicators in order for the model to be identified.

Removing these subscales improved the measurement model ($X^2 = 120.261$; $df = 80$, $p = .002$; CFI = .948; SRMR = .066; TLI = .932; and RMSEA = .069). Standardized factor loadings ranged from .65 to .88 and were all significant at the $p < .001$ level. Reviewing the modification indices revealed that the error terms associated with the impulse subscale of the DERS-SF and the conflict engage subscale of the CRSI were significantly correlated. Model fit was substantially improved when these error terms were covaried in the model, and the model demonstrated good fit. However, it is recommended that error terms across latent variables should not covary (Hermida, 2015). Because error terms should not covary, wording of the items of each of these subscales were reviewed, and it was apparent that items comprising each of these subscales were highly similar and broadly reflected a loss of control. For example, items on the DERS-SF impulse scale include “when I’m upset, I become out of control”, “when I’m upset, I have difficulty controlling my emotions”, and “when I’m upset, I lose control over my behaviours”. Similarly, on the CRSI the items include “launching personal attacks”, “exploding and getting out of control”, “getting carried away and saying things that aren’t meant” and “throwing insults and digs”. Because of this, it was decided that the DERS-SF impulse subscale would be removed in order to avoid redundancy of constructs, and because items could be interpreted by participants to reflect engaging in conflict with others when experiencing strong emotions. The conflict engagement subscale was retained as it clearly reflects behaviours towards a partner during conflict, a key component of our hypotheses.

Removing the DERS-SF impulse subscale improved the measurement model and yielded excellent model fit (see Figure 2), with $X^2 = 93.23$ ($df = 67$, $P = .019$), CFI = .963, SRMR .066,

TLI = .9, and RMSEA = .061. Standardized factor loadings ranged from .66 to .90 and were all significant at the $p < .001$ level.

Structural Model: ‘Model of Attachment, Coping, and Relationship Quality’

The structural model was based on the final measurement model (shown in Figure 2). Overall, the structural model shown in Figure 3 demonstrated excellent fit: χ^2 goodness of fit statistic $p = .029$ ($X^2 = 91.86$, $df = 68$), Bollen-Stine bootstrap $p = .03$, CFI = .97, TLI = .96 and RMSEA = .06 (90% CI: .02, .09).

Direct Effects

Early attachment was significantly related to current romantic attachment ($p < .001$). As hypothesized, poorer early attachment was also significant related to difficulties in regulating emotions ($p = .019$). Poorer romantic attachment was also significantly related to emotion dysregulation ($p < .001$), conflict management style ($p = .018$), and perceived relationship quality ($p < .001$) in expected directions. As predicted, conflict management style was significantly related to relationship quality ($p = .003$). Unexpectedly, early attachment was not directly related to conflict management style ($p = .176$), and emotion regulation was not directly related to conflict management ($p = .169$). Lastly, while emotion regulation was significantly related to romantic relationship quality ($p > .001$), the effect was not in the expected direction. Results of this model indicated that poorer emotion regulation was significantly related to higher ratings of relationship quality.

Indirect Effects

In the present research, hypothesized total indirect effects and specific indirect effects were analyzed (see Table 2). In terms of total indirect effects, it was supported that early attachment was indirectly related to romantic relationship quality through current romantic attachment,

emotion regulation, and conflict management. Our second hypothesized total indirect effect was not supported, specifically, lower levels of romantic attachment security was not indirectly related to poorer relationship quality through emotion regulation and conflict management styles within relationships. To further understand these relationships, specific indirect effects were analyzed (Table 2). Results indicated that a) lower levels of romantic attachment was indirectly associated to romantic relationship quality through conflict management, and b) lower levels of romantic attachment was indirectly associated with romantic relationship quality through emotion regulation, however, this effect was also in an unexpected positive direction. Unexpectedly, our third hypothesized indirect effect was not supported and indicated that lower romantic attachment was not indirectly associated with conflict management through emotion dysregulation. Overall, the ‘Model of Attachment, Coping, and Relationship Quality’ including each of the constructs predicted 71% of the variance in perceived romantic relationship quality ($R^2 = .71$).

Chapter 5. Study 1 Summary of Results and Discussion

The Model of Attachment Coping and Relationship Quality

Consistent with hypotheses and extensive previous research, early attachment insecurity was related to attachment insecurity with romantic partners. This finding aligns with literature which assesses the continuity of attachment style across the lifespan and finds that early attachment moderately predicts style of attachment with close others into adulthood, especially with romantic partners (e.g., Conger et al., 2000; Fraley, 2002; Pascuzzo et al., 2013; Roisman et al., 2005). In the present research, insecure early attachment as well as insecure current attachment were both directly related to difficulties in emotion regulation in adulthood. This finding validates the core theory of IWMs from Attachment Theory, which explains that certain

maladaptive emotion regulation strategies developed from early attachment relationships are internalized and applied throughout the lifespan to future stressful situations (e.g., Brenning & Braet, 2012; Cabral et al., 2012; Clear & Zimmer-Gembeck, 2017; Pascuzzo et al., 2013). Consistent with existent literature in this area (e.g., Cooper et al., 2017; Mondor et al., 2011; Meyers & Landberger, 2002; McCarthy & Maughan, 2010; Shaver & Mikulincer, 2006) both current attachment and conflict management were also directly associated with overall relationship quality. Specifically, higher degrees of attachment insecurity (i.e., anxious and avoidant), and poorer conflict management strategies were predictive of poorer ratings of overall relationship quality.

Emotion dysregulation also demonstrated a significant direct path with relationship quality, however, this relationship was in an unexpected positive direction. Interpretation of this relationship would indicate that higher levels of emotion dysregulation was associated with higher ratings of relationship quality, inconsistent with mounds of existent literature suggesting otherwise (e.g., Ben-Naim et al., 2013; Butler et al., 2003; Gottman & Notarius, 2000). While it may be possible that this is the case for this model tested with this sample, it is possible that this finding is better explained by suppression effects within the model.

Suppression effects often occur within psychological research involving forms of regression analyses, like structural equation modeling. They occur when a variable in a model acts as a “suppressor” and removes irrelevant variance from other independent variables (Martinez Gutierrez & Cribbie, 2021). Suppression can occur when multiple predicting variables are included in a model and increase the predictive power of other independent variables on the outcome variable(s) (Martinez Gutierrez & Cribbie, 2021). When suppression effects occur, one variable is identified as the suppressor variable and other variables in the

model can be positioned as the suppressed variable(s) (Martinez Gutierrez & Cribbie, 2021). The presence of suppression effects can be identified when a relationship between an independent variable demonstrates a different or unexpected effect in a regression model compared to the relationship demonstrated between the same two variables in a bivariate correlation, or standardized regression (referred to as negative suppression; Conger, 1974). In the present research, this was apparent when comparing the size and sign of the bivariate correlations between observed emotion dysregulation variables with relationship quality variables, which were weak and in the negative (and expected) direction (see Table 1), compared to the stronger and positive effect between the latent variables of emotion dysregulation and relationship quality in the final structural model (i.e., $r = .54$). A regression effect, however, is different from a straightforward correlation, as regression aims to identify the effect of one variable (or in this case latent variable) on another, when all other variables in the model are being held constant. With this in mind, the suppression effect may indicate that when all other variables are considered, the remaining variance between emotion dysregulation and romantic relationship quality emerges in this unexpected direction. In the present study, it could be that the conflict management variables are suppressing the emotion dysregulation variable in this model, explaining the change in the direction of relationship between attachment and relationship quality when included in the comprehensive model.

A similar negative suppression effect occurred in a study by Walker (2003) which tested a multiple regression model to predict salaries of administrators at academic institutions. In this study, the variable 'level of education' at the bivariate level was positively and weakly correlated with salary. However, when 'level of education' was incorporated into the multiple regression model along with other independent variables including, race/ethnicity, age, and institution

classification, the regression coefficient became significant, but now in a negative direction (Walker, 2003). Examining the model with and without this variable allowed Walker (2003) to conclude that level of education was presenting as a suppressor effect in the model and retaining this variable in the model improved the variance accounted for by the model. Pandey and Elliot (2010) argue that suppression effects occur more often than previously thought, however, when they do occur, they are sparsely recognized or further discussed or analyzed in research.

Overall, the total indirect effects of early attachment on romantic relationship were significant and supported our hypotheses. This evidence for partial mediation validates the importance of IWMs and its impact on the quality of relationships, which has been referenced and supported throughout past literature (Creasey & Ladd, 2004; Gross & John, 2003; Fitzpatrick et al., 2016; Hazan & Shaver, 1987; Shaver et al., 1996). The second hypothesized total indirect effect, however, was not. Specifically, the indirect effect of current romantic attachment on romantic relationship quality was nonsignificant. Breaking down these relationships through analyzing specific indirect effects that parsed out emotion dysregulation and conflict management provided additional information that might explain this nonsignificant finding.

The specific indirect effect of current attachment on relationship quality through emotion regulation, and the indirect effect of current attachment on relationship quality through conflict management were analysed. Both of these indirect effects were significant (see Figure 2). However, the path to relationship quality through emotion regulation was again in an unexpected positive direction, indicating the potential presence of suppression. The path to romantic relationship quality through conflict management was significant and in the anticipated negative direction. This finding indicates that an individual's attachment style may influence how they

manage conflict within their relationship with romantic partners later on (Creasey et al., 1999). This finding is consistent with literature which supports that differences in attachment (i.e., anxious and avoidance) are associated with differences in maladaptive conflict management strategies (e.g., Malik et al., 2015; Winterheld, 2016). Overall, the findings of study 1 support that habitual use of maladaptive strategies intended to manage relational conflict leads to a negative perception of the quality of the relationship over time, which included poorer ratings of satisfaction, dyadic adjustment, intimacy, and satisfaction within relationships.

Study 1 is one of the first to test a comprehensive model of attachment and relationship quality in a sample of unmarried adults in committed relationships which includes the roles of early attachment to a primary caregiver (i.e., mothers), as well as abilities to regulate emotions and manage relational conflict. The findings of the present research empirically validate several core theories of romantic attachment which reference these relationships and their impacts on romantic relationship quality and may inform future developments of therapeutic interventions for unmarried individuals (general discussion on these topics proceeds in a subsequent section of this document). However, some unexpected findings in this model highlight the need for additional research examining these relationships over time, which was the primary objective of study 2 of this research program.

Chapter 6. Study 2 Methods

Study 1 aimed to test a conceptual ‘Model of Attachment, Coping, and Relationship Quality’ using a cross-sectional design of individuals in monogamous, committed, relationships. Overall, a majority of hypothesized direct and indirect effects were supported, and the final model accounted for 71% of variance in perceived relationship quality. The purpose of study 2

was to expand upon the findings from study 1 to bring clarity to the cause-and-effect relationships between these variables using a daily process design.

Participants

One hundred and sixty-one undergraduate students were recruited from a Canadian university who were in a monogamous relationship of at least three months duration. All participants were required to speak and read fluently in English. The majority of the sample reported their ethnicity as Caucasian (60.9%); 10.6% as more than one ethnicity, 4.4% as Indian; 5% as Aboriginal, First Nations, or Native American; 4.7 as African or Black; 3.8% as Asian, and 3.1% as other ethnicities. Overall, 83% of the sample reported being born in Canada. The majority of the sample identified their gender as female (83.9%). Mean age of the sample was 21.71 years of age ($SD = 5.74$). All participants reported being in a monogamous relationship with an average duration of 2.4 years ($SD = 3.43$; $Mdn = 1.33$). Overall, 15.9% of participants reported that they were cohabitating with their partner. The majority of the sample (83.9%) identified as predominantly or exclusively heterosexual, 5% identified as predominantly heterosexual (only incidentally homosexual), 4.3% identified as predominantly heterosexual (but more than incidentally heterosexual), 2.5% identified as equally heterosexual and homosexual, 1.2% identified as predominantly homosexual (but more than incidentally heterosexual), 2.5% identified as exclusively homosexual, and 1 participant identified as pansexual.

Procedures

The study involved two phases. In the first phase, participants attended one lab session to complete initial self-report questionnaires which included demographics and measures of attachment (see Study 1), as these are not expected to fluctuate on a daily basis. Following this initial lab session, participants were e-mailed a link to complete the daily diary surveys online

and were instructed to complete the surveys twice daily for 7 days. This design allowed for the assessment of how relations among daily variables (emotion regulation, conflict management strategies, and perceived relationship quality) covary over time. Participants were instructed to complete their first diary at their midday point (or 8 hours after waking) and their second entry 1 hour before bed. This design was chosen as it captures the first and second half of participants' day, and accounts for differences in sleep schedules, rather than setting a specific time of day for each diary entry and is consistent with past research (Mushquash & Sherry, 2012). For example, if participants wake up at noon, they would not have had any interactions with their partner that they could report on in their first diary entry. For each entry, participants were asked to record how they had regulated their emotions (with the DERS-SF) since their last entry, which conflict management strategies (CRSI) they have used since their last entry, as well as their perceived relationship quality since their last entry (PRQC). Participants were e-mailed two reminders each day.

Measures

Attachment

The measures of attachment to primary caregivers in childhood as well as current romantic attachment were assessed at one time point with the same measures included in study 1 (see measures for Study 1). Alphas for measures of early and current romantic attachment included in study 2 were consistent with those from study 1. For the PASQ, alphas ranged from .86 (avoidant) to .88 (anxious). For the ECR-R alphas ranged from .92 (anxious) to .93 (avoidant).

Emotion Regulation

Each diary entry required the participants to rate their degree of emotion dysregulation since their last entry. Emotion dysregulation was measured using the Difficulties in Emotion Regulation Scale – Short Form (DERS-SF; Gratz & Roemer, 2004). Instructions and items for the DERS-SF were modified from study 1. To assess how the participant managed their emotions since their last entry. For example, items from the DERS-SF were changed from present to past tense, so that participants could respond in terms of how they regulated their emotions that day. For example the item “*I am clear about my feelings*” was modified to “*I was clear about my feelings*” and “*I experience my emotions as overwhelming and out of control*” was reworded to “*I experienced my emotions as overwhelming and out of control*”. For the present analysis the total score for the DERS-SF was used to account for degree of emotion dysregulation overall. For this study the alpha for the DERS-SF was .91

Conflict Management

Each diary entry also required participants to rate their conflict management strategies used since their last entry, and was measured with the self-rated version of the Conflict Resolution Styles Inventory (CRSI; Kurdek, 1994). Instructions from the CRSI were modified to assess how the participant managed conflict within their relationships since their last entry. Specifically, instructions for the CRSI were reworded from “*rate how frequently you use each of the following styles to deal with arguments or disagreements with your partner*” to “*how often did you use each of the following styles to deal with arguments or disagreements with your partner since your last entry*”. Further, only the Conflict Engagement and Conflict Withdrawal subscales of the CRSI were included in analysis as these subscales had good factor loadings on the conflict management factor of the SEM in Study 1. Alphas for the CRSI measures included in study 2 were strong, and ranged from .72 (withdrawal) to .79 (engagement).

Relationship Quality

Perceived relationship quality was assessed during each entry, however, only end of day reports of relationship quality were included in the analyses to evaluate the impact that emotion regulation and conflict management earlier in the day had on perceived relationship quality at the end of the day. Perceived relationship quality was assessed using the Perceived Relationship Quality Components Inventory (PRQC; Fletcher, Simpson, & Thomas, 2000; See measures for study1). The Satisfaction and Intimacy subscales were selected as outcome variables for the analysis for study 2 given that these subscales loaded highly on the relationship quality latent variable in study 1, as well as in Fletcher et al.'s (2000) measurement study of the PRQCI. While the Love subscale also loaded highly on this factor in study 1, it was suspected that the Love subscale would demonstrate less daily variation in ratings compared to Intimacy and Satisfaction, which was supported by analyses of descriptive statistics. It should be noted that due to researcher error, the scale for the online survey completed by participants was incorrect and ranged from 1 (*Not at all*) to 5 (*Extremely*) rather than 1 (*Not at all*) to 7 (*Extremely*). A primary limitation of this error is that a 5-point scale limits options for responses to items of relationship quality, and may inhibit the participant from reporting subtle differences in relationship quality that could be captured by a 7-point scale, and overall reduce the variance in these scores that could be accounted for by the multi-level models. However, it was decided that responses for this item would not be transformed, as the 5-point scale was also consistent with those of the emotion regulation and conflict management measures, and also allows for a neutral mid-point similar to that of a 7-point scale. Alpha's for the satisfaction and intimacy scale ranged from .74 (intimacy) to .97 (satisfaction) for study 2.

Analyses

Data Cleaning

All 161 participants completed the first phase of this study in lab. Of the initial 161 participants, 3 did not complete a single diary entry over the 7 days ($N = 158$). Missing data for the baseline (phase 1) dataset was minimal and were identified as missing at random as indicated by a non-significant Little's Missing Completely at Random test, $\chi^2 (1522.853, N = 159) DF = 811, p = 1.00$ (Little, 1988). Missing data for baseline measures were addressed with mean imputation. The remaining 158 participants completed at least one diary entry; 2026 diary entries were provided. In cleaning the data, it appeared that 55 entries included no data (i.e., they did not respond to any items after indicating that they would like to continue with the study). Prior to investigating diary entries, the pattern of missing data was assessed, and it was concluded that data were missing at random as indicated by a non-significant Little's Missing Completely at Random test, $\chi^2 (5238.142, N = 2026) = .000, p = 1.00$ (Little, 1988). Investigation of these entries which included no data indicated that a majority ($n = 47$) of these were prematurely discontinued and appeared that the participant had entered an additional completed entry around the same time. It was decided that the 8 remaining empty entries would be deleted as there was no data available. Further, two additional entries included incorrect participant IDs that did not match the studies log of participant IDs. The IP addresses of these entries were investigated in order to attempt to connect these entries with the same IP addresses linked with valid participant IDs. One of these entries included an IP address that did not match any other and was deleted from the dataset. The other entry was linked to other entries with the same IP address and valid ID code, and the ID code for this entry was corrected for this entry. After these issues were addressed, 1971 entries remained. One participant was identified as a multivariate outlier in the sample and their diary entries were subsequently removed. Total

entries for each of the remaining sample ($N = 157$) ranged from 1 to 14 entries. Three of the 157 participants provided only one entry (0.02%). For remaining valid entries, participants on average completed 11.36 ($SD = 3.11$) of a possible 14 entries.

Same day mid and end of day diary entries were linked for each participant and were retained only if they were entered between 2 and 14 hours apart, in order to ensure temporal separation (Mushquash & Sherry, 2012). Consistent with the temporal sequence of the model, midday diary entries of emotion regulation and conflict management strategies followed by assessments of relationship quality within the end of day entry were used to assess whether poor emotion regulation and conflict management leads to poorer reports of relationship quality that day. This resulted in 967 linked entries. On days where there were not two full entries to be linked (e.g., participants completed a midday entry but not an end of day entry), the entry for that day was retained in the dataset to maintain power, and missing data were addressed during the analysis. Overall, 85.6% of linked entries included both a mid and end of day entry, and 14.4% of linked entries were missing either a mid or end of day entry. Consistent with the temporal sequence of the model, midday diary entries of emotion regulation and conflict management strategies followed by assessments of relationship quality within the end of day entry were used to assess whether poor emotion regulation and conflict management leads to poorer reports of relationship quality that day.

Data Analytic Strategy

Descriptive statistics and multivariate normality were reported and tested using SPSS version 28.0.1.0 software. Structural equation modeling (SEM) using Analysis of Moment Structures (AMOS) Version 20 was used to retest the ‘Model of Attachment, Coping, and Relationship Quality’ (see Figure 1). For this model, however, an observed variable of the

DERS-SF total score was used in place of the latent variable of emotion regulation from study 1 due to the structure of the dataset for study 2 (see Figure 4). The structural model was analyzed using the variables of interest at the between-persons level (i.e., the individuals average score on each variable across all mid-day diary entries). The data analytic strategy for the diary data involved multi-level mixed modelling (MLM) using SPSS Version 28.0.1.0. MLM was chosen for this analysis as it is recommended for the use of multi-level and repeated measures data (Bolger & Laurenceau, 2013), and can be used with non-normal data without necessitating a transformation of values (Yang et al., 2014). Separate multi-level models to specify the within-subject processes and between-subject processes were used. In these models, time was adjusted to be centered at the midweek point in order to control for the linear effects of time, which is also necessary to estimate the autoregressive error parameter accurately (Bolger & Laurenceau, 2013).

This strategy provides information on a) the degree to which the relationship between attachment style and romantic relationship quality is associated with emotion regulation and conflict management strategies (i.e., the between-person level); and b) the effects of a participant's daily variation in emotion regulation and conflict management on their perceived romantic relationship quality (i.e., the within-person level). Further, this strategy will allow us to further interpret the relationships between the observed variables included in the comprehensive model outlined in study 1. The number of participants and entries included in the present research was small, so it was decided that the MLM would include only observed variables, rather than latent variables as conducted in study 1. A series of multi-level models were conducted:

- Model 1. Effect of attachment anxiety, emotion dysregulation, and conflict engagement on daily reports relationship of intimacy.
- Model 2. Effect of attachment anxiety, emotion dysregulation and conflict withdrawal on daily reports of relationship intimacy.
- Model 3. Effect of attachment anxiety, emotion dysregulation and conflict engagement on daily reports of relationship satisfaction.
- Model 4. Effect of attachment anxiety, emotion dysregulation and conflict withdrawal on daily reports of relationship satisfaction.
- Model 5. Effect of attachment avoidance, emotion dysregulation, and conflict engagement on daily reports of relationship intimacy.
- Model 6. Effect of attachment avoidance, emotion dysregulation and conflict withdrawal on daily reports of relationship intimacy.
- Model 7. Effect of attachment avoidance, emotion dysregulation and conflict engagement on daily reports of relationship satisfaction.
- Model 8. Effect of attachment avoidance, emotion dysregulation and conflict withdrawal on daily reports of relationship satisfaction.

The independent variables in model 1 and 2 will include early and current measures of attachment anxiety (i.e., the PASQ ambivalence subscale and the ECRR anxiety subscale), the DERS-SF total as a measure of emotion dysregulation, and the PRQCI intimacy subscale as the dependent variable. In terms of conflict management measures, the conflict engagement subscale of the CRSI was also included as an independent variable in model 1, and the conflict withdrawal subscale of the CRSI was included as an independent variable in model 2. The independent variables included in model 3 and 4 replicate those of models 1 and 2, however, the

satisfaction subscale of the PRQCI was included as the dependent variable in place of intimacy. The remaining models (i.e., 4 to 8) replicate those of models 1 to 4, with the exception of the inclusion of avoidant attachment measures (i.e., the PASQ avoidant and the ECRR avoidant subscales) in place of anxious attachment measures.

Chapter 7. Study 2 Results

Descriptive Statistics

Descriptive statistics for baseline attachment measures and correlations between baseline measures are presented in Table 4. Descriptive statistics for daily ratings of emotion regulation, conflict management styles, and perceived relationship satisfaction are based on aggregated daily diary data (see Table 5). The DERS-SF total score was used for this study, the mean and standard deviation of the total score those this measure with this sample was similar compared to other research with comparable samples (e.g., Burton et al., 2022) and similar to the results of study 1, Correlations among the aggregated daily variables included in the model are depicted in Table 4.

Structural Model Study 2: ‘Model of Attachment, Coping, and Relationship Quality’

The structural model for study 2 was based on the final measurement model of study 1. (shown in Figure 4). The model was retested using participants average score on variables across each diary entry (i.e., the between-persons level). Overall, the structural model shown in Figure 4 demonstrated excellent fit: χ^2 goodness of fit statistic $p = .008$ ($X^2 = 59.78$; $df = 36$), Bollen-Stine bootstrap $p = .14$, CFI = .97, TLI = .96 and RMSEA = .06 (90% CI: .03, .09).

Direct Effects

Early attachment was significantly related to current romantic attachment ($p < .001$). Poorer romantic attachment was significantly related to emotion dysregulation ($p = .03$) and

perceived relationship quality ($p < .001$) in expected directions. As predicted, conflict management style was significantly related to relationship quality ($p < .001$). Consistent with findings from study 1, early attachment was also not directly related to conflict management style ($p = .27$) in this sample. Inconsistent with findings from study 1, early attachment was not significantly associated to emotion dysregulation ($p = .25$), and current romantic attachment was not directly related conflict management style ($p = .24$). Emotion dysregulation was directly related to conflict management ($p < .001$), a relationship which was insignificant in study 1, and conflict management style was significantly related to relationship quality ($p < .001$). Lastly, emotion dysregulation continued to demonstrate a significant association with romantic relationship quality in the unexpected direction ($p > .001$), indicating that poorer emotion regulation was significantly related to higher ratings of relationship quality.

Indirect Effects

As conducted in study 1, hypothesized total indirect effects and specific indirect effects were analyzed in study 2 (see Table 5). Similar results in terms of total indirects effects from study 1 were also demonstrated in study 2's model. Specifically, it was supported that early attachment was indirectly related to romantic relationship quality through current romantic attachment, emotion regulation, and conflict management (hypothesis 1), and lower levels of romantic attachment security was not indirectly related to poorer relationship quality through emotion regulation and conflict management styles within relationships (hypothesis 2). The same specific indirect effects from study 1 were analyzed (Table 2). For this sample results indicated that a) lower levels of romantic attachment was not indirectly associated to romantic relationship quality through conflict management (inconsistent with study 1), and b) lower levels of romantic attachment was again indirectly associated with romantic relationship quality

through emotion regulation in the unexpected positive direction. The third hypothesized indirect effect was again not supported and indicated that lower romantic attachment was not indirectly associated with conflict management through emotion dysregulation. Overall, the ‘Model of Attachment, Coping, and Relationship Quality’ including each of the constructs predicted 41% of the variance in perceived romantic relationship quality ($R^2 = .41$).

Multilevel Causal Modelling

Model 1. Effect of Attachment Anxiety, Emotion Dysregulation, and Conflict Engagement on Daily Reports Relationship of Intimacy

The PASQ ambivalence subscale, ECR anxiety subscale, the DERS-SF total subscale, and the CRSI conflict engagement subscale were included as the independent variables in model 1 (see Table 5). End of day rating of relationship intimacy was included in this model as the outcome variable. In model 1, adult anxious attachment was negatively associated with intimacy, $t(287) = -2.36, p = .019$. Unexpectedly, conflict engagement within-persons was positively associated with intimacy, $t(674) = 2.70, p = .007$. A significant negative interaction effect between conflict engagement and attachment anxiety in predicting daily ratings of relationship intimacy was exhibited, $t(679) = -2.18, p = .03$, indicating that when individuals higher on attachment anxiety endorse higher rates of conflict engagement, they are more likely to endorse poorer ratings of relationship intimacy at the end of the day. The inclusion of early attachment anxiety or emotion dysregulation did not add anything relevant to the model at the within-persons level.

At the between persons level, higher levels of both current anxious attachment and conflict engagement were significantly and positively associated with ratings of relationship intimacy; $t(436) = 2.44, p = .015$, and $t(803) = 4.91, p < .001$ respectively. Emotion

dysregulation was also significantly and positively associated with end of day ratings of relationship intimacy, $t(471) = 4.51, p < .001$. Significant and negative interaction effects between current attachment anxiety and emotion dysregulation, $t(469) = -2.21, p = .028$, current anxious attachment and conflict engagement, $t(806) = -4.37, p < .001$, and between emotion dysregulation and conflict engagement, $t(799) = -4.44, p < .001$). These results indicate that independently, higher ratings of both emotion dysregulation and conflict engagement across individuals was positively associated with end of day ratings of relationship intimacy. However, the direction was negative between these variables when higher ratings of anxious romantic attachment are considered. Specifically, across individuals, higher ratings of anxious romantic attachment and higher ratings of emotion dysregulation or conflict engagement was associated with poorer end-of-day ratings of relationship intimacy. Unexpectedly, the three-way interaction between emotion dysregulation, anxious romantic attachment, and conflict engagement was also significant, but in the positive direction, $t(801) = 3.83, p < .001$. This result indicates that when each of these variables are considered together, they are associated with higher ratings of relationship intimacy across individuals.

Model 2. Effect of Attachment Anxiety, Emotion Dysregulation and Conflict Withdrawal on Daily Reports of Relationship Intimacy

Model 2 included the PASQ ambivalence subscale, ECR anxiety subscale, the DERS-SF total subscale, and the CRSI conflict withdrawal subscale as the independent variables (see Table 6). In this model, only current attachment anxiety demonstrated a significant negative effect on daily ratings of relationship intimacy within participants, $t(284) = -2.50, p = .013$. No other independent variables or interactions between variables were significantly associated with end of day ratings of relationship intimacy.

At the between persons level, increased levels of early or current anxious attachment did not have a significant effect across persons on end of day ratings of relationship intimacy. Higher ratings of emotion dysregulation and conflict withdrawal both had a significant and positive effect on end of day ratings of relationship intimacy; $t(460) = 2.84, p = .005$, and $t(808) = 2.43, p = .015$). These results indicate that separately, higher ratings of emotion dysregulation and conflict withdrawal across individuals was associated with higher levels of relationship intimacy. However, a significant negative interaction effect between current anxious attachment and conflict withdrawal on end of day ratings of relationship intimacy was observed in this model, $t(790) = -2.64, p = .009$. Similar interaction effects to model 1 were also observed, as higher emotion dysregulation with higher ratings of conflict withdrawal demonstrated a significant negative interaction effect on end of day ratings of relationship intimacy across individuals, $t(809) = -2.41, p = .016$. These interactions indicate that relationship intimacy is negatively impacted for individuals higher on attachment anxiety who endorse higher ratings of conflict withdrawal, and for individuals who endorse higher levels of emotion dysregulation and conflict withdrawal. Again, a significant positive interaction effect between anxious romantic attachment, emotion dysregulation, and conflict withdrawal across individuals was also observed, $t(794) = 2.46, p = .014$.

Model 3. Effect of Attachment Anxiety, Emotion Dysregulation and Conflict Engagement on Daily Reports of Relationship Satisfaction

Model 3 included the PASQ ambivalence subscale, the ECR anxiety subscale, the DERS-SF total subscale, and the CRSI conflict engagement subscale as independent variables (see Table 7). The relationship satisfaction subscale of the PRQCI was included as the outcome variable. At the within-persons level, current attachment anxiety demonstrated a significant

negative effect on daily ratings of relationship satisfaction, $t(305) = -3.01, p = .003$. Emotion dysregulation in this model was significantly predictive of lower ratings of relationship satisfaction, $t(648) = 2.08, p = .038$, indicating that higher rates of emotion dysregulation was associated with poorer ratings of relationship satisfaction at the end of the day. No other significant effects between remaining independent variables or interactions between independent variables on end of day ratings of relationship satisfaction were observed.

At the between-persons level, higher ratings of emotion dysregulation and conflict engagement across participants was associated with higher ratings of relationship satisfaction; $t(478) = 2.74, p = .006$, and $t(805) = 4.08, p < .001$. Similar to the effects of these variables on relationship intimacy (model 2), these results indicate that separately, higher ratings of emotion dysregulation and conflict engagement across individuals was associated with higher levels of relationship satisfaction. Significant negative interaction effects involving current anxious attachment and conflict engagement, $t(808) = -3.07, p = .002$, and emotion dysregulation and conflict engagement, $t(801) = -3.69, p < .001$, on ratings of relationship satisfaction was also observed. This result is also similar to the impact of the interaction of these variables on relationship intimacy shown in model 2, which indicated that when these variables are considered together, they were associated with poorer ratings of relationship satisfaction across individuals. The interaction effect between each of these variables (i.e., current anxious attachment, emotion dysregulation, and conflict engagement) on ratings of relationship satisfaction, was observed to be significant but in the positive direction, $t(803) = 2.56, p = .011$. Early attachment anxiety did not have a significant effect on relationship satisfaction across participants.

Model 4. Effect of Attachment Anxiety, Emotion Dysregulation and Conflict Withdrawal on Daily Reports of Relationship Satisfaction

Model 4 included the PASQ ambivalence subscale, the ECR anxiety subscale, the DERS-SF total subscale, and the CRSI conflict withdrawal subscales as predicting variables (see Table 8). The relationship satisfaction subscale of the PRQCI was included as the outcome variable. At the within-persons level, higher ratings of current attachment anxiety had a significant negative effect on relationship satisfaction, $t(304) = -3.24, p = .001$. Higher ratings of emotion dysregulation also demonstrated a significant effect on end of day ratings of relationship satisfaction in this model, but was demonstrated in an unexpected positive direction, $t(654) = 2.97, p = .003$. A significant negative interaction effect was also observed between current attachment anxiety and emotion dysregulation on end of day ratings of relationship satisfaction, $t(653) = -2.41, p = .016$. Together these results indicate that higher ratings of emotion dysregulation on its own was associated with higher ratings of relationship satisfaction at the end of the day, but not for individuals who are higher on attachment anxiety. Relationship satisfaction was rated significantly lower on days when individuals higher on attachment anxiety reported a greater degree of emotion dysregulation. No interaction effects between current attachment anxiety, conflict withdrawal, and emotion dysregulation were observed.

At the between-persons level for this model, current anxious attachment again had a significant negative effect across participants on end of day ratings of relationship satisfaction, $t(456) = -2.01, p = .04$. Similar to the findings at the within-persons level, a significant interaction effect between current anxious attachment and emotion dysregulation on end of day ratings of relationship satisfaction across participants was also observed, $t(473) = 2.16, p = .031$. No other independent effects or interaction effects in this model between remaining independent

variables (i.e., early anxious attachment and conflict withdrawal) on end of day ratings of relationship satisfaction were observed at the between-persons level.

Model 5. Effect of Attachment Avoidance, Emotion Dysregulation, and Conflict Engagement on Daily Reports of Relationship Intimacy

The remaining four models tested in this study mirror those of the first four models with the exception of the inclusion of attachment avoidance as opposed to attachment anxiety as an independent variable (see Table 9). Model 5 included the PASQ avoidance subscale, the ECR avoidance subscale, the DERS-SF total subscale, and the CRSI conflict withdrawal subscale as the independent variables. Relationship intimacy was included in this model as the dependent variable. At the within persons level, early attachment avoidance and current attachment avoidance had a negative significant effect on end of day ratings of relationship intimacy; $t(255) = -2.28, p = .023$, and $t(244) = -4.23, p < .001$. A significant interaction effect involving current avoidant attachment and daily ratings of conflict engagement on end of day ratings of relationship intimacy was observed, $t(676) = 2.24, p = .03$, indicating that when individuals higher on attachment avoidance endorse higher rates of conflict engagement, they are more likely to endorse higher ratings of relationship intimacy at the end of the day. No other significant effects or interaction effects between included variables in this and end of day ratings were observed at the within-person level.

At the between person's level, early avoidant and current avoidant attachment both demonstrated a significant negative effect on end of day ratings of relationship intimacy; $t(233) = -2.15, p = .03$, and $t(446) = -3.16, p = .002$. Unexpectedly, a significant positive interaction effect between emotion dysregulation and current avoidant romantic attachment was also

observed, $t(489) = 2.76, p = .006$. All other independent effects and interaction effects involving remaining variables on end of day ratings of relationship intimacy were not significant.

Model 6. Effect of Attachment Avoidance, Emotion Dysregulation and Conflict Withdrawal on Daily Reports of Relationship Intimacy

The same variables for model 6 reflect those of model 2 with the exchange of early attachment avoidance and avoidant romantic attachment as the independent variables for the measure of attachment (see Table 10). At the within-person level for this model, both early attachment avoidance and current avoidant attachment demonstrated significant negative effects on ratings of relationship intimacy; $t(257) = -2.26, p = .03$, and $t(245) = -4.29, p < .001$. All remaining effects and interaction effects at the within-persons level of this model were not significant in terms of end-of-day ratings of relationship intimacy. At the between-persons level, early attachment avoidance was the only independent variable in the model to demonstrate a significant effect on end of day ratings of relationship intimacy across individuals, $t(235) = -2.09, p = .04$, indicating that higher levels attachment avoidance was associated with poorer ratings of relationship intimacy overall.

Model 7. Effect of Attachment Avoidance, Emotion Dysregulation and Conflict Engagement on Daily Reports of Relationship Satisfaction.

The same variables for model 7 reflect those of model 3, with the exchange of early attachment avoidance and avoidant romantic attachment as the independent variables for the measure of attachment (see Table 11). At the within-persons level both early and current avoidant romantic attachment significantly predicted poorer end of day ratings of relationship satisfaction; $t(265) = -2.26, p = .025$, and $t(251) = -4.52, p < .001$. Higher ratings of conflict engagement within persons also was predictive of poorer end of day ratings of relationship

satisfaction in this model, $t(670) = -2.68, p = .008$. An unexpected significant positive interaction effect between avoidant romantic attachment and conflict engagement was also observed, $t(667) = 3.11, p = .002$, indicating that reported relationship satisfaction increases for individual's higher on avoidant romantic attachment on days when they endorse higher rates of conflict engagement.

At the between-persons level, higher ratings of both early and current avoidant romantic attachment significantly predicted poor ratings of relationship satisfaction across individuals; $t(230) = -2.33, p = .021$, and $t(453) = -5.05, p < .001$. Significant positive interaction effects were also observed between current avoidant attachment and emotion dysregulation on daily reports of satisfaction, $t(496) = 4.63, p < .001$, and between current avoidant attachment and conflict engagement, $t(769) = 2.31, p = .021$). These results were also unexpected and indicate that overall, relationship satisfaction is rated higher for individuals who are higher on attachment avoidance and report higher levels of emotion dysregulation, and for individuals higher on attachment avoidance and report higher levels of conflict engagement.

Model 8. Effect of Attachment Avoidance, Emotion Dysregulation and Conflict Withdrawal on Daily Reports of Relationship Satisfaction

The same variables for model 8 reflect those of model 4, with the exchange of early attachment avoidance and avoidant romantic attachment as the independent variables for the measure of attachment (see Table 12). At the within-persons level, only measures of avoidant attachment (early and current), were independently predictive of end of day ratings of relationship satisfaction; $t(266) = -2.15, p = .033$, and $t(251) = -4.52, p < .001$. No other independent variables, or interactions between independent variables, significantly predicted end of day ratings of relationship satisfaction at the within person's level.

At the between-persons level for this model, early and current avoidant attachment again was predictive of end of day ratings of relationship satisfaction; $t(233) = -2.24, p = .026$, and $t(421) = -3.12, p = .002$. One significant interaction effect between current avoidant attachment and emotion was observed, but was again in the unexpected positive direction, $t(418) = 3.18, p = .002$, indicating that the hypotheses for this model was largely unsupported.

Chapter 8. Study 2 Summary of Results and Discussion

The aim of Study 2 was to better understand the relationships between attachment, emotion regulation, and conflict management on relationship quality included in the Attachment, Coping, and Relationships Model over time. This study involved a daily diary design which required participants to complete demographics and baseline measures of attachment during an initial laboratory session, as well as 2 daily diary entries online for 7 days following the initial laboratory session. The mid-day diary entry was used as an assessment of emotion dysregulation and poor conflict management strategies (i.e., conflict engagement or conflict withdrawal). The end of day diary entry was used as an assessment of participants' perceived relationship quality (i.e., intimacy and satisfaction). The design of this study allowed for examining these variables both across and within participants.

Study 2 'Model of Attachment, Coping, and Relationship Quality'

The 'Model of Attachment, Coping, and Relationship Quality' from study 1 was retested in this sample at the between-persons level, and hypotheses for this portion of the analyses aligned with those from study 1. Overall, the Structural Model of Attachment, Coping and Relationship Quality demonstrated excellent fit with the sample of the aggregated observed variables from the diary study data. In line with the results of direct effects from study 1, poorer early attachment was related to poorer attachment to romantic partners in adulthood, and poorer

early attachment was not associated with conflict management. Poorer current attachment also continued to be associated with higher levels of emotion dysregulation, and with poorer levels of overall romantic relationship quality. Poorer conflict management was associated with poorer ratings of relationship quality, and emotion dysregulation also continued to be associated with higher ratings of romantic relationship quality. In terms of total indirect effects and specific indirect effects (see Table 5), early attachment continued to demonstrate a significant total indirect effect on romantic relationship quality, and current romantic attachment continued to have a significant indirect effect on relationship quality through emotion regulation in the unexpected positive direction. The specific indirect effect of current attachment on conflict management also continued to be insignificant (see Chapter 5. Study 1 Summary of Results and Discussion for further discussion of these replicated findings).

Some significant direct and indirect effects demonstrated with the model from study 1, however, were not replicated in study 2. Specifically, with this sample, early attachment was not directly related to emotion dysregulation. Unexpectedly, current romantic attachment was also not directly associated with either emotion regulation or conflict management with this sample, and specific indirect effect of romantic attachment to romantic relationship quality through conflict management was insignificant. Overall, these findings overall do not align with current attachment literature that supports the relationships between these variables and contributes to our understanding of IWMs (e.g., Brenning & Braet, 2012; Cabral et al., 2012; Clear & Zimmer-Gembeck, 2017; Laurent & Powers, 2007; Pascuzzo et al., 2013). Certain aspects of the diary study design may have impacted these insignificant results for the model tested in study 2 (i.e., one week of diary entries may have been insufficient to sample enough moments where conflict needed to be managed between the participant and their partner). The components of the diary

study design that may have impacted these findings which do not align with the results of study 1 or align with what is supported throughout the literature regarding attachments association with emotion regulation and conflict management, is further discussed in the limitations section of this document.

Multilevel Causal Modeling

Following this SEM analysis, multi-level mixed models were conducted to further examine these variables at the within-persons and between-persons levels. It was hypothesized that across participants, insecure attachment, emotion dysregulation, and poor conflict management would be predictive of poorer ratings of relationship quality. It was also hypothesized that interactions between these variables on relationship quality would be supported. Within participants, it was hypothesized that on days when participants indicated a greater degree of emotion dysregulation or conflict management, they would also be more likely to report lower ratings of relationship quality for that day. Interaction effects between insecure attachment, emotion dysregulation, and conflict management were also hypothesized at the within-persons level.

Overall, 8 multi-level models were assessed. Four of these models included anxious attachment as an independent variable, and 4 included avoidant attachment as the independent variable. Within each of the models both conflict engagement or conflict withdrawal were included as poor conflict management variables, and either intimacy or satisfaction were included as the outcome variables. Overall, some hypotheses were supported. Hypothesized relationships that were nonsignificant or unexpected may provide additional information on the relationship between these variables, and potentially lead to a better understanding of the findings of the Model of Attachment, Coping, and Relationship Quality tested in Study 1 and 2.

The Influence of Anxious Attachment on Relationship Intimacy

Models 1 and 2 tested multi-level models of early and current attachment on relationship intimacy. Emotion dysregulation was included as an independent variable in both models. Conflict engagement was included in model 1, and conflict withdrawal in model 2. For model 1, within-persons ratings of current anxious attachment negatively predicted end of day ratings of relationship intimacy. Unexpectedly, conflict engagement in this model was positively associated with relationship intimacy. This result indicates that in this sample, individuals who report engaging in conflict were more likely to report a greater perception of intimacy with their partner that evening, which is inconsistent with existing research showing that maladaptive conflict management leads to poorer perceptions of intimacy in the relationship (e.g., Cooper et al., 2018; Kurdek, 1994; Scheeren et al., 2014). For example, in the diary study of couples by Cooper and colleagues (2018), daily increases in reported conflict were associated with poorer ratings of relationship quality. The interaction between current anxious attachment and conflict engagement, however, was significant and negative. This finding is consistent with the indirect effects between attachment and relationship quality found in the attachment coping and relationship model in study 1, indicating that conflict engagement has a negative impact on relationship quality for individuals who demonstrate higher levels of insecure, and in this case, anxious attachment. This finding is also consistent with the findings from the diary study by Cooper and colleagues (2018), which indicated that the relationship between increased ratings of daily conflict on end of day ratings of relationship quality was strengthened by partners attachment anxiety. At the within persons level for model 1, however, greater degrees of early anxious attachment and emotion dysregulation within the day were not significantly related to

end of day ratings of relationship intimacy. Interaction effects between emotion dysregulation and anxious attachment or conflict engagement were also not supported.

Inconsistent with hypotheses and current literature, conflict engagement in model 1 was also found to be positively associated with relationship intimacy across individuals. An unexpected positive relationship between current anxious attachment, and emotion dysregulation, on relationship intimacy also emerged in this model. In fact, emotion dysregulation on its own across many of the models had either a nonsignificant or positive, significant effect on end of day ratings of relationship intimacy or satisfaction, inconsistent with the literature that indicates that individuals who struggle to manage their emotions are more likely to have poorer relationships with close others (e.g., Constant et al., 2018; Harrell, 2015; Meyer et al., 2015; Rick et al., 2017; Winterheld, 2016). However, the interaction effects between these variables on relationship intimacy, was significant and in the expected negative direction. Specifically, anxious attachment and emotion dysregulation, and anxious attachment and poor conflict management (i.e., conflict engagement), had a negative impact on end of day ratings across individuals. For individuals higher on attachment anxiety, their ratings of relationship intimacy are more likely to be impacted by greater emotion dysregulation and use of poor conflict management styles. The interaction effect between attachment and conflict management aligns with the indirect effects supported in the Model of Attachment, Coping and Relationships in study 1, and can consolidate the interpretation that anxious attachment is related to poorer relationship quality across individuals because they also demonstrate a higher degree of engagement in poor strategies to manage conflict within their relationships. This might also explain why conflict engagement is associated with greater levels of intimacy when considered

alone, but results in an unexpected positive direction when anxious attachment and emotion dysregulation is considered.

In model 2, conflict withdrawal was included as the conflict management variable. At the within-persons level of this model, only current anxious attachment was associated with poorer end of day ratings of relationship intimacy. Early attachment anxiety, conflict withdrawal, or emotion dysregulation were not associated with end of day ratings of intimacy in this model and hypotheses were largely unsupported when these variables were included in the model. Across individuals, both conflict withdrawal and emotion dysregulation had significant and positive effects on end of day ratings of relationship intimacy. Similar findings emerged for model 3, which supported that higher ratings of emotion dysregulation and conflict engagement (on their own) were associated with higher ratings of relationship satisfaction across individuals. Interactions were again significant. Anxious attachment and conflict withdrawal demonstrated a significant combined effect on end of day ratings of relationship intimacy. This finding supports what would be expected by IWMs, in that individuals who demonstrate anxious styles of attachment may withdraw from conflict in order to sustain a positive relationship with their partner due to fear that engaging in conflict may cause a rupture within the relationship but in doing so may impact their perceived degree of intimacy within the relationship (e.g., Collins & Feeney, 2000; Overall & Lemay, 2015; Prager et al., 2019).

A significant combined effect between emotion dysregulation and conflict withdrawal was also supported, indicating that higher levels of both of these domains predict poorer ratings relationship intimacy across individuals. An unexpected combined effect that occurred in both model 1, 2, and 3 should be noted. Specifically, the interaction between attachment, emotion dysregulation, and poor conflict management (i.e., either engagement or withdrawal) was

significant in the positive direction. This finding is not consistent with research and theories of romantic attachment and internal working models. Theories of IWMs would suggest that individuals who have higher rates of insecure attachment are more likely to experience poorer ratings of relationship quality because their mental representations of close others influence their behaviour within relationships. The behaviours associated with IWMs for individuals who are insecurely attached are considered to be maladaptive, such as strategies to manage emotion or conflict. Research also supports that maladaptive emotion regulation impacts how one approaches conflict within relationships (Kim et al., 2009; Thomson et al., 2018), and also that these each impact relationship quality (Caughlin & Vangelisti, 2006; Epstein et al., 2013). Our research, however, does not support the interaction between these variables in the present sample, specifically for attachment anxiety, emotion dysregulation, and conflict management, on degree of relationship intimacy.

The Influence of Anxious Attachment on Relationship Satisfaction

In both models 3 and 4, current anxious attachment had a significant negative effect on end of day ratings of relationship satisfaction. Across all models, early attachment anxiety did not have a significant effect on either relationship satisfaction or intimacy, suggesting that it is the current degree of anxious attachment with the partner which has a greater bearing on the perceived relationship quality within the relationship as opposed to early attachments to primary caregivers. In model 3, higher levels of emotion dysregulation within persons were associated with poorer end of day ratings of relationship satisfaction. This was the only model which supported this expected negative interaction between emotion dysregulation on end of day ratings of relationship quality.

Despite the unexpected findings (reflecting those found in models 1 and 3), which indicated that higher degrees of emotion dysregulation and conflict engagement across individuals was associated with better ratings of relationship satisfaction, the interaction effects between anxious attachment and conflict engagement and anxious attachment and emotion dysregulation were supported in the expected negative direction. When these interactions are considered, it can be interpreted that conflict engagement or emotion dysregulation are more likely to have a negative impact on ratings of relationship satisfaction for individuals who demonstrate higher levels of anxious attachment.

Model 4 included conflict withdrawal as the conflict management variable and satisfaction as the outcome variable. At both the within and between-persons level, current anxious attachment was significantly associated with poorer ratings of relationship satisfaction, and a significant interaction effect between emotion dysregulation and attachment anxiety was observed at the within-person level. No interaction effects which involved attachment anxiety and conflict withdrawal were significant. These findings indicate that withdrawing from conflict is more likely to have a negative effect on intimacy, but less predictive of satisfaction for individuals reporting higher levels of anxious attachment.

The Influence of Avoidant Attachment on Relationship Satisfaction and Intimacy

Models 5 through 8 reflected those of models 1 through 4, with the exception of the exchange of avoidant attachment for anxious attachment in measures of early and current attachment. Across each of these models, early avoidant attachment demonstrated a significant negative effect on end of day ratings of both relationship intimacy and satisfaction. This contrasts with findings from the anxious attachment models, which only demonstrated significant impacts of current anxious attachment on relationship satisfaction and intimacy. This finding

may indicate that the impact that early insecure attachment has on relationship quality later on for young adults may be unique to the avoidant style of attachment in childhood rather than degree of security vs. insecurity. Specifically, for current attachment, while both anxious and avoidant attachment had an impact on ratings of relationship quality, only avoidant attachment in childhood continues to have a lasting impact on the quality of relationships with one's partner in adulthood in terms of both intimacy and satisfaction.

In model 5, while both early and current attachment avoidance was associated with poorer ratings of relationship intimacy, an unexpected interaction effect between current avoidant attachment and conflict engagement was observed. A similar finding was also demonstrated in terms of avoidance and conflict engagement on ratings of relationship satisfaction (Model 7). This significant effect indicated that for individuals who are higher on avoidant attachment, they are more likely to report higher ratings of relationship intimacy and relationship satisfaction on days where they have higher levels of conflict engagement. In model 5, both conflict engagement and emotion dysregulation on their own, and when interacting with other variables in the model did not have a significant effect on intimacy. However, in model 7, conflict engagement on its own was negatively predictive of end of day ratings of relationship satisfaction.

These significant positive interaction effects between avoidant attachment and conflict engagement on relationship intimacy and satisfaction were initially unexpected, as it was hypothesized that attachment insecurity and poor conflict management in general would be associated with poorer ratings of relationship quality. However, these findings from model 5 and 7 supports that this assumption is not necessarily the case for each combination of insecure attachment style, type of conflict management, or aspect of relationship quality. For example,

the literature supports that individuals who are higher on avoidant attachment may be more inclined to withdraw from their partners in times of conflict due to their IWMs developed from childhood (e.g., Ben-Naim, Hirschberger, Ein-Dor, & Mikulincer, 2013; Shaver & Mikulincer, 2007). While emotional suppression and avoidance of conflict may be an initial tendency for these individuals, the findings here indicate that on days where individuals who are higher on avoidant attachment do “break the mould” and engage in conflict (even if it is a poor style of conflict management, like launching attacks), it promotes a closeness or intimacy within the relationship. Perhaps another factor not being measured here, like a period of communication or resolution followed by the period of conflict engagement, promotes a greater sense of intimacy for resolving the conflict afterward. This finding indicating a positive interaction between avoidance and conflict engagement was significant at both the within and between-persons level, meaning that not only does intimacy or satisfaction increase for avoidant individuals on days they engage conflict, but across participants higher levels of avoidant attachment and conflict engagement overall is associated with higher ratings of relationship and satisfaction.

Models including conflict withdrawal as the conflict management variable yielded unexpected results in terms of the effect of conflict withdrawal on relationship intimacy and satisfaction, and hypotheses for these models were largely unsupported. For example, in model 6 and 7 no significant interaction between avoidant attachment and withdrawal on relationship intimacy or satisfaction at the within or between-persons level was observed. In these models, only early and current avoidant attachment demonstrated significant negative effects on end of day ratings of relationship intimacy. One additional unexpected finding emerged in model 7 and 8, where an interaction between avoidant attachment and emotion dysregulation was significant in the positive direction. This finding would indicate that when individuals higher on avoidant

attachment experience greater emotion dysregulation, they are more likely to report higher levels of relationship satisfaction. These findings also do not support what is expected given theory and research on avoidant attachment. Specifically, research indicates that individuals who have developed an avoidant style of attachment over time become more likely to suppress emotions or withdraw from partners when negative emotions arise (e.g., Ben-Naim et al., 2013; Domingue & Mollen, 2009). Overall, these results indicate that higher degrees of both early and current attachment are the strongest predictors of end of day ratings of relationship satisfaction.

Chapter 9. General Discussion

Attachment is cited overwhelmingly throughout the literature as a factor which relates to and predicts aspects of functioning and quality within romantic relationships (e.g., Cooper et al., 2017; Mondor et al., 2011; Shaver & Mikulincer, 2006). Much of the research examining the relationship between attachment and relationship quality refers to the function of IWMs and how they are influenced by early attachment relationships (e.g., Brennan et al., 1998; Cate et al., 2002; Hazan & Shaver, 1987; Meyers & Landsberger, 2002). This research references IWMs to explain the function that secure attachment relationships have on the development of effective emotion regulation abilities. Some of the literature also outlines how each of these constructs (i.e., attachment and emotion regulation) influences styles of managing interpersonal conflict (e.g., Caughlin & Vangelisti, 2006; Epstein et al., 2013; Kim et al., 2009; Thomson et al., 2018).

Despite the vast amount of research which focuses on these factors, to our knowledge, there has not been a comprehensive model to test each of these relationships altogether to date, and there has not been a study which tests these variables over time. Thus, the present program of research aimed to better understand the relationships between attachment (early and current), emotion regulation, conflict management and romantic relationship quality through two studies.

Study 1 tested a conceptual model, the ‘Model of Attachment, Coping, and Relationship Quality’ using structural equation modelling. The ‘Model of Attachment, Coping, and Relationship Quality’ was tested with a sample of undergraduate students in committed relationships who reflected on their early relationships with their mothers while growing up, their current style of attachment within romantic relationships, their styles of coping with emotion and conflict, and the perceived quality of their current romantic relationship. Overall, this proposed model fit the data well, with 7 of 9 hypothesized direct effects being supported and some hypothesized indirect effects receiving support. The findings highlighted that early attachment with one’s mother can have a longstanding impact into young adulthood for unmarried adults in committed relationships.

Study 2 aimed to build upon and further clarify the findings of study 1 using a daily process design of a diary study. First, the ‘Model of Attachment, Coping, and Relationship Quality’ from study 1 was retested at the between-persons level using the aggregated daily diary data. Following this, Multilevel causal models in order to examine relationships between variables at both the group and individual level and determine cause and effect relationships between variables on romantic relationship quality. Many of the findings from study 1 were replicated in the results of the analysis of the model for study 2, findings that were not replicated were identified and discussed, and potential reasons for this are discussed in Chapter 8, as well as the limitations section.

The results of the multilevel models of study 2 demonstrated that attachment was predictive of poorer end of day ratings of relationship satisfaction and intimacy. Interactions between attachment and emotion dysregulation were supported in some models, indicating that relationship quality was negatively impacted for individuals higher in attachment insecurity who

engaged in higher levels of conflict engagement or withdrawal, and for individuals higher in attachment insecurity who endorsed higher levels of emotion dysregulation. However, similar to study 1, some models yielded unexpected findings which also suggested that higher rates of emotion dysregulation and poorer conflict management independently predicted higher rates of relationship quality. Overall, this program of research represents a necessary contribution and validation towards existing literature that theorizes the relationship between early and current romantic attachment and their impact on relationship quality through emotion regulation and conflict management by testing comprehensive models including each of these variables.

Unexpected Findings of Study 1 and Study 2

Overall, both studies yielded unexpected findings. In study 1 and 2, our comprehensive model indicated an unexpected positive direction between emotion dysregulation and relationship quality when all other factors were included. In study 2, a number of the multi-level causal models also yielded unexpected results where emotion dysregulation and conflict engagement in some models were also positively associated with end of day ratings of relationship satisfaction or intimacy. In models assessing the impact of anxious attachment along with emotion dysregulation and conflict management, some models yielded a positive three-way interaction between attachment anxiety, emotion dysregulation, and conflict engagement or withdrawal at the between-persons level for relationship satisfaction and relationship intimacy. Aside from the potential for suppression effects, other explanations for these unexpected findings are considered.

Current attachment literature suggests that the longer people are together, the more likely they are to interact with their partner as an attachment figure (Heffernan et al., 2012). The present studies involved young adults in dating relationships and required that their romantic

relationships be at least 3 months in duration. The average duration of relationships in study 1 and 2 was 1.63 years and 2.4 years, respectively. A study by Hazan and Zeifman (1994) indicated that participants in their study who were in a romantic relationship longer than 2 years were more likely to report greater partner-directed attachment features and functions within their relationships compared to those in shorter relationships (less than 2 years). Other research supports this finding (i.e., Hazan et al., 2004; Klohnen et al., 2005; Trinke & Bartholomew, 1997). Hazan and Zeifman (1994) suggest that this is because a step-wise process exists that is necessary to develop and transfer the attachment bond from a parent or peer to a romantic partner over time, which includes the process of proximity seeking to your partner and beginning to view your partner as a safe-base (for those who demonstrate secure attachment). It could be that some relationships between variables across models in the present studies were not supported because the majority of participants do not yet function with their partner as a main attachment figure at this early point in their relationship. Specifically, during this stage of young adulthood, research indicates that close peers or parents may continue to fulfill the primary role of attachment figures during this time (e.g., Fraley & Davis, 1997; Trinke & Bartholomew, 1997). Other research, however, suggests that the process of developing the attachment bond and functions associated with this bond could occur more quickly than initially thought (Heffernan, Fraley, Vicary Brunnbaugh, 2012; Fagundes & Shindler, 2012). Because degree of attachment development to participants' partners was not measured in this study, the ability to determine whether this was an impeding factor in our models was not possible and is recommended that future studies include this as a control variable.

An additional variable to consider is the impact of cohabitation on attachment development. In both study 1 and 2, only approximately 15% of participants lived with their

partner at the time of data collection. The literature on cohabitation and attachment development is scarce. A study by Eggebeen (2005) which investigated the impact of cohabitation and exchanges of support within relationships showed that a large sample of young unmarried adults (N = 3, 809) who cohabitated with their partner were less likely to turn to their parents for support compared to their married and single peers. However, in this study, the quality of the relationship between the participant and their parents was most likely to predict whether cohabitating participants reached out to their parents in time of need or emergency for support. This research may indicate that partners who cohabit are more likely to rely on their partners for support, suggesting a more developed attachment bond for those who cohabit versus those who do not, and may explain some unexpected findings or lack of support for hypotheses within the present research. For example, not living with their partner could also explain the unexpected relationship between emotion dysregulation and relationship quality. Perhaps partners are not being made aware of the participant's degree of dysregulation when living separately, as participants not cohabitating in this study are more likely to seek proximity to their parents or roommates. It could be that individuals who don't cohabit have time to "cool down" by seeking proximity to those they cohabit with, or self-regulating, before reaching out to their partner when they are experiencing a level of dysregulation. More specifically, unless the dysregulation is impacting how the individual is managing conflict, dysregulation on its own is not impacting relationships for couples who are not cohabitating. This is speculative, and additional research would be required to further evaluate this.

Lastly, partner factors that were not studied in this research may offer an additional explanation for the unexpected findings in study 1 and 2. It could be that partners of participants assist them in regulating emotions, which may promote feelings of intimacy or satisfaction on

days where they demonstrate a greater degree of dysregulation. Partners play an equal role in relationship quality that cannot be ignored. Current literature suggests that the degree of attachment insecurity of one partner doesn't necessarily doom the relationship, and that the partner's reaction to the dysregulation of the insecurely attached partner's dysregulation can buffer and protect the relationship from negative impacts of insecure attachment (e.g., Overall & Lemay, 2015; Tran & Simpson, 2009; Simpson & Overall, 2014). For example, in an article reviewing the research in this area, Overall and Simpson (2014) argue that partners of insecurely attached individuals can be helpful in down-regulating reactions associated with insecure attachment and promote well-being of the relationship and a secure attachment environment. They state that down-regulation can occur by reacting to their partners in a way that disconfirms the insecure attached partner's fears or concerns associated with their respective attachment styles and addresses their concerns and needs when attachment systems are activated (i.e., reassurance of their love and commitment to the relationship; Overall and Simpson, 2014). For our research, partner's responses during times of distress within the relationship may be responsive to the participants attachment needs and explain why relationship quality was not impacted by participants maladaptive attempts to regulate emotions or manage conflict with their partner.

Implications of Findings

Despite mixed results and unexpected findings described throughout, it is clear from the present research that attachment in childhood and young adulthood is associated with the quality of one's romantic relationship. In study 1, the total indirect effect from early attachment to relationship quality through emotion regulation and conflict management in the Attachment, Coping, and Relationships model was significant. In study 2, models indicated that current

anxious attachment, and both early and current avoidant attachment was predictive of poorer end of day ratings of relationship satisfaction and intimacy. In some models, interactions between attachment and conflict engagement and conflict withdrawal, and between attachment and emotion dysregulation were supported. Because romantic relationships can have an impact on overall individual well-being (Roberson et al., 2017), and poor relationship quality or relationship dissolutions negatively impact happiness, mental health, and self-esteem (e.g., Leach et al., 2012; Johnson et al., 2012), understanding the ways in which relationships can be negatively impacted is necessary. Ultimately, these findings help us to further understand people and their relationships, shed light on how early relationships with parents can continue to impact one's relationships with others into adulthood, and provide support for why some individuals behave the way they do within their relationships. Understanding the reason behind certain behaviours (i.e., the development of IWMs) and how certain behaviours may unintentionally be impacting one's relationships, can allow individuals to have a better awareness of themselves necessary to promote change within their relationships and overall individual wellbeing.

In addition, these findings offer a number of potential avenues for therapy for individuals and couples who may be struggling in their romantic relationships. Psychoeducation on the link between attachment and challenges managing conflict within relationships, especially for individuals who are unsatisfied within their romantic relationships or who struggle with maintaining intimacy, may be beneficial component of therapy. Exploring features and functions of attachment relationships and how they may have developed over time may lead clients to have a better understanding of why they may engage in certain behaviours. This exploration could also be validating for clients to have this deeper understanding of why they function the way they do in relationships, and also shed light on why certain behaviours are understandable given their

attachment bonds but may result in unintended negative impacts on their relationships (i.e., withdrawing to reduce distress in the moment leading to reduced intimacy with partner over time). Given the dyadic-regulation processes within relationships, couples therapy that provides psychoeducation on attachment and explores attachment needs within the dyad may be beneficial in promoting a secure bond within the relationship. When conflict emerges within the dyad, couples therapy can be helpful in promoting the practice of constructive behaviours for both couples in response to conflict that are accommodating to the partners fears and concerns associated with their attachment style and will buffer against the negative impacts of insecure attachment (Tran & Simpson, 2009).

Emotionally Focused Therapy for Couples (EFTC) is currently recognized as the gold standard intervention for couples (Johnson & Zuccarini, 2010). The literature on EFTC identifies attachment theory as the core underpinning theory for the interventions model, and also incorporates experiential and relational systems techniques (Johnson, 2004; Johnson, 2008; Johnson et al., 2015). The model of the EFTC recognizes a similar pattern of relationship processes to the models examined in the present program of research. Specifically, when an individual experiences a threat or disappointment in their relationship, an emotional response is elicited, which is based on the individual's attachment style (Johnson et al., 1999; Wiebe & Johnson, 2016). The model recognizes that while this process may be intended to restore a secure base with one's partner, it can have unintended consequences in the relationship and develop into turmoil (Johnson et al., 1999; Wiebe & Johnson, 2016). The goals of EFTC are to target this emotional process through expanding and reorganizing the emotional responses and the organization of self, to improve partners relational interactions, and to develop a secure bond within the relationship.

Research on EFCT boasts strong results both immediately following the completion of therapy and at follow up (Burgess Moser et al., 2016; Halchuk et al., 2010; Makinen & Johnson, 2006; Wiebe et al., 2017). The present research largely supports the model of EFCT, as emotion dysregulation in many models, as well as maladaptive conflict management efforts, was associated with poorer relationship quality. For individuals who are experiencing a pattern of unsatisfying relationships, the present research also suggests that individual Emotionally Focused Therapy may also be helpful to identify how one's attachment style is influencing their emotion regulation and strategies to manage conflict within relationships outside of a dyad. Having a better understanding of these processes and their impact may lead to more satisfying relationships sought out in the future.

These findings also indicate that Dialectical Behaviour Therapy (DBT) skills may also be helpful to address emotion dysregulation and challenges managing conflict within relationships for individuals with insecure styles of attachment. Dialectical Behaviour Therapy was originally developed to treat individuals who are diagnosed with Borderline Personality Disorder (Linehan et al., 1991; Linehan et al., 1993), but has been supported to effective when adapted for other clinical populations (e.g., Linehan & Wilks, 2015; Ritschel et al., 2015), due to the treatments focus on targeting emotional dysregulation. Dialectical behaviour therapy includes 4 skills modules, 2 of which focus on emotion regulation and interpersonal effectiveness. The Emotion Regulation skills module includes a number of skills to become aware of and understand emotions, and how to manage uncomfortable emotions (Linehan, 1993). The Interpersonal Effectiveness skills module involves skills to become aware of the manner in which behaviours can impact relationships and how to navigate relationships while meeting your goals (Linehan, 1993). While all skills involved in these modules may not be relevant, results of this research

indicate that targeting emotion dysregulation and promoting adaptive conflict management within relationships may be helpful for individuals who have insecure attachment within their relationships, and these skills could be considered for individuals or couples seeking therapy who are unsatisfied with the quality of their close relationships.

While research on couples-based therapies in general do indicate a level of effectiveness for established couples, there are still a large population of couples who continue to deteriorate or dissolve even after completing couples therapy (Joel & Eastwick, 2018). Joel and Eastwick (2018) argue a novel approach to improve relationship quality by intervening at the onset of a new relationship, *before* couples are strongly bonded. They suggest that this approach could help individuals avoid relationships that may be the wrong fit, avoid the challenges and distress associated with the dissolution of a relationship after it has been formed, and ultimately improve relationship outcomes overall (Joel et al., 2013; Joel & Eastwick, 2018). The authors propose both investment-based interventions, which would target the early phase of dating, as well as selection-based interventions, which would be intended to target a relationship prior to it being “official”. They suggest three constructs that would be helpful based on current research to make decisions in these early relationships including partners perceived responsiveness, capitalization (e.g., perceived support from the partner in response to positive life events and experiences in each other’s lives; Gable et al., 2004), and sexual satisfaction as important contributors of later relationship outcomes (Joel et al., 2013). In order to move towards these proposed interventions, Joel and Eastwick (2018) have highlighted the need for relationship scientists to conduct longitudinal studies earlier in the relationship process. The present research provides evidence that also supports the importance of both emotion regulation, and conflict management constructs as important factors contributing to relationship outcomes, especially in

dating and non-married relationships. Results of this research may uniquely contribute to the future development of these novel approaches to improve relationship quality from the outset of relationship formation.

Finally, the present research aimed to address important gaps throughout the literature of attachment and romantic relationship quality. While many studies of adult attachment and relationship quality mention the link of emotion regulation, objective measures of emotion dysregulation were often not measured or included in models. The unexpected findings in this study, specifically related to the direction of the relationship between emotion dysregulation and relationship outcomes in some models, highlights the necessity for future research to continue to incorporate objective measures of emotion dysregulation as it may not be supported. This is especially true for studies in which emotion dysregulation is being theorized as a main contributor to the relationship between insecure attachment and poorer relationship quality.

Limitations, strengths, and future directions

While the present research addresses methodological gaps in the literature on attachment and quality of romantic relationships, several limitations should be noted. First, this research was limited by a small sample size for study 1. The sample size was constrained in study 1 due to the availability of participants from the overarching study that this research was drawn from. Participants in the larger study were asked to identify two primary caregivers from childhood. Many participants identified more than one caregiver which included the roles of fathers, aunts, grandparents etc., and were not asked to distinguish which of these caregivers had a more impactful role in their lives. Thus, based on research which supports the importance of early attachment relationships with mothers (Bretherton, 2010), and to control for potential differences in relationships, the sample of study 1 included a subset of the greater sample who identified

their mothers as a primary caregiver while growing up. However, despite the small sample size, the sample of $N = 107$ satisfied some “rules of thumb” which indicate that a minimum sample of 100-150 is needed for conducting SEM (Anderson & Gerbing, 1984). Further, decisions regarding model specification were also considered to account for the small sample size, including only maintaining factors loadings above .64 from the measurement model, and using a range of absolute and relative fit indices to determine the model’s overall goodness of fit. These decisions to accommodate based on the lower sample size justified the decision to continue with the SEM analyses but remain as a limitation of Study 1. As discussed in Chapter 2, the sample size also presents as a limitation in terms of the interaction effects within the multi-level causal models analyzed in study 2. The sample size collected likely results in models which are underpowered and could have resulted in missed interaction effects (Type II errors; Matthieu et al., 2012). Future research should consider replicating the multilevel models in study 2 with a larger sample size to increase the power and interpret the results with a reduced likelihood of Type II errors.

In addition to sample size, in both studies our sample largely consisted of young and advantaged female undergraduates who primarily identified as Caucasian, limiting the generalizability of these findings to other genders and ethnicities. Further, given that the sample was limited to retrospective accounts of early relationships with mothers in study 1, it is possible that this model is unique to mother-daughter dyads. Study 2 aimed to correct this by testing the multi-level model with varying parent-child relationships, by asking participants to respond to questionnaires of early attachment considering one individual who served as their primary caregiver who was most involved. However, it is recommended that research continue to test similar models of study 1 and 2 across varying parent-child relationships, ethnicities and

backgrounds, and samples with more severe attachment, emotion regulation, and conflict management difficulties (i.e., clinical populations). The potential impact of low rates of cohabitation were also discussed, and should be considered that living separate from a partner may play a differential role in the impact emotion dysregulation has on relationship quality. Future research should consider testing the differences in these processes for couples who are cohabitating vs. couples living separately.

Testing similar models within clinical populations may also reduce the potential impact that ceiling effects of romantic relationship quality, may have had in both study 1 and 2. In each of these studies participants reported a high degree of relationship quality across many of the relationship quality components in the models with little variability across scores. These floor ceiling effects limited the variability to be tested and explained by other factors of the models in both study 1 and 2 and present as a limitation, and possibly further explains some unsupported or unexpected findings within these studies.

The design of diary entries in study 2, especially for measures of emotion dysregulation and conflict management also present as a limitation of the study due to the potential of floor effects (Bernstein et al., 2021). Participants were asked at each time point to rate the frequency to which they experienced emotion dysregulation or engaged in maladaptive conflict management strategy *since their last entry*. These items were revised from the instructions of baseline measures of emotion dysregulation and conflict management which ask participants to indicate the degree to which they engage in these specific behaviours more generally. Although measures of emotion dysregulation and conflict management from end of day ratings were not analyzed, they were incorporated in each diary entry to account for peculiar timing of entries in order to link entries as required for that participants schedule and avoid missing data (i.e., their

first entry fell within the end of day period these measures would be missed). However, the decision to measure these variables at both time points presents as a limitation as it may be likely that most days within these intervals that the participants did not have a situation that required them to manage conflict with their partner since their last entry or catch moments of emotion dysregulation, resulting in floor effects for each of these variables. This limitation also may explain the inconsistent findings of the Model of Attachment, Coping, and Relationship Quality from study 1 to study 2, where current attachment was no longer directly associated with emotion dysregulation or poorer conflict management strategies when assessed with the diary study data at the between-person's level. Future research may consider extending the data collection period for the diary study in order to capture greater variability in emotion dysregulation and conflict management strategies used throughout the study period, and consider revising the instructions or wording for these measures at each time point to account for a larger window of time (rather than asking clients to rate these measures based on their experiences '*since their last entry*' at each time point).

The retrospective nature of the early attachment factor itself also represents a limitation of the study 1 and 2. It is possible that perceptions of early attachment relationships with caregivers are influenced by a number of factors, including limited insight into those early years or by the current relationship with their mother/primary caregiver (which may differ from childhood). Specific to study 1, the comprehensive model predicted a unidirectional relationship where romantic relationship quality was predicted by past and current attachment insecurity, difficulties in emotion regulation, and challenges in managing relational conflict. The potential for a bidirectional relationship, particularly between relationship quality, emotion regulation, and conflict management should be considered. There is potential that the quality of the relationship

itself influences these predicting variables. Study 2 aimed to account for this limitation by testing models across an intensive longitudinal research design, a notable strength of the present research. However, results yielded mixed findings. It is recommended that future research test the paths of this model over time through an intensive longitudinal research design with a larger sample to determine and validate the direction of variable relationships.

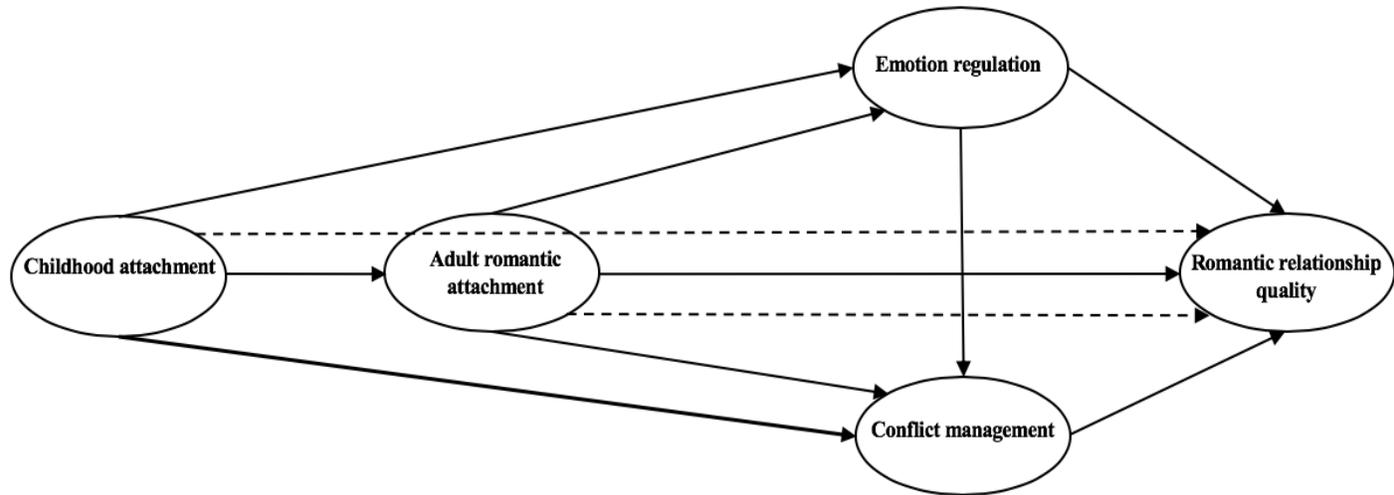
Conclusion

Most people seek fulfilling and satisfying relationships, and dream of finding the person to marry and happily grow old with. For most, the thought or experience of being alone in adulthood without a partner is isolating and can impact mental and physical health. However, being involved in an unsatisfying relationship (or pattern of unsatisfying relationships), where needs are not being met and intimacy is impaired could be equally as detrimental. Decades of existent research supports the link between attachment and the quality of romantic relationships and specifies that those who develop insecure attachment are likely to be unfulfilled in their romantic relationships as adults. Studies have theorized and tested explanatory mechanisms underlying this link, and highlight the importance of early attachment with caregivers, emotion regulation, and response to conflict associated with attachment and the impact they have on an individual's experience of their relationship. The present research is the first to include each of these components in comprehensive models with advanced statistical methods to test the relationships between these variables and attempt to validate early theories of attachment, through a cross-sectional design and daily diary design. Because attachment research often cites the relationships between some the variables included this study without testing them (e.g., referring to attachment as a theory of emotion regulation), the supported hypotheses and unexpected findings of this study highlight the need for future research to include these variables

when these relationships are referenced to reduce the likelihood of misinterpreted findings (i.e., emotion dysregulation may not always impact the quality of romantic relationships for insecurely attached individuals). These findings also elucidate potential avenues for therapy for individuals and couples who may be struggling within their relationships. Understanding why we do what we do in response to perceived threat or conflict and learning new skills to promote safety and security within relationships, can break the pattern of insecurity in order to reap the rewards of a fulfilling romantic relationship.

Figure 1

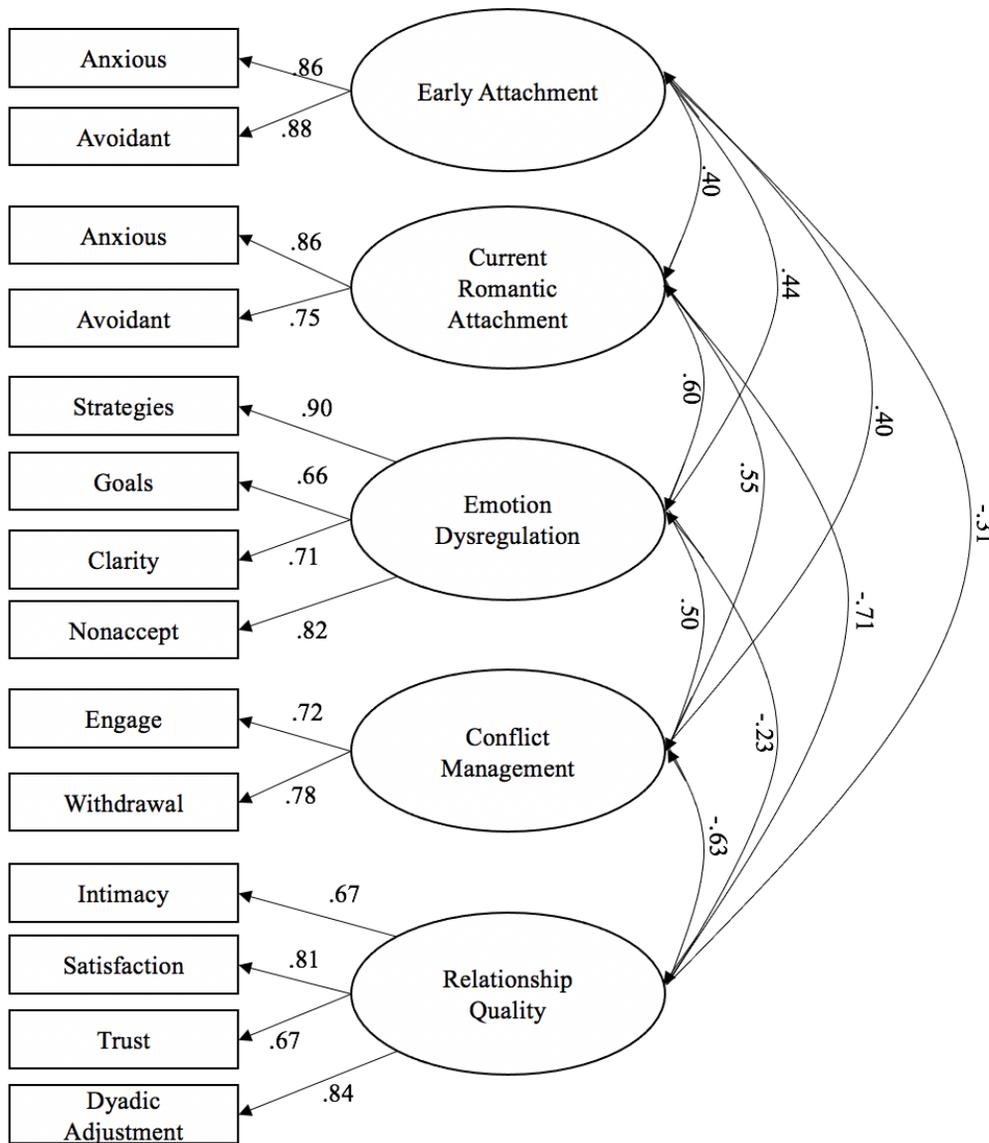
Study 1 Hypothesised Model of Attachment, Coping, and Relationship Quality



Note. The hypothesized Model of Attachment Coping and Relationship Quality. Ovals represent latent variables. Single-headed arrows represent hypothesized effects, with solid connecting lines representing direct effects, and dashed lines representing indirect effects.

Figure 2

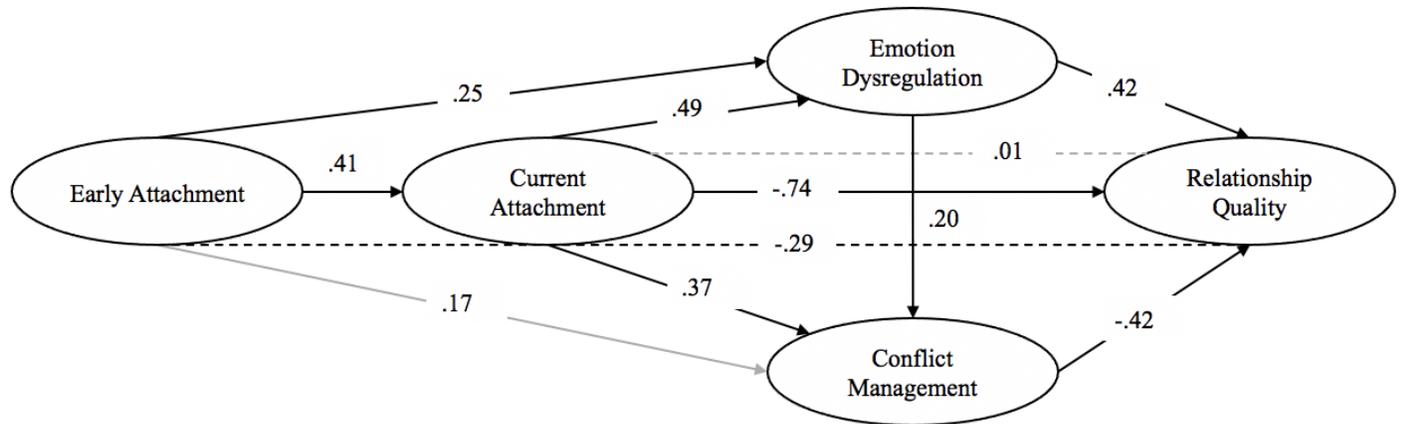
Study 1 Final Measurement Model of Attachment, Coping, and Relationship Quality



Note. The final model of the Model of Attachment, Coping, and Relationship Quality. Ovals represent latent variables. Rectangles represent observed variables.

Figure 3

Study 1. Structural Model of Attachment, Coping, and Relationship Quality

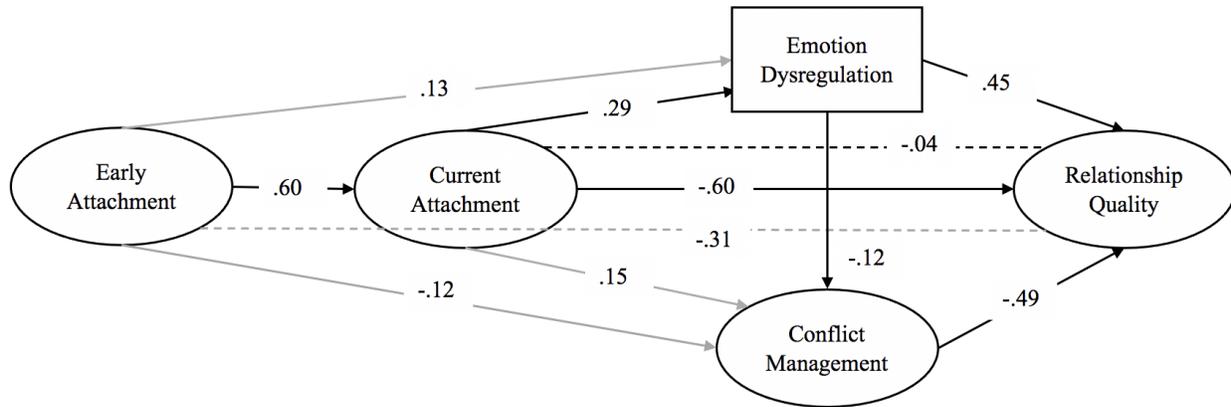


Note. The structural model of the Model of Attachment, Coping, and Relationship Quality.

Ovals represent latent variables. Grey paths represent hypothesized effects that were insignificant.

Figure 4

Study 2. Structural Model of Attachment, Coping, and Relationship Quality



Note. The structural model of the Model of Attachment, Coping, and Relationship Quality.

Ovals in this model represent latent variables, and rectangles represent observed variables. Grey paths represent hypothesized effects that were insignificant.

Table 1*Study 1. Descriptive statistics and bivariate correlations of observed variables*

| Variable | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-----------------------|----------|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|----|----|----|----|
| 1. PASQ amb | 2.92 | 1.65 | - | | | | | | | | | | | | | |
| 2. PASQ avoid | 2.46 | 1.33 | .79** | - | | | | | | | | | | | | |
| 3. ECR-R anxiety | 2.89 | 1.23 | .32** | .27** | - | | | | | | | | | | | |
| 4. ECR-R avoidance | 2.30 | .94 | .31** | .28** | .67** | - | | | | | | | | | | |
| 5. DERS strategies | 7.49 | 3.37 | .33** | .36** | .51** | .24* | - | | | | | | | | | |
| 6. DERS nonaccept | 7.72 | 3.45 | .30** | .36** | .56** | .36** | .73** | - | | | | | | | | |
| 7. DERS goals | 10.65 | 3.36 | .14 | .20* | .33** | .11 | .65** | .52** | - | | | | | | | |
| 8. DERS clarity | 6.79 | 2.74 | .40** | .38** | .36** | .33** | .63** | .61** | .44** | - | | | | | | |
| 9. CRI engagement | 7.25 | 3.12 | .26** | .18 | .30** | .30** | .25** | .26** | .14 | .22* | - | | | | | |
| 10. CRI withdrawal | 8.24 | 3.33 | .32** | .31** | .42** | .33** | .41** | .39** | .25** | .27** | .56** | - | | | | |

| | | | | | | | | | | | | | | | |
|--------------|--------|-------|--------|-------|--------|--------|------|--------|-------|-------|--------|--------|--------|-------|-------|
| 11. PRQCI | 6.25 | .82 | -.15 | -.12 | -.42** | -.45** | -.10 | -.19* | -.09 | -.08 | .36** | -.33** | - | | |
| satisfaction | | | | | | | | | | | | | | | |
| 12. PRQCI | 6.40 | .70 | -.25* | -.19 | -.35** | -.51** | -.11 | -.15 | .02 | -.11 | -.28** | .22* | .63** | - | |
| intimacy | | | | | | | | | | | | | | | |
| 13. PRQCI | 6.22 | .85 | -.18 | -.18 | -.49** | -.51** | -.17 | -.25** | -.18* | -.20* | -.41* | -.31** | .609** | .51** | - |
| trust | | | | | | | | | | | | | | | |
| 14. DAS | 120.60 | 11.58 | -.27** | -.24* | -.52** | -.56** | -.14 | -.25** | -.07 | -.20* | -.50** | -.45** | .67** | .59** | .53** |
| total score | | | | | | | | | | | | | | | |

Note. *SD* = Standard Deviation.

* $p < .05$

** $p < .01$

*** $p < .001$.

Table 2*Study 1 Bootstrap Analyses of Indirect Effects*

| Hypothesized indirect effects | Unstandardized indirect effect (<i>B</i>) | Standardized indirect effect (β) | Standard Error | 95% confidence interval for unstandardized indirect effects (lower and upper) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|----------------|-------------------------------------------------------------------------------------|
| Current attachment (influenced by Early Attachment) to romantic relationship quality through emotion regulation and conflict management. | -2.40 | -.288 | .11 | -4.21, -.69* |
| Romantic attachment to romantic relationship quality through emotion regulation and conflict management. | .062 | .005 | .133 | -2.695, 3.149 |
| Romantic attachment to romantic relationship quality through emotion regulation. | 2.714 | | 1.776 | .763, 6.664** |
| Romantic attachment to romantic relationship quality through conflict management. | -2.093 | | 1.442 | -5.508, -.527* |

| | | | |
|--------------------------------|------|------|-------------|
| current attachment to conflict | .097 | .093 | -.003, .307 |
| management through emotion | | | |
| regulation | | | |

* $p < .05$

** $p < .01$

*** $p < .001$.

Table 3.*Study 2. Baseline descriptive statistics and bivariate correlations of observed variables*

| Variable | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------------|----------|-----------|-------|--------|--------|--------|--------|--------|--------|-------|
| 1. PASQ ambivalence | 3.04 | 1.54 | - | | | | | | | |
| 2. PASQ avoidance | 2.47 | 1.33 | .78** | - | | | | | | |
| 3. ECR-R anxiety | 3.02 | 1.2 | .37** | .35** | - | | | | | |
| 4. ECR-R avoidance | 2.41 | 1.05 | .25** | .34** | .51** | - | | | | |
| 5. DERS total | 43.76 | 13.44 | .50** | .40** | .53** | .26** | - | | | |
| 6. CRI engagement | 8.04 | 3.03 | .26** | .18* | .36** | .18* | .43** | - | | |
| 7. CRI withdrawal | 7.47 | 3.30 | .20* | .27** | .43** | .38** | .30** | .50** | - | |
| 8. PRQCI intimacy | 6.21 | .79 | -.14* | -.18* | -.35** | -.41** | -.14 | -.28** | -.27** | - |
| 9. PRQCI satisfaction | 6.01 | 1.10 | -.20* | -.24** | -.43** | -.45** | -.22** | -.42** | .45** | .70** |

Note. *SD* = Standard Deviation.* $p < .05$ ** $p < .01$ *** $p < .001$.

Table 4*Study 2. Aggregated descriptive statistics and bivariate correlations of repeated-measures.*

| Variable | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------------|----------|-----------|-------|--------|--------|--------|-------|-------|--------|-------|
| 1. PASQ ambivalence | 3.06 | 1.56 | - | | | | | | | |
| 2. PASQ avoidance | 2.51 | 1.34 | .78** | - | | | | | | |
| 3. ECR-R anxiety | 3.02 | 1.19 | .37** | .37** | - | | | | | |
| 4. ECR-R avoidance | 2.39 | 1.05 | .25** | .36* | .49** | - | | | | |
| 5. DERS total | 35.70 | 12.07 | .33* | .31** | .27** | .22** | - | | | |
| 6. CRI engagement | 5.66 | 2.64 | .24** | .24** | .21** | .17* | .43** | - | | |
| 7. CRI withdrawal | 13.88 | 4.25 | .17* | .18* | .16* | .14 | .49** | .51** | - | |
| 8. PRQCI intimacy | 4.29 | .82 | -.12 | -.22** | -.20* | -.32** | .02 | -.07 | -.22** | - |
| 9. PRQCI satisfaction | 4.43 | .84 | -.18* | -.27** | -.30** | -.40** | -.06 | -.20* | -.32** | .75** |

Note. *SD* = Standard Deviation.* $p < .05$ ** $p < .01$ *** $p < .001$.

Table 5*Study 2. Bootstrap Analyses of Indirect Effects*

| Hypothesized indirect effects | Unstandardized indirect effect (<i>B</i>) | Standardized indirect effect (β) | Standard Error | 95% confidence interval for unstandardized indirect effects (lower and upper) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|----------------|-------------------------------------------------------------------------------------|
| Current attachment (influenced by Early Attachment) to romantic relationship quality through emotion regulation and conflict management. | -2.58 | -.31 | 1.0 | -4.51, -1.16* |
| Romantic attachment to romantic relationship quality through emotion regulation and conflict management. | -.56 | -.04 | 1.59 | -3.19, 1.46 |
| Romantic attachment to romantic relationship quality through emotion regulation. | 1.92 | | 1.87 | .35, 6.43* |
| Romantic attachment to romantic relationship quality through conflict management. | -1.05 | | 1.26 | -3.57, .37 |

| | | | |
|---------------------------------|-----|-----|-----------|
| Romantic attachment to conflict | .10 | .10 | -.04, .34 |
| management through emotion | | | |
| regulation | | | |

* $p < .05$

** $p < .01$

*** $p < .001$.

Table 6

Model 1. Attachment anxiety, emotion dysregulation, and conflict engagement on daily reports relationship of intimacy.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|----------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 14.15 | .46 | 30.89 | <.001 | 13.25 | 15.05 |
| Time | .005 | .03 | .17 | .87 | -.05 | .06 |
| Early anx | -.05 | .11 | -.49 | .63 | -.27 | .16 |
| Current anx | -.32 | .14 | -2.36 | .019 | -.58 | -.05 |
| Dysregulation | .02 | .02 | .92 | .36 | -.02 | .06 |
| Conflict engagement | .27 | .10 | 2.70 | .007 | .07 | .47 |
| Dysregulation x anx | -.01 | .01 | -1.02 | .31 | -.02 | .006 |
| Conf x anx | -.07 | .03 | -2.18 | .03 | -.13 | -.006 |
| Conf x dysregulation | .02 | .02 | 1.16 | .25 | -.01 | .05 |
| Conf x dysregulation x anx | -.006 | .005 | -1.18 | .24 | -.02 | .004 |
| Between-level | | | | | | |
| Intercept | -9.15 | 4.56 | -1.88 | .06 | -18.69 | .40 |
| Time | -.001 | .03 | -.03 | .97 | -.06 | .05 |
| Early anx | -.12 | .10 | -1.27 | .21 | -.32 | .07 |
| Current anx | 3.18 | 1.31 | 2.44 | .015 | .61 | 5.74 |
| Dysregulation | .18 | .04 | 4.51 | <.001 | .10 | .26 |
| Conf engagement | 3.04 | .62 | 4.91 | <.001 | 1.82 | 4.25 |
| Dysregulation x anx | -.02 | .01 | -2.21 | .03 | -.05 | -.003 |
| Conf x anx | -.72 | .17 | -4.37 | <.001 | -1.04 | -.40 |
| Conf x dysregulation | -.02 | | | | | |
| Conf x dysregulation x anx | | | | | | |

Note. *SE* = Standard Error.

Table 7

Model 2. Attachment anxiety, emotion dysregulation, and conflict withdrawal on daily reports relationship of intimacy.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|----------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 14.20 | .46 | 30.84 | <.001 | 13.29 | 15.10 |
| Time | .003 | .03 | .12 | .90 | -.05 | .06 |
| Early Anx | -.05 | .11 | -.44 | .66 | -.26 | .17 |
| Current Anx | -.34 | .14 | -.50 | .01 | -.61 | -.07 |
| Dysregulation | .04 | .02 | 1.54 | .12 | -.01 | .08 |
| Conflict withdrawal | .006 | .07 | .08 | .94 | -.13 | .14 |
| Dysregulation x anx | -.009 | .007 | -1.28 | .20 | -.02 | .005 |
| Conf x anx | -.02 | .02 | -.87 | .38 | -.06 | .02 |
| Conf x dysregulation | -.005 | .01 | -.50 | .62 | -.03 | .02 |
| Conf x dysregulation x anx | .001 | .003 | .46 | .65 | -.004 | .007 |
| Between-level | | | | | | |
| Intercept | -.63 | 5.04 | -.12 | .90 | -10.52 | 9.27 |
| Time | 6.32 | .03 | .002 | 1.0 | -.05 | .05 |
| Early anx | -.09 | .10 | -.95 | .34 | -.28 | .10 |
| Current anx | 1.48 | 1.30 | 1.14 | .26 | -1.08 | 4.04 |
| Dysregulation | .11 | .04 | 2.84 | .005 | .04 | .19 |
| Conf withdrawal | 1.38 | .57 | 2.43 | .015 | .26 | 2.50 |
| Dysregulation x anx | -.01 | .01 | -1.05 | .29 | -.03 | .01 |
| Conf x anx | -.38 | .15 | -2.64 | .009 | -.67 | -.10 |
| Conf x dysregulation | -.01 | .005 | -2.41 | .02 | -.02 | -.002 |
| Conf x dysregulation x anx | .003 | .001 | 2.46 | .01 | .001 | .005 |

Note. *SE* = Standard Error.

Table 8

Model 3. Attachment anxiety, emotion dysregulation and conflict engagement on daily reports of relationship satisfaction.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|----------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 14.74 | .46 | 31.96 | <.001 | 13.83 | 15.65 |
| Time | -.02 | .03 | -.96 | .34 | -.08 | .03 |
| Early anx | -.05 | .11 | -.42 | .67 | -.26 | -.17 |
| Current anx | -.40 | .13 | -3.00 | .003 | -.67 | -.14 |
| Dysregulation | .04 | .02 | 2.07 | .04 | .002 | .08 |
| Conflict engagement | .17 | .10 | 1.83 | .07 | -.01 | .36 |
| Dysregulation x anx | -.01 | .006 | -1.93 | .05 | -.03 | .000 |
| Conf x anx | -.04 | .03 | -1.44 | .15 | -.10 | .05 |
| Conflict x dysregulation | .02 | .02 | 1.21 | .23 | -.01 | .05 |
| Conf x dysregulation x anx | -.01 | .005 | -1.33 | .18 | -.02 | .003 |
| Between-level | | | | | | |
| Intercept | 1.02 | 4.57 | .223 | .82 | -7.96 | 9.99 |
| Time | -.03 | .03 | -1.24 | .21 | -.08 | .02 |
| Early anx | -.14 | .09 | -1.51 | .133 | -.32 | .04 |
| Current anx | -.44 | 1.23 | -.36 | .72 | -2.85 | 1.97 |
| Dysregulation | .10 | .04 | 2.74 | .006 | .03 | .18 |
| Conf engagement | 2.39 | .59 | 4.08 | <.001 | 1.24 | 3.54 |
| Dysregulation x anx | .006 | .01 | .56 | .57 | -.01 | .03 |
| Conf x anx | -.48 | .16 | -3.07 | .002 | -.78 | -.17 |
| Conf x dysregulation | -.02 | .005 | -3.69 | <.001 | -.03 | -.009 |
| Conf x dysregulation x anx | .004 | .001 | 2.56 | .011 | .001 | .006 |

Note. *SE* = Standard Error.

Table 9

Model 4. Attachment anxiety, emotion dysregulation and conflict withdrawal on daily reports of relationship satisfaction.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|----------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 14.83 | .46 | 32.02 | <.001 | 13.91 | 15.74 |
| Time | -.03 | .03 | -1.03 | .30 | -.08 | .02 |
| Early anx | -.05 | .11 | -.37 | .71 | -.25 | .17 |
| Current anx | -.44 | .13 | -3.24 | .001 | -.70 | -.17 |
| Dysregulation | .06 | .02 | 2.97 | .003 | .02 | .10 |
| Conflict withdrawal | -.005 | .07 | -.08 | .94 | -.13 | .12 |
| Dysregulation x anx | -.02 | .006 | -2.41 | .02 | -.03 | -.003 |
| Conf x anx | -.02 | .02 | -.92 | .36 | -.06 | .02 |
| Conf x dysregulation | -.02 | .01 | -1.78 | .08 | -.04 | .002 |
| Conf x dysregulation x anx | .004 | .003 | 1.61 | .11 | -.001 | .01 |
| Between-level | | | | | | |
| Intercept | 10.70 | 4.73 | 2.26 | .02 | 1.40 | 20.00 |
| Time | -.03 | .03 | -1.29 | .20 | -.09 | .02 |
| Early anx | -.11 | .09 | -1.23 | .22 | -.29 | .07 |
| Current anx | -2.46 | 1.22 | -2.01 | .045 | -4.87 | -.06 |
| Dysregulation | .03 | .04 | .70 | .48 | -.05 | .10 |
| Conflict withdraw | .58 | .54 | 1.09 | .28 | -.47 | 1.64 |
| Dysregulation x anx | .02 | .01 | 2.16 | .03 | .002 | .04 |
| Conf x anx | -.10 | .14 | -.77 | .44 | -.37 | .16 |
| Conf x dysregulation | -.005 | .004 | -1.04 | .30 | -.01 | .004 |
| Conf x dysregulation x anx | .001 | .001 | .52 | .60 | -.002 | .003 |

Note. *SE* = Standard Error.

Table 10

Model 5. Attachment avoidance, emotion dysregulation, and conflict engagement on daily reports of relationship intimacy.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|------------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 15.21 | .44 | 34.73 | <.001 | 14.35 | 16.07 |
| Time | .004 | .03 | .16 | .88 | -.05 | .06 |
| Early avoid | -.26 | .12 | -2.28 | .02 | -.49 | -.04 |
| Current avoid | -.63 | .15 | -4.23 | <.001 | -.93 | -.34 |
| Dysregulation | .003 | .02 | .17 | .86 | -.03 | .04 |
| Conf engagement | -.16 | .10 | -1.66 | .10 | -.36 | .03 |
| Dysregulation x avoid | -.002 | .007 | -.23 | .82 | -.02 | .01 |
| Conf x avoid | .08 | .04 | 2.24 | .03 | -.01 | .15 |
| Conf x dysregulation | .02 | .01 | 1.26 | .21 | -.01 | .05 |
| Conf x dysregulation x avoid | -.008 | .005 | -1.42 | .15 | -.02 | .003 |
| Between-level | | | | | | |
| Intercept | 17.19 | 4.32 | 3.98 | <.001 | 8.70 | 25.68 |
| Time | .008 | .03 | .28 | .78 | -.05 | .06 |
| Early avoid | -.23 | .11 | -2.15 | .03 | -.44 | -.02 |
| Current avoid | -4.01 | 1.27 | -3.16 | .002 | -6.51 | -1.52 |
| Dysregulation | -.02 | .03 | -.60 | .55 | -.09 | .05 |
| Conf engage | -.79 | .60 | -1.32 | .002 | -6.51 | -1.52 |
| Dysregulation x avoid | .03 | .01 | 2.76 | .006 | .009 | .05 |
| Conf x avoid | .30 | .17 | 1.72 | .09 | -.04 | .63 |
| Conf x dysregulation | .006 | .005 | 1.18 | .24 | -.004 | .02 |
| Conf x dysregulation x avoid | -.002 | .002 | -1.35 | .18 | -.005 | .001 |

Note. *SE* = Standard Error.

Table 11

Model 6. Attachment avoidance, emotion dysregulation and conflict withdrawal on daily reports of relationship intimacy.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|------------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 15.24 | .44 | 34.58 | <.001 | 14.37 | 16.10 |
| Time | .005 | .03 | .19 | .85 | -.05 | .06 |
| Early avoid | -.26 | .12 | -2.26 | .02 | -.49 | -.03 |
| Current avoid | -.64 | .15 | -4.29 | <.001 | -.94 | -.35 |
| Dysregulation | -7.09 | .02 | -.004 | .10 | -.04 | .04 |
| Conflict withdrawal | -.04 | .07 | -.57 | .56 | -.19 | .10 |
| Dysregulation x avoid | .003 | .008 | .41 | .68 | -.01 | .02 |
| Conf x avoid | -.005 | .03 | -.16 | .87 | -.06 | .05 |
| Conf x dysregulation | .004 | .009 | .40 | .69 | -.01 | .02 |
| Conf x dysregulation x avoid | -.002 | .003 | -.49 | .62 | -.008 | .005 |
| Between-level | | | | | | |
| Intercept | 14.05 | 4.28 | 3.28 | .001 | 5.65 | 22.46 |
| Time | -4.38 | .03 | -.002 | .10 | -.05 | .05 |
| Early avoid | -.22 | .11 | -2.09 | .04 | -.43 | -.01 |
| Current avoid | -2.62 | 1.40 | -1.87 | .06 | -5.36 | .13 |
| Dysregulation | .003 | .03 | .09 | .92 | -.06 | .07 |
| Conflict withdrawal | -.20 | .43 | -.46 | .65 | -1.04 | .64 |
| Dysregulation x avoid | .02 | .01 | 1.77 | .08 | -.002 | .04 |
| Conf x avoid | .06 | .13 | .46 | .65 | -.20 | .32 |
| Conf x dysregulation | .002 | .004 | .43 | .67 | -.005 | .008 |
| Conf x dysregulation x avoid | -.001 | .001 | -.56 | .58 | -.003 | .002 |

Note. *SE* = Standard Error.

Table 12

Model 7. Attachment avoidance, emotion dysregulation and conflict engagement on daily reports of relationship satisfaction.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|------------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 15.69 | .45 | 34.77 | <.001 | 14.80 | 16.58 |
| Time | -.03 | .03 | -1.05 | .30 | -.08 | .02 |
| Early avoid | -.27 | .12 | -2.25 | .02 | -.50 | -.03 |
| Current avoid | -.69 | .15 | -4.52 | <.001 | -.98 | -.39 |
| dysregulation | .03 | .02 | 1.73 | .08 | -.004 | .07 |
| Conflict engagement | -.25 | .09 | -2.67 | .008 | -.43 | -.07 |
| Dysregulation x avoid | -.01 | .007 | -1.51 | .13 | -.02 | .003 |
| Conf x avoid | .11 | .03 | 3.11 | .002 | .04 | .17 |
| Conf x dysregulation | .01 | .01 | .85 | .39 | -.01 | .04 |
| Conf x dysregulation x avoid | -.006 | .005 | -1.09 | .28 | -.02 | .004 |
| Between-level | | | | | | |
| Intercept | 20.27 | 4.04 | 5.02 | <.001 | 12.34 | 28.21 |
| Time | -.03 | .03 | -.99 | .32 | -.08 | .03 |
| Early avoid | -.23 | .10 | -2.33 | .02 | -.42 | -.04 |
| Current avoid | -5.98 | 1.18 | -5.05 | <.001 | -8.31 | -3.65 |
| Dysregulation | -.04 | .03 | -1.30 | .19 | -.11 | .02 |
| Conflict engage | -.84 | .56 | -1.48 | .14 | -1.95 | .27 |
| Dysregulation x avoid | .05 | .01 | 4.63 | <.001 | .03 | .07 |
| Conf x avoid | .37 | .16 | 2.31 | .02 | .06 | .69 |
| Conf x dysregulation | .006 | .005 | 1.27 | .21 | -.003 | .02 |
| Conf x dysregulation x avoid | -.003 | .002 | -1.90 | .06 | -.006 | .000 |

Note. *SE* = Standard Error.

Table 13

Model 8. Attachment avoidance, emotion dysregulation and conflict withdrawal on daily reports of relationship satisfaction.

| Model Level | Estimate | (SE) | <i>t</i> | <i>p</i> | CI ₉₅ | |
|------------------------------|----------|------|----------|----------|------------------|-------|
| | | | | | Lower | Upper |
| Within-level | | | | | | |
| Intercept | 15.66 | .45 | 34.69 | <.001 | 14.77 | 16.55 |
| Time | -.03 | .03 | -.99 | .32 | -.08 | .02 |
| Early avoid | -.25 | .12 | -2.14 | .03 | -.48 | -.02 |
| Current avoid | -.69 | .15 | -4.52 | <.001 | -.98 | -.39 |
| dysregulation | .02 | .02 | 1.10 | .27 | -.02 | .06 |
| conf withdraw | -.07 | .07 | -1.06 | .29 | -.21 | .06 |
| dysregulation x avoid | -.003 | .007 | -.37 | .71 | -.02 | .01 |
| Conf x avoid | .005 | .03 | .17 | .86 | -.05 | .06 |
| Conf x dysregulation | .009 | .008 | 1.08 | .28 | -.008 | .03 |
| Conf x dysregulation x avoid | -.005 | .003 | -1.43 | .15 | -.01 | .002 |
| Between-level | | | | | | |
| Intercept | 14.74 | 4.00 | 3.68 | <.001 | 6.88 | 22.60 |
| Time | -.04 | .03 | -1.38 | .17 | -.09 | .02 |
| Early avoid | -.22 | .10 | -2.24 | .03 | -.42 | -.03 |
| Current avoid | -4.07 | 1.31 | -3.12 | .002 | -6.64 | -1.50 |
| Dysregulation | -.002 | .03 | -.06 | .95 | -.06 | .06 |
| Conf withdraw | .17 | .40 | .41 | .68 | -.62 | .95 |
| Dysregulation x avoid | .03 | .01 | 3.18 | .002 | .01 | .06 |
| Conf x avoid | .04 | .12 | .32 | .75 | -.20 | .28 |
| Conf x dysregulation | -.001 | .003 | -.35 | .73 | -.008 | .005 |
| Conf x dysregulation x avoid | -.001 | .001 | -.64 | .52 | -.003 | .001 |

Note. *SE* = Standard Error.

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Appendix B. Study 1 Recruitment Ad Version B

The following is the advertisement that will appear on the online Participant Pool website. All ads use a standard format.

| | | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Study Name | Attachment, Coping, and Relationship Quality | |
| Study Type |  | Standard (lab) study This is a standard lab study. To participate, sign up, and go to the specified location at the chosen time. |
| Credits | 1.5 Credits | |
| Duration | 90 minutes | |
| Abstract | The main purpose of this study is to develop a better understanding of the factors that contribute to the quality of relationships. | |
| Description | <p>We are seeking undergraduate students at Lakehead University along with their caregiver(s), to participate in a research study on attachment, coping, and relationship quality. For the purposes of this study, a "caregiver" is defined as any adult who has been, or is in, the care-taking role. This could be a biological parent, a step-parent, an adoptive parent, or anyone else the student identifies. Undergraduate students will complete a series of questionnaires about their relationship with their caregiver(s), their own coping strategies, and their own romantic relationship. Caregivers will complete questionnaires about their relationship with their child and their own coping strategies. Undergraduate students will receive 1.5 bonus credits; or \$15 cash (if you are not eligible for bonus credits, or wish to receive cash compensation instead). Caregivers will be entered into a draw to win a \$50 Chapters gift card. One gift card will be awarded for every 50 caregivers who participate.</p> | |
| Eligibility Requirements | Must be willing to provide contact information for at least one caregiver, be in a current monogamous relationship (duration of at least 3 months), and fluent in English | |
| Researcher | Alexandra Popowich |  |
| Principal Investigator | Aislin Mushquash | |
| Deadlines | Sign-Up: 24 hour(s) before the appointment Cancellation: 24 hour(s) before the appointment | |

Appendix C. Study 1 Script for ClassroomScript for classroom

Hi everyone,

My name is ____ and I am part of Dr. Aislin Mushquash's research team in the Department of Psychology. We're currently conducting a study on attachment, coping, and relationship quality in university students. Undergraduate students at Lakehead University are invited to participate.

To qualify for the study, you must be:

- Willing to provide contact information for at least one of your caregivers
- In current monogamous, romantic relationship, with a duration of at least three months.
- Fluent in English

Your caregiver must be:

- Fluent in English
- Able to access the Internet

For the purposes of this study, a "caregiver" is defined as any adult who has been, or is in, the care-taking role. This could be a biological parent, a step-parent, an adoptive parent, or anyone else you identify.

If you agree to participate, you will be asked to complete questionnaires about your relationship with your caregiver(s), your own coping strategies, and your own romantic relationship. Your caregiver(s) will complete questionnaires online about their relationship with you and about their own coping strategies.

If you are interested, you can sign up for the study on Lakehead's Sona System by looking for the title "Attachment, Coping, and Relationship Quality". You can also contact us at acr.study@gmail.com for more information or to schedule your lab session via email.

For participating, you can earn 2 bonus points towards an eligible psychology course, or you can earn \$15. Caregivers will be entered into a draw to receive a \$50 Chapters gift certificate.

Your participation in this study is entirely voluntary, and whether you or your caregivers choose to participate or not will not impact your standing in this or any other course (other than receiving the bonus points from the study).

Thank you for your time.

Appendix D. Study 1 Email to Students

The following e-mail is to be circulated to students in undergraduate courses by the respective Professors (following their approval).

Good afternoon,

My name is Alexandra Popowich and I am completing my dissertation research under the supervision of Dr. Aislin Mushquash in the Department of Psychology. We're currently conducting a study on attachment, coping, and relationship quality in university students. Undergraduate students at Lakehead University are invited to participate.

To qualify for the study, you must be:

- Willing to provide contact information for at least one of your caregivers
- In current monogamous, romantic relationship, with a duration of at least three months.
- Fluent in English

Your caregiver must be:

- Fluent in English
- Able to access the Internet

For the purposes of this study, a "caregiver" is defined as any adult who has been, or is in, the care-taking role. This could be a biological parent, a step-parent, an adoptive parent, or anyone else you identify.

If you agree to participate, you will be asked to complete questionnaires about your relationship with your caregiver(s), your own coping strategies, and your own romantic relationship. Your caregiver(s) will complete questionnaires online about their relationship with you and about their own coping strategies.

If you are interested, you can sign up for the study on Lakehead's Sona System by following this link: <https://lupsych.sona-systems.com>, and looking for the title "Attachment, Coping, and Relationship Quality". You can also contact us at acr.study@gmail.com for more information or to schedule your lab session via email.

For participating, you can earn 2 bonus points towards an eligible psychology course, or you can earn \$15. Caregivers will be entered into a draw to receive a \$50 Chapters gift certificate.

Your participation in this study is entirely voluntary, and whether you or your caregivers choose to participate or not will not impact your standing in this or any other course (other than receiving the bonus points from the study).

Regards,

Alexandra Popowich, M.A., Ph.D. Student
Supervisor: Dr. Aislin Mushquash
Department of Psychology
Lakehead University



Appendix E. Study 1 Consent Form – Student Version

Information Letter

Title of the Research Study: Attachment, coping, and relationship quality: A study of romantic and familial relationships

Principal Investigator: Dr. Aislin Mushquash, Lakehead University

Email: aislin.mushquash@lakeheadu.ca

Phone: (807) 343-8771

Student Investigator: Alexandra Popowich, Lakehead University

Email: adpopowi@lakeheadu.ca

Research Team Email: acr.study@lakeheadu.ca

Funded by: The Lakehead University Senate Research Community Research Development Fund

Introduction

We invite you to take part in a research study being conducted by Dr. Aislin Mushquash and Alexandra Popowich. Your participation in this study is voluntary and you may withdraw from this study at any time. You should discuss any questions you have about this study with Dr. Mushquash, Alexandra, or the laboratory research assistants (Elizabeth Grassia, Jessica Frappa, Jessica Coran, and Hailey Gilmour).

Purpose of this study

The main purpose of this study is to develop a better understanding of the factors that contribute to the quality of relationships for undergraduate students.

Study design

This study involves collecting data from undergraduate students and their caregiver(s). Approximately 225 individuals (plus their caregivers) will be recruited for this study.

Who can participate in this study?

Undergraduate students at Lakehead University and their caregiver(s) are invited to participate in the present study.

Undergraduate students must be:

- Willing to provide contact information for at least one of their caregivers
- Caregivers will be asked to complete questionnaires online.
- In a current monogamous, romantic relationship, with a duration of at least three months.
- Fluent in English

Caregivers must be:

- Fluent in English
- Have access to the Internet

Who will be conducting the research?

Dr. Aislin Mushquash and Alexandra Popowich will be conducting the research, with the support of undergraduate research assistants (Elizabeth Grassia, Jessica Frappa, Jessica Coran, and Hailey Gilmour).

What YOU will be asked to do:

You will be asked to book an appointment in the lab. If you consent to participate, you will sign the consent form, and proceed with the study. Specifically, you will be provided with a questionnaire booklet to complete. Questionnaires will include demographics and measures of all constructs relevant to the

current study (e.g., attachment, coping, relationship quality). Data collected from this study will be used to write academic publications, present at academic conferences, and to write a doctoral dissertation. Once you have completed the questionnaire package, you will be thanked and compensated for your time (see below – Compensation and Reimbursement).

The expected length of time commitment for your participation will be approximately 1.5 hours.

What will YOUR CAREGIVER be asked to do:

Your caregiver(s) will be contacted by the research assistants via telephone to be invited to participate in the present study. Following this call your caregiver(s) will receive an email including a link to an online survey. If they consent to participate, they will complete the questionnaires which will include demographics and measures of all constructs relevant to this study (e.g., attachment, coping, relationship quality). Once they have completed the online questionnaire package they will be entered into a draw to win a \$50 Chapters gift card. One gift card will be awarded for every 50 caregivers who participate.

The expected length of time commitment for your caregiver(s) participation will be approximately 30 – 40 minutes.

Possible risks and discomforts

There are no known risks associated with participating in the current study. However, given that you will be asked to reflect on aspects of your life that you normally may not think about, some mild distress may arise.

If you are distressed during or after your participation in this study, you may access Lakehead Universities Student Health and Counselling Centre, by calling (807) 343-8361 to book an appointment with a counsellor, or access Thunder Bay Crisis Response Services at (807) 346-8282.

This study is voluntary. You are free to withdraw from the study at any time, and free to remove your data from the study up until the point at which data collection complete. You are free to decline to answer any question. Whether you or your caregivers choose to participate or not will not impact your academic standing at Lakehead University.

Please note that the online survey tool used in the study, Survey Monkey, is hosted by a server located in the USA. The US Patriot Act permits U.S. law enforcement officials, for the purpose of anti-terrorism investigation, to seek a court order that allows access to the personal records of any person without the person's knowledge. In view of this we cannot absolutely guarantee the full confidentiality and anonymity of your data. With your consent to participate in this study, you acknowledge this.

Possible benefits

There are no direct benefits to you as a result of participating in this study. However, you will have the opportunity to learn about the results of this study upon completion of the project. You can receive a summary of the findings by requesting a copy on the following consent form. Individual results will not be made available to participants.

Compensation/reimbursement

By participating in this study, you will receive 2 bonus marks towards an eligible psychology course or will have the option to accept \$15 cash. If you are not eligible for bonus credits or prefer to receive cash, you will be given \$15 cash.

Confidentiality and anonymity

Anonymity: Several steps will be taken to anonymize any identifiable information and data that you provide throughout your participation in this study. First, you will be provided with an ID number at the beginning of the study. All data files from this study will contain only this ID number. An ID number will also be created to link your information to your caregiver(s). This is the sole documentation that links your ID to you and your caregiver's identifying information. Thus, your personal information (i.e., name) will not be part of study data files.

Confidentiality: Any information provided by you or your caregiver as participants in this study will be kept strictly confidential. The list linking ID numbers to participants' and caregivers' names will be kept in a locked filing cabinet that only Dr. Aislin Mushquash and Alexandra Popowich will have access to. Paper copies of all data (including those collected from caregivers through the online survey), will be kept in a locked filing cabinet and will only be identified by ID number. Upon completion of the data collection phase of the study, the list linking ID numbers to participants' and caregivers' names will be destroyed.

Any data obtained will not be shared with any third parties, and your data will not be shared with your caregiver(s). Further, any data from this study included in published material or presentations will be in an aggregated form, and no identifying information will be shared.

Lastly, in accordance with Lakehead University's policy, data will be retained within a locked filing cabinet of the Principal Investigator or on a password-protected hard drive for at least 5 years following the completion of the research.

Questions

If you have any questions about this study or your participation, you may contact the Principal Investigator, Dr. Mushquash, by emailing aislin.mushquash@lakeheadu.ca

Problems or concerns

This study has been approved by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team please contact Sue Wright at the Research Ethics Board at 807-343-8283 or research@lakeheadu.ca.

Appendix F. Study 1 Consent form – Student Signature Page

Title of the Research Study: Attachment, coping, and relationship quality: A study of romantic and familial relationships

Signature page

I have read the explanation of this study. I have been given an opportunity to discuss this study and my questions have been answered to my satisfaction. I understand the potential risks/benefits of this study. I realize that my participation is voluntary and I am free to withdraw from this study at any time. I understand that data I provide will be securely stored at Lakehead University for a minimum of 5 years following completion of the project, that I may receive a summary of the findings by indicating this (below), and that I will remain anonymous in publication and public presentation of the research findings. By completing the information below, I consent to take part in this study.

Name (Please Print)

Signature

Signature of person obtaining consent

Date

I would like to be emailed summary of the findings of this study upon its completion:

Yes ___ No ___

If "yes" please provide your e-mail address: _____

Appendix G. Study 1 Consent Form – Consent to Contact Caregivers**Consent to Contact Caregivers**

By signing below I consent to have the researchers contact my caregiver(s) to participate in the study. I understand that I will not have access to the responses provided by my caregiver(s), nor will my caregiver(s) have access to my responses.

Participant Signature

Date

Please provide information for at least **one** caregiver. For the purposes of this study, a “caregiver” is defined as any adult who has been, or is in, the care-taking role for you.

Contact information for “**Caregiver 1**” (please provide as much information as possible):

Name of Caregiver: _____

Relationship (e.g., father, mother, step-parent): _____

Primary Phone Number: _____

Alternate Phone Number: _____

Primary Email Address: _____

Alternate Email Address: _____

Contact information for “**Caregiver 2**” (please provide as much information as possible):

Name of Caregiver: _____

Relationship (e.g., father, mother, step-parent): _____

Primary Phone Number: _____

Alternate Phone Number: _____

Primary Email Address: _____

Alternate Email Address: _____

Appendix I. Study 2 Recruitment Ad Version B

The following is the advertisement that will appear on the online Participant Pool website. All ads use a standard format.

| | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Study Name | Childhood and Romantic Attachment, Coping, and Relationship Quality |
| Study Type |  Standard (lab) study This is a standard lab study. To participate, sign up, and go to the specified location at the chosen time. |
| Study Status | Not visible to participants : Not Approved  Inactive study : Does not appear on list of available studies |
| Duration | 200 minutes |
| Credits | 4 Credits |
| Abstract | The main purpose of this study is to develop a better understanding of factors that impact the day-to-day functioning of individuals within romantic relationships, and how this functioning affects romantic relationship quality over time. |
| Description | We are seeking undergraduate students (of any age and gender) at Lakehead University to participate in a 7-day study on attachment, coping, and relationship quality. Participants will come into the lab for an initial session to complete questionnaires about their relationship with their childhood primary caregiver, their own coping strategies, and their romantic relationship. Then participants will be asked to complete two short online survey entries (the first approximately halfway through their day and the second before bed) daily for 7 consecutive days. Each online survey entry takes approximately 10 minutes to complete. Participants will receive 4 bonus credits for an eligible psychology course (1 point for the lab portion of the study and 3 for the online portion); or \$40 cash (10\$ for the lab portion of the study and 30\$ for the online portion), if not eligible for bonus credits; or wish to receive cash compensation instead. |
| Eligibility Requirements | Must be in a current monogamous, romantic relationship (duration of at least 3 months), fluent in English, and have consistent access to the internet. |

Appendix J. Study 2 Script for ClassroomScript for classroom

Hi everyone,

My name is _____ and I am part of Dr. Aislin Mushquash's research team in the Department of Psychology. We are currently conducting a 7-day study on attachment, coping, and relationship quality in university students. Undergraduate students (of any age and gender) at Lakehead University are invited to participate.

To qualify for the study, you must:

- Be in current monogamous, romantic relationship, with a duration of at least three months.
- Be fluent in English
- Have consistent access to the internet

If you agree to participate, you will be asked to attend one lab session to complete questionnaires about your relationship with your primary childhood caregiver, your own coping strategies, and your romantic relationship. Then you will be asked to complete two short online survey entries (the first approximately halfway through their day and the second before bed) daily for 7 consecutive days. Each online survey entry takes approximately 10 minutes to complete.

If you are interested, you can sign up for the study on Lakehead's Sona System by looking for the title "Childhood and Romantic Attachment, Coping, and Relationship Quality: An in-depth study of romantic relationships" and select a time that is convenient for you to come into the lab. You can also contact us at acr.study@gmail.com for more information or to schedule your lab session via email.

For participating, you can earn 4 bonus points towards an eligible psychology course; or \$40 cash (if not eligible for bonus credits; or wish to receive cash compensation instead).

Your participation in this study is entirely voluntary. Whether you choose to participate or not will not impact your academic standing at Lakehead University.

Thank you for your time.

Appendix K. Study 2 Recruitment E-mail

The following e-mail is to be circulated to students in undergraduate courses by the respective Professors (following their approval).

Good afternoon,

My name is Alexandra Popowich and I am completing my dissertation research under the supervision of Dr. Aislin Mushquash in the Department of Psychology. We're currently conducting a study on attachment, coping, and relationship quality in university students. Undergraduate students (of any age and gender) at Lakehead University are invited to participate.

To qualify for the study, you must:

- Be in current monogamous, romantic relationship, with a duration of at least three months.
- Be fluent in English
- Have consistent access to the internet

If you agree to participate, you will be asked to attend one lab session to complete questionnaires about your relationship with your primary childhood caregiver, your own coping strategies, and your romantic relationship. Then you will be asked to complete two short online survey entries (the first approximately halfway through their day and the second before bed) daily for 7 consecutive days. Each online survey entry takes approximately 10 minutes to complete.

If you are interested, you can sign up for the study on Lakehead's Sona System by looking for the title "Childhood and Romantic Attachment, Coping, and Relationship Quality: An in-depth study of romantic relationships" and select a time that is convenient for you to come into the lab. You can also contact us at acr.study@gmail.com for more information or to schedule your lab session via email.

For participating, you can earn 4 bonus points towards an eligible psychology course; or \$40 cash (if not eligible for bonus credits; or wish to receive cash compensation instead).

Your participation in this study is entirely voluntary. Whether you choose to participate or not will not impact your academic standing at Lakehead University.

Regards,

Alexandra Popowich, M.A., Ph.D. Student
Supervisor: Dr. Aislin Mushquash
Department of Psychology
Lakehead University



Appendix L. Study 2 Information Letter

Title of the Research Study: Childhood and romantic Attachment, coping, and relationship quality: An in-depth study of romantic relationships

Principal Investigator: Dr. Aislin Mushquash, Lakehead University

Email: aislin.mushquash@lakeheadu.ca

Phone: (807) 343-8771

Student Investigators: Alexandra Popowich (Ph.D. Candidate), Lakehead University; Kara Boles (M.A. Student), Lakehead University

Email: adpopowi@lakeheadu.ca & kboles@lakeheadu.ca

Research Team Email: acr.study@lakeheadu.ca

Funded by: The Lakehead University Senate Research Community Research Development Fund

Dear Potential Participant:

We invite you to take part in a research study to better understand factors that contribute to romantic relationship quality in undergraduate students.

Taking part in this study is voluntary. Before you decide whether or not you would like to take part in this study, please read this letter carefully to understand what is involved. After you have read the letter, please ask any questions you may have.

PURPOSE

The main purpose of this study is to develop a better understanding of factors that impact the day-to-day functioning of individuals within romantic relationships, and how this functioning affects romantic relationship quality over time. This research is being conducted by Dr. Aislin Mushquash, Alexandra Popowich, and Kara Boles, with the support of undergraduate research assistants (Tori Antier, Jaidyn Charlton, Kaitlyn Kotala, and Nolan Maenpaa).

Undergraduate students (of any age and gender) at Lakehead University who are currently in a monogamous romantic relationship (of at least 3-months duration) are invited to participate in the present study.

To qualify for the study, you must:

- *Be in current monogamous, romantic relationship, with a duration of at least three months.*
- *Have consistent access to the internet*
- *Be fluent in English*

WHAT INFORMATION WILL BE COLLECTED

Information that will be collected will include demographics and measures of all constructs relevant to the study, including attachment with participants primary caregiver during childhood as well as the participants current romantic partner, coping styles, and romantic relationship quality.

WHAT IS REQUESTED OF ME AS A PARTICIPANT

You will be asked to book an appointment in the lab. If you consent to participate, you will sign the consent form, and proceed with the lab portion of the study. Specifically, you will be provided with a questionnaire booklet to complete. Questionnaires will include demographics and measures of all

constructs relevant to the current study (e.g., attachment, coping, relationship quality). Following the initial lab session, you will be asked to complete 2 short online surveys daily (the first at your midday point and the second one hour before bed) for 7 consecutive days. Each online survey will take approximately 10 minutes to complete. Once you have completed the questionnaire package and online surveys for 7 days, you will be thanked and compensated for your time (see below – Compensation and Reimbursement).

The expected length of time commitment for your participation will be approximately 4 hours overall over the course of one week.

WHAT ARE MY RIGHTS AS A PARTICIPANT

This study is voluntary, you are not under any obligation to participate. You are free to withdraw from the study at any time without prejudice to pre-existing entitlements, and free to remove your data from the study up until the point at which data collection complete by emailing the Principle Investigator, Dr. Aislin Mushquash, (aislin.mushquash@lakeheadu.ca), or the Student Investigator Alexandra Popowich (adpopowi@lakeheadu.ca). Information throughout the course of the project will be provided to you that is relevant to your decision to continue or withdraw from participation. You are free to decline to answer any question. Whether you choose to participate or not will not impact your academic standing at Lakehead University.

WHAT ARE THE RISKS AND BENEFITS

There are no known risks associated with participating in the current study. However, given that you will be asked to reflect on aspects of your life that you normally may not think about, some mild distress may arise.

If you are distressed during or after your participation in this study, you may access Lakehead Universities Student Health and Counselling Centre, by calling (807) 343-8361 to book an appointment with a counsellor, or access Thunder Bay Crisis Response Services at (807) 346-8282, or the “Good2Talk” post-secondary student helpline at 1-866-925-5454.

There are no direct benefits to you as a result of participating in this study. However, you will have the opportunity to learn about the results of this study upon completion of the project. You can receive a summary of the findings by requesting a copy on the following consent form. Individual results will not be made available to participants.

By participating in this study, you will receive 4 bonus marks towards an eligible psychology course (1 bonus point for the in lab session and 3 bonus points for the online surveys) or will have the option to accept \$40 cash (10\$ for the lab session and 30\$ for the online surveys). If you are not eligible for bonus credits or prefer to receive cash, you will be given \$40 cash once the 7-day study period is complete.

HOW WILL MY ANONYMITY/CONFIDENTIALITY BE MAINTAINED?

Anonymity: *Several steps will be taken to anonymize any identifiable information and data that you provide throughout your participation in this study. First, you will be provided with an ID number at the beginning of the study. All data files from this study will contain only this ID number. This ID number is the sole documentation that links your lab session data and online survey data to your identifying information. Thus, your personal information (i.e., name) will not be part of study data files.*

Confidentiality: *Any information provided by you as a participant in this study will be kept strictly confidential. The list linking ID numbers to participants’ names will be kept in a locked filing cabinet that only Dr. Aislin Mushquash, Alexandra Popowich, Kara Boles and research assistants will have access to. Paper copies of all data will be kept in a locked filing cabinet and will only be identified by ID number. Upon completion of the data collection phase of the study, the list linking ID numbers to participants’ names will be destroyed.*

Any data obtained will not be shared with any third parties. Further, any data from this study included in published material or presentations will be in an aggregated form, and no identifying information will be shared.

Please note that the online survey tool used in the study, Survey Monkey, is hosted by a server located in the USA. The US Patriot Act permits U.S. law enforcement officials, for the purpose of anti-terrorism investigation, to seek a court order that allows access to the personal records of any person without the person's knowledge. In view of this we cannot absolutely guarantee the full confidentiality and anonymity of your data. With your consent to participate in this study, you acknowledge this.

WHAT WILL MY DATA BE USED FOR

Data collected from this study will be used to write academic publications, present at academic conferences, and to write a doctoral dissertation and master's thesis.

WHERE WILL MY DATA BE STORED

Lastly, in accordance with Lakehead University's policy, data will be retained within a locked filing cabinet of the Principal Investigator (SN 1002-F) or on a password-protected hard drive for at least 5 years following the completion of the research.

QUESTIONS

If you have any questions about this study or your participation, you may contact the Principal Investigator, Dr. Mushquash, by emailing aislin.mushquash@lakeheadu.ca

PROBLEMS OR CONCERNS

This study has been approved by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone outside of the research team please contact Sue Wright at the Research Ethics Board at 807-343-8283 or research@lakeheadu.ca.

Appendix M. Study 2 Consent form –Signature Page

Title of the Research Study: Childhood and romantic attachment, coping, and relationship quality: An in-depth study of romantic relationships

MY CONSENT:

I agree to the following:

- ✓ I have read and understand the information contained in the Information Letter
- ✓ I agree to participate
- ✓ I understand the risks and benefits to the study
- ✓ That I am a volunteer and can withdraw from the study at any time up until the data collection phase of this research is complete and may choose not to answer any question
- ✓ That the data will be securely stored within a locked filing cabinet of the Principal Investigator (SN 1002-F) or on a password-protected hard drive for at least 5 years following the completion of the research.
- ✓ I understand that the research findings will be made available to me by indicating this (below)
- ✓ I will remain anonymous
- ✓ All of my questions have been answered

By consenting to participate, I have not waived any rights to legal recourse in the event of research-related harm.

Name (Please Print)

Signature

Signature of person obtaining consent

Date

I would like to be emailed summary of the findings of this study upon its completion: Yes ___ No ___

If "yes" please provide your e-mail address: _____

Appendix N. Study 2 Instructional email to students (with participant ID)

The following e-mail is to be circulated to participants immediately after their participation in the lab portion of the study (with their respective participant ID)

Subject line – CR-ACR 7-Day Study – Instructions for completing online survey entries

Good afternoon (participants name),

We would like to thank you for participating in the laboratory phase of our study. For the second phase of our study we ask you to complete 2 short online surveys daily for 7-days.

We ask that you complete your first entry at your mid-day point (approximately 8-hours after waking up), and your second entry approximately 1-hour before you go to bed.

We will send you 2 email reminders daily (**starting tomorrow**) for 7-days. The first reminder will be sent at 1pm and the second at 7:30pm. The email will contain a link for you to follow to complete each entry. Once you click the link, you will be asked to enter your participant ID.

Your participant ID for online entries: (insert unique ID number)

****Please Note**:** You do not have to complete these entries at the time the reminders are sent. For example, if you wake up at 9am your mid-day point to complete your first online entry will be around 2pm. If you usually head to bed around 10pm, your second online entry should be entered at approximately 9pm.

If you have any questions please contact the research team at acr.study@gmail.com.

Thank you again for participating in this study,

Sincerely,
Student Investigator:
Alexandra Popowich
Ph.D. Candidate, Clinical Psychology Program
Department of Psychology
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B5E1
e: adpopowi@lakeheadu.ca

Principal Investigator:
Aislin Mushquash, Ph.D., C.Psych.
Assistant Professor, Department of Psychology
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B5E1
t: (807) 343-8771
f: (807) 346-7734
e: aislin.mushquash@lakeheadu.ca

Appendix O. Study 2 Mid-Day Daily Reminder Email to Students**Subject line: MID-DAY Online Survey Entry Reminder**

Good afternoon,

This email is being sent as a reminder to complete your mid-day online survey entry for today. Please complete your midday entry at your mid-day point (approximately 8 hours after waking up).

Complete your first entry by selecting the following link: www.surveymonkey.com and entering your **unique participant ID code**.

As you are completing the questionnaire, it is advised to not press the “Back” button on your browser. Ensure that you are happy with your answers before you press the “next” button on each page. We also recommend that you complete this survey on a laptop or desktop computer rather than a handheld Smartphone type device (e.g., iPhone, Samsung Galaxy, etc).

Thank you for your continued participation in our study,

Sincerely,

Student Investigator:

Alexandra Popowich

Ph.D. Candidate, Clinical Psychology Program

Department of Psychology

Lakehead University

955 Oliver Road

Thunder Bay, ON P7B5E1

e: adpopowi@lakeheadu.ca

Principal Investigator:

Aislin Mushquash, Ph.D., C.Psych.

Assistant Professor, Department of Psychology

Lakehead University

955 Oliver Road

Thunder Bay, ON P7B5E1

t: (807) 343-8771

f: (807) 346-7734

e: aislin.mushquash@lakeheadu.ca

Appendix P. End-of-Day Daily Reminder Email to Students**Subject line: Bed-time Online Survey Entry Reminder**

Good evening,

This email is being sent as a reminder to complete your second online survey entry for today. Please complete your second online entry approximately one hour before you plan to go to bed.

Complete your first entry by selecting the following link: www.surveymonkey.com and entering your **unique participant ID code**.

As you are completing the questionnaire, it is advised to not press the “Back” button on your browser. Ensure that you are happy with your answers before you press the “next” button on each page. We also recommend that you complete this survey on a laptop or desktop computer rather than a handheld Smartphone type device (e.g., iPhone, Samsung Galaxy, etc).

Thank you for your continued participation in our study,

Sincerely,

Student Investigator:

Alexandra Popowich

Ph.D. Candidate, Clinical Psychology Program

Department of Psychology

Lakehead University

955 Oliver Road

Thunder Bay, ON P7B5E1

e: adpopowi@lakeheadu.ca

Principal Investigator:

Aislin Mushquash, Ph.D., C.Psych.

Assistant Professor, Department of Psychology

Lakehead University

955 Oliver Road

Thunder Bay, ON P7B5E1

t: (807) 343-8771

f: (807) 346-7734

e: aislin.mushquash@lakeheadu.ca

Appendix Q: Study 2 Final Email to Students**Subject Line: Thank you for your participation – reminder to collect compensation**

Good afternoon,

You have completed the 7-days of online surveys for our study “Childhood and Romantic Attachment – An In-Depth Study of Romantic Relationships”.

Thank you for your participation in this study, it is greatly appreciated. If you have selected the bonus points (towards an eligible psychology course) option as compensation for your participation in this study, the 4 bonus points will be allotted to you through Sona Systems.

If you have chosen the 40\$ cash option for your compensation, please respond to this email to arrange a time to collect your compensation from our lab (SN 1002-F).

If you have any other questions or concerns, please do not hesitate to contact us.

Sincerely,

Student Investigator:
Alexandra Popowich
Ph.D. Candidate, Clinical Psychology Program
Department of Psychology
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B5E1
e: adpopowi@lakeheadu.ca

Principal Investigator:
Aislin Mushquash, Ph.D., C.Psych.
Assistant Professor, Department of Psychology
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B5E1
t: (807) 343-8771
f: (807) 346-7734
e: aislin.mushquash@lakeheadu.ca

Appendix R: Measures

*C = questionnaire also completed by caregiver

*P = Partner informant-version also completed

The information inside this box will be completed by a research assistant:

Participant ID Number: _____

Date Today (record date using this format: September 1, 2018): _____

In this study, we will ask you questions about your caregivers. You will need to identify 1 or 2 caregivers. These should be people who had main caregiving responsibilities for you as you were growing up. This could be your biological parent, adoptive parent, step parent, grandparent, aunt/uncle, etc.

1a. Who will you be referring to when you answer questions about your
Caregiver 1 (e.g., my biological mother): _____

1b. Have you provided contact information on the Consent Form for the person listed above? (Please circle an answer.) YES NO

2a. Who will you be referring to when you answer questions about your
Caregiver 2 (e.g., my step-dad): _____

2b. Have you provided contact information on the Consent Form for the person listed above? (Please circle an answer.) YES NO

3. Complete the following table for the people you listed above.

| | Indicate the current # of days/week (e.g., 7) you have contact with each caregiver via each method below. | Geographical distance from caregiver. Check <u>one</u> option that best applies currently. |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Caregiver 1 | _____ in person _____ on the phone _____ via Facetime/skype/video chat _____ via email _____ via instant messenger/text _____ via mail _____ other means of communication | <input type="checkbox"/> live in same household <input type="checkbox"/> live in same city <input type="checkbox"/> live in same province <input type="checkbox"/> live in same country <input type="checkbox"/> live in different country |
| Caregiver 2 | _____ in person _____ on the phone _____ via Facetime/skype/video chat _____ via email _____ via instant messenger/text _____ via mail _____ other means of communication | <input type="checkbox"/> live in same household <input type="checkbox"/> live in same city <input type="checkbox"/> live in same province <input type="checkbox"/> live in same country <input type="checkbox"/> live in different country |

Demographic Information ATTACHMENT AND RELATIONSHIP QUALITY

1. Your age: _____ years
2. Your biological sex: _____
3. Your gender: _____
4. Your sexual orientation (choose one):
 - Exclusively heterosexual
 - Predominantly heterosexual, only incidentally homosexual
 - Predominantly heterosexual, but more than incidentally homosexual
 - Equally heterosexual and homosexual
 - Predominantly homosexual, but more than incidentally heterosexual
 - Predominantly homosexual, but only incidentally heterosexual
 - Exclusively homosexual
 - Other (please describe) _____
5. Your ethnicity: _____
6. Your **biological** mother's ethnicity: _____
7. Your **biological** father's ethnicity: _____
8. Your country of birth: _____
9. How long have you lived in Canada? _____ years
10. Your year of study in university (e.g., 1st): _____
11. Your major in university: _____
 Note: "undecided" or "undeclared" may be listed as a Major
12. Your occupation (e.g., teacher): _____
 Note: "student" may be listed as an occupation
13. Check the option that best describes your current employment situation:
 - I work full-time
 - I work part-time
 - I am unemployed
 - I am a homemaker
 - I am retired
 - other (please specify) _____
14. Check the option that best describes your current educational situation:
 - I am a part-time student
 - I am a full-time student
 - other (please specify) _____

15. What is your current weight? Report either in 192 pounds _____ or in kilograms _____
16. What is your current height? Report either in feet/inches _____ or in meters/centimeters _____
17. This question does not ask about your annual personal income. Instead, it asks about your annual family income. In other words, indicate how much money was earned last year in the household where you were raised. Check the option that best describes your annual family income in Canadian dollars (before taxes, deductions, etc.):
 - \$0.00 - \$19 999
 - \$20 000 - \$39 999
 - \$40 000 - \$59 999
 - \$60 000 - \$79 999
 - \$80 000 - \$99 999
 - \$100 000 - \$119 999
 - \$120 000 - \$139 999
 - \$140 000 - \$159 999
 - \$160 000 - \$179 999
 - \$180 000 - \$199 999
 - greater than \$200 000
18. How many people are supported by your total annual family income (listed in question 17)? _____
19. Your current romantic relationship status (check all that apply):
 - single
 - dating one person
 - dating multiple people
 - separated
 - married
 - divorced
 - cohabiting (i.e., living with your partner)
 - widowed
 - other (please specify) _____
20. Indicate the length of your current romantic relationship; provide as much detail as possible: _____ years and _____ months and _____ weeks
21. Do you live with your current romantic partner?
 YES or NO *[if yes:]* How long have you been living together? _____ Years _____ Months
22. To the best of your knowledge, is your partner participating in this study? (Circle your answer.) YES or NO
23. Are you currently receiving treatment from a mental health professional? (Circle your answer.) YES or NO

| Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is <i>true</i> (T) or <i>false</i> (F) as it pertains to you personally. | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. It is sometimes hard for me to go on with my work if I am not encouraged. | T | F |
| 2. I sometimes feel resentful when I don't get my way. | T | F |
| 3. On a few occasions, I have given up doing something because I thought too little of my ability. | T | F |
| 4. There have been times when I felt like rebelling against people in authority even though I knew they were right. | T | F |
| 5. No matter who I'm talking to, I'm always a good listener. | T | F |
| 6. There have been occasions when I took advantage of someone. | T | F |
| 7. I'm always willing to admit it when I make a mistake. | T | F |
| 8. I sometimes try to get even rather than forgive and forget. | T | F |
| 9. I am always courteous, even to people who are disagreeable. | T | F |
| 10. I have never been irked when people expressed ideas very different from my own. | T | F |
| 11. There have been times when I was quite jealous of the good fortune of others. | T | F |
| 12. I am sometimes irritated by people who ask favors of me. | T | F |
| 13. I have never deliberately said something that hurt someone's feelings. | T | F |

Parental Environment Questionnaire (*C)

| | Caregiver 1 | Caregiver 2 |
|------------------------------------------------------------------------|-------------|-------------|
| 1. My caregiver often criticizes me. | 1 2 3 4 | 1 2 3 4 |
| 2. Before I finish saying something, my caregiver often interrupts me. | 1 2 3 4 | 1 2 3 4 |
| 3. My caregiver often irritates me. | 1 2 3 4 | 1 2 3 4 |
| 4. Often there are misunderstandings between my caregiver and myself. | 1 2 3 4 | 1 2 3 4 |
| 5. I treat others with more respect than I treat my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 6. My caregiver often hurts my feelings. | 1 2 3 4 | 1 2 3 4 |
| 7. My caregiver does not trust me to make my own decisions. | 1 2 3 4 | 1 2 3 4 |
| 8. My caregiver and I often get into arguments. | 1 2 3 4 | 1 2 3 4 |
| 9. I often seem to anger or annoy my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 10. My caregiver often loses his/her temper with me. | 1 2 3 4 | 1 2 3 4 |
| 13. My caregiver doesn't know how I do in school. | 1 2 3 4 | 1 2 3 4 |
| 14. My caregiver doesn't know about my hobbies. | 1 2 3 4 | 1 2 3 4 |
| 15. My caregiver doesn't have much to talk about with me. | 1 2 3 4 | 1 2 3 4 |
| 16. My caregiver doesn't know how I spend my spare time. | 1 2 3 4 | 1 2 3 4 |
| 17. My caregiver comforts me when I'm discouraged. | 1 2 3 4 | 1 2 3 4 |
| 18. I share my concerns with my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 19. My caregiver tries to keep up with my performance. | 1 2 3 4 | 1 2 3 4 |
| 20. I don't feel close to my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 21. My caregiver praises me when I do well. | 1 2 3 4 | 1 2 3 4 |
| 22. I don't want my friends to meet my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 23. I don't talk about my problems with my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 24. My caregiver doesn't do much together with me. | 1 2 3 4 | 1 2 3 4 |
| 25. I am proud of my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 26. I want to be like my caregiver in many ways. | 1 2 3 4 | 1 2 3 4 |
| 27. I respect my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 28. My caregiver gives me good advice. | 1 2 3 4 | 1 2 3 4 |
| 29. I can learn a lot from my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 30. I really like my caregiver. | 1 2 3 4 | 1 2 3 4 |
| 31. My caregiver has taught me useful things. | 1 2 3 4 | 1 2 3 4 |
| 32. My caregiver makes a good impression on my friends. | 1 2 3 4 | 1 2 3 4 |
| 33. My caregiver is proud of me. | 1 2 3 4 | 1 2 3 4 |
| 34. My caregiver doesn't think highly of me. | 1 2 3 4 | 1 2 3 4 |

| | | | | | | | | |
|--------------------------------------------------------------------------|---|---|---|---|---|---|---|---|
| 35. My caregiver likes others in the family better than me. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 36. My caregiver loves me no matter what I do. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 37. I know my caregiver loves me. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 38. My caregiver wants me to do what's right. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 39. My caregiver thinks that it's important I obey the law. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 40. My caregiver makes it clear what he/she wants me to do or not to do. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 41. My caregiver expects me to finish a job by myself. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 42. My caregiver wants me to have a fixed curfew. | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

Conflict Resolution Inventory (*C)

| | Caregiver 1 | | | | | Caregiver 2 | | | | |
|--------------------------------------------------------------------------------|---------------------------|--------|----------------|-------|-----------------------------|---------------------------|--------|----------------|-------|-----------------------------|
| | Almost Never/ Never | Seldom | Some- times | Often | Almost Always/ Always | Almost Never/ Never | Seldom | Some- times | Often | Almost Always/ Always |
| 1. My caregiver respected my feelings. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 2. I feel my caregiver was successful as a caregiver. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 3. I wished I had a different caregiver. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 4. My caregiver accepted me as I am. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 5. I had to rely on myself when I had a problem to solve. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 6. I liked to get my caregiver's point of view on things I'm concerned about. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 7. I felt it was no use letting my feelings show. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 8. My caregiver sensed when I was upset about something. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 9. Talking over my problems with my caregiver made me feel ashamed or foolish. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 10. My caregiver expected too much from me. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 11. I got upset easily at home. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 12. I got upset a lot more than my caregiver knows about. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 13. When we discussed things, my caregiver considered my point of view. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 14. My caregiver trusted my judgment. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 15. My caregiver had their own problems, so I didn't bother him/her with mine. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 16. My caregiver helped me to understand myself better. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 17. I told my caregiver about my problems and troubles. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 18. I felt angry with my caregiver. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 19. I didn't get much attention at home. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 20. My caregiver encouraged me to talk about my difficulties. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 21. My caregiver understood me. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 22. I didn't know who I could depend on. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 23. When I was angry about something, my caregiver tried to be understanding. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 24. I trusted my caregiver. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | | | | |
|--------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|
| 25. My caregiver didn't understand what I was going through | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 26. I could count on my caregiver when I needed to get something off my chest. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 27. I felt that no one understood me. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 28. If my caregiver knew something was bothering me, they asked me about it. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

Using the scale 1 = Never and 5 = Always, rate how frequently you use each of the following styles to deal with arguments or disagreements with your caregiver.

| | Caregiver 1 | Caregiver 2 |
|-------------------------------------------------------------------------|-------------|-------------|
| 1. Launching personal attacks. | 1 2 3 4 5 | 1 2 3 4 5 |
| 2. Focusing on the problem at hand. | 1 2 3 4 5 | 1 2 3 4 5 |
| 3. Remaining silent for long periods of time. | 1 2 3 4 5 | 1 2 3 4 5 |
| 4. Not being willing to stick up for myself. | 1 2 3 4 5 | 1 2 3 4 5 |
| 5. Exploding and getting out of control. | 1 2 3 4 5 | 1 2 3 4 5 |
| 6. Sitting down and discussing differences constructively. | 1 2 3 4 5 | 1 2 3 4 5 |
| 7. Reaching a limit, "shutting down", and refusing to talk any further. | 1 2 3 4 5 | 1 2 3 4 5 |
| 8. Being too compliant. | 1 2 3 4 5 | 1 2 3 4 5 |
| 9. Getting carried away and saying things that aren't meant. | 1 2 3 4 5 | 1 2 3 4 5 |
| 10. Finding alternatives that are acceptable to each of us. | 1 2 3 4 5 | 1 2 3 4 5 |
| 11. Turning the other person out. | 1 2 3 4 5 | 1 2 3 4 5 |
| 12. Not defending my position. | 1 2 3 4 5 | 1 2 3 4 5 |
| 13. Throwing insults and digs. | 1 2 3 4 5 | 1 2 3 4 5 |
| 14. Negotiating and compromising. | 1 2 3 4 5 | 1 2 3 4 5 |
| 15. Withdrawing, acting distant and not interested. | 1 2 3 4 5 | 1 2 3 4 5 |
| 16. Giving in with little attempt to present my side of the issue. | 1 2 3 4 5 | 1 2 3 4 5 |

Inventory of Parent and Peer Attachment

Some of the following statements ask about your feelings about your **Caregiver 1 and Caregiver 2**. Please read each statement and circle the ONE number that tells how true the statement was for you growing up.

Primary Attachment Style Questionnaire

Please rate each statement from 1 to 7, according to how true it was of your experience with your **Caregiver 1 and Caregiver 2**.

1 = Never 2 = Almost not at all 3 = Rarely 4 = Sometimes 5 = Often 6 = True 7 = Always true

| BEFORE I WAS 12 YEARS OLD... | Caregiver 1 | Caregiver 2 |
|----------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| 1. My caregiver was there for me when I needed him/her. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| 2. I learned to protect myself because my caregiver didn't want me to lean on him/her. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| 3. If I got into trouble, my caregiver would rescue me before I even had a chance to handle the situation on my own. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| 4. I could rise to challenges at school or other places, because I had my caregiver's support. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| 5. My caregiver left me exposed to danger. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| 6. My caregiver and I enjoyed hanging out together. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |
| 7. My self-confidence went up and down with my caregiver's changing attitude toward me. | 1 2 3 4 5 6 7 | 1 2 3 4 5 6 7 |

| | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8. I would feel "bad" if I put my own needs before my caregiver's. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. When my caregiver and I argued we could really hurt each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I felt secure with my caregiver, but not so confident when I was away from him/her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. When I was upset, my caregiver's responses varied from comforting to blaming or ignoring. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. From my caregiver I learned to be a good judge of whether a situation would be safe for me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. My caregiver took no joy in me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. My caregiver liked to make me feel bad. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. My caregiver and I communicated easily about schoolwork or hobbies, but not about upsetting personal experiences. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. My caregiver didn't like demonstrations of affection, physical or otherwise. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. My caregiver preferred not to have me lean on him/her, so I learned not to. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. My caregiver was good at responding to my feelings, even when I was angry. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I felt as if I was the only source of happiness in my caregiver's life, and that made it hard to pursue my own interests. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I felt that my caregiver had confidence in me and that I could get along ok in the world. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. My caregiver was good at understanding my feelings, when I discussed them with him/her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. My caregiver and I could argue comfortably about movies, politics, sports, etc., but we stayed away from personal disagreements. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. When my caregiver hugged or kissed me, I could feel his/her love. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. My caregiver didn't know how to comfort people, so I learned not to go to him/her when I was upset. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. My caregiver made me feel that I lacked any power to get along in the world. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. My caregiver built up my confidence in my ability to accomplish things, but he/she couldn't boost my confidence about dealing with relationships. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. I think my caregiver helped me to feel good about myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. When my caregiver and I argued, I could tell that he/she still loved and respected me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. My caregiver was there for me with practical help and advice, but it felt awkward to talk about feelings with him/her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 30. I felt too dependent on my caregiver, but he/she never seemed to mind. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 31. My caregiver made me feel as if there was something so wrong with me that I wasn't quite human. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32. I think my caregiver was a good role model for me, but he/she didn't pressure me to be just like him/her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 33. If I tried to discuss things with my caregiver, I would end up feeling angry and frustrated. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 34. Being with my caregiver could switch from feeling really secure to feeling frustrating and confusing. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 35. My caregiver was ready to take my side against a coach or a teacher, but in my personal life I was on my own. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 36. I felt as if my caregiver knew and appreciated me for who I was. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 37. My caregiver and I liked and respected each other, but we weren't emotionally close. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 38. My caregiver worried so much about upsetting me that he/she could be too soft on me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 39. I couldn't trust my caregiver because he/she seemed to hate me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 40. When my caregiver and I argued, he/she upset me so much that it interfered with the rest of my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 41. When my caregiver criticized or challenged me, I tuned him/her out. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 42. Because I wasn't sure my caregiver would understand my point of view, I learned to stay away from sensitive topics with him/her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Depressive Interpersonal Relationships Inventory – Reassurance Seeking Scale (*C)

| | No, not at all | | | | | | | Yes, very much | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|---|---|---|---|-------------------|---|---|---|---|---|---|
| 1. Do you find yourself often asking your caregiver how he/she <i>truly</i> feels about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Do you frequently seek reassurance from your caregiver as to whether he/she <i>really</i> cares about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Does your caregiver sometimes become irritated with you for seeking reassurance from him/her about whether he/she <i>really</i> cares about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Does your caregiver sometimes get "fed up" with you for seeking reassurance from his/her about whether he/she <i>really</i> cares about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Experiences Close Relationships – Revised

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

| | Strongly Disagree | | | | | | | Strongly Agree | | | | | | |
|---------------------------------------------------------------------------------|----------------------|---|---|---|---|---|---|-------------------|---|---|---|---|---|---|
| 1. I prefer not to show a partner how I feel deep down. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I often worry that my partner will not want to stay with me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I feel comfortable sharing my private thoughts and feelings with my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I'm afraid that I will lose my partner's love. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I find it difficult to allow myself to depend on romantic partners. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I often worry that my romantic partner doesn't really love me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I am very comfortable being close to romantic partners. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | | |
|------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|
| 8. I worry that romantic partners won't care about me as much as I care about them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I don't feel comfortable opening up to romantic partners. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I often wish that my partner's feelings for me were as strong as my feelings for him or her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I prefer not to be too close to romantic partners. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I worry a lot about my relationships. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I get uncomfortable when a romantic partner wants to be very close. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. When my partner is out of sight, I worry that he or she might become interested in someone else. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. I find it relatively easy to get close to my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. It's not difficult for me to get close to my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. I rarely worry about my partner leaving me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I usually discuss my problems and concerns with my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. My romantic partner makes me doubt myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. It helps to turn to my romantic partner in times of need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. I do not often worry about being abandoned. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. I tell my partner just about everything. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I find that my partner(s) don't want to get as close as I would like. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. I talk things over with my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. Sometimes romantic partners change their feelings about me for no apparent reason. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. I am nervous when partners get too close to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. My desire to be very close sometimes scares people away. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. I feel comfortable depending on romantic partners. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 30. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 31. I find it easy to depend on romantic partners. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 32. It makes me mad that I don't get the affection and support I need from my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 33. It's easy for me to be affectionate with my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 34. I worry that I won't measure up to other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 35. My partner really understands me and my needs. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 36. My partner only seems to notice me when I'm angry. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Adult Attachment Scale – Revised

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships. Please think about all your relationships (past and present) and respond in terms of how you generally feel in these relationships. If you have never been involved in a romantic relationship, answer in terms of how you think you would feel.

| Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement. | Not at all characteristic of me | | Very characteristic of me | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|---|---------------------------------|---|---|
| 1. I find it relatively easy to get close to people. | 1 | 2 | 3 | 4 | 5 |
| 2. I find it difficult to allow myself to depend on others. | 1 | 2 | 3 | 4 | 5 |
| 3. I often worry that romantic partners don't really love me. | 1 | 2 | 3 | 4 | 5 |
| 4. I find that others are reluctant to get as close as I would like. | 1 | 2 | 3 | 4 | 5 |
| 5. I am comfortable depending on others. | 1 | 2 | 3 | 4 | 5 |
| 6. I <u>don't</u> worry about people getting too close to me. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---------------------------------------------------------------------------------------------|---|---|---|---|---|
| 7. I find that people are never there when you need them. | 1 | 2 | 3 | 4 | 5 |
| 8. I am somewhat <u>un</u> comfortable being close to others. | 1 | 2 | 3 | 4 | 5 |
| 9. I often worry that romantic partners won't want to stay with me. | 1 | 2 | 3 | 4 | 5 |
| 10. When I show my feelings for others, I'm afraid they will not feel the same about me. | 1 | 2 | 3 | 4 | 5 |
| 11. I often wonder whether romantic partners really care about me. | 1 | 2 | 3 | 4 | 5 |
| 12. I am comfortable developing close relationships with others. | 1 | 2 | 3 | 4 | 5 |
| 13. I am <u>un</u> comfortable when anyone gets too emotionally close to me. | 1 | 2 | 3 | 4 | 5 |
| 14. I know that people will be there when I need them. | 1 | 2 | 3 | 4 | 5 |
| 15. I want to get close to people, but I worry about being hurt. | 1 | 2 | 3 | 4 | 5 |
| 16. I find it difficult to trust others completely. | 1 | 2 | 3 | 4 | 5 |
| 17. Romantic partners often want me to be emotionally closer than I feel comfortable being. | 1 | 2 | 3 | 4 | 5 |
| 18. I am not sure that I can always depend on people to be there when I need them. | 1 | 2 | 3 | 4 | 5 |

Reassurance Seeking – Romantic Partner

| | No, not at all | | | | | Yes, very much | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|---|---|-------------------|---|
| 1. Do you find yourself often asking your romantic partner how he/she <i>truly</i> feels about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Do you frequently seek reassurance from romantic partner as to whether he/she <i>really</i> cares about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Does your romantic partner sometimes become irritated with you for seeking reassurance from him/her about whether he/she <i>really</i> cares about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Does your romantic partner sometimes get "fed up" with you for seeking reassurance from his/her about whether he/she <i>really</i> cares about you? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Perfectionism (*C)

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|----------------|---|--|--|
| Listed below are a number of statements concerning personal characteristics and traits. Read each item and decide whether you agree or disagree and to what extent. If you strongly agree , select 5; if you strongly disagree , select 1; if you feel somewhere in between, select any one of the numbers between 1 and 5. If you feel neutral or undecided the midpoint is 3. | | | | | | | |
| These questions are about the kind of person you generally are, that is, how you usually have felt or behaved over the past several years. | Strongly Disagree | | | Strongly Agree | | | |
| 1. Others criticize me for doing things less than perfect | 1 | 2 | 3 | 4 | 5 | | |
| 2. I never feel like I can meet others' expectations | 1 | 2 | 3 | 4 | 5 | | |
| 3. My parents always have higher expectations for my future than I have | 1 | 2 | 3 | 4 | 5 | | |
| 4. I never feel I can meet my parents' standards | 1 | 2 | 3 | 4 | 5 | | |
| 5. It is important to me that I be perfect in everything I do | 1 | 2 | 3 | 4 | 5 | | |
| 6. I set higher goals than most people | 1 | 2 | 3 | 4 | 5 | | |
| 7. Other people seem to accept lower standards from themselves than I do | 1 | 2 | 3 | 4 | 5 | | |
| 8. I expect higher performance in my daily tasks than most people | 1 | 2 | 3 | 4 | 5 | | |
| 9. If I fail at work/school, I am a failure as a person | 1 | 2 | 3 | 4 | 5 | | |
| 10. If someone does a task at work/school better than I, then I feel like I failed the whole task | 1 | 2 | 3 | 4 | 5 | | |
| 11. If I fail partly, it is as bad as being a complete failure | 1 | 2 | 3 | 4 | 5 | | |
| 12. If I do not do as well as other people, it means I am an inferior human being | 1 | 2 | 3 | 4 | 5 | | |
| 13. The fewer mistakes I make, the more people will like me | 1 | 2 | 3 | 4 | 5 | | |

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|----------------|---|---|---|
| 14. Even when I do something very carefully, I often feel that it is not quite right | 1 | 2 | 3 | 4 | 5 | | |
| 15. I usually have doubts about the simple everyday things I do | 1 | 2 | 3 | 4 | 5 | | |
| 16. I tend to get behind in my work because I repeat things over and over | 1 | 2 | 3 | 4 | 5 | | |
| 17. It takes me a long time to do something "right." | 1 | 2 | 3 | 4 | 5 | | |
| Listed below are a number of statements concerning personal characteristics and traits. Read each item and decide whether you agree or disagree and to what extent. If you strongly agree , select 7; if you strongly disagree , select 1; if you feel somewhere in between, select any of the numbers between 1 and 7. If you feel neutral or undecided the midpoint is 4. | | | | | | | |
| | Strongly Disagree | | | Strongly Agree | | | |
| 1. One of my goals is to be perfect in everything I do | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I strive to be as perfect as I can be | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. It is very important that I am perfect in everything I attempt | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I demand nothing less than perfection of myself | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I must work to my full potential at all times | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Success means that I must work even harder to please others | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. The better I do, the better I am expected to do | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. My family expects me to be perfect | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. People expect nothing less than perfection from me | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. People expect more from me than I am capable of giving | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

General Coping (*C)(*P)

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress. Then respond to each of the following items by circling one number. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do.

| | I usually don't do this at all | I usually do this a little bit | I usually do this a medium amount | I usually do this a lot |
|------------------------------------------------------------------------------|--------------------------------|--------------------------------|-----------------------------------|-------------------------|
| 1. I try to grow as a person as a result of the experience. | 1 | 2 | 3 | 4 |
| 2. I turn to work or other substitute activities to take my mind off things. | 1 | 2 | 3 | 4 |
| 3. I get upset and let my emotions out. | 1 | 2 | 3 | 4 |
| 4. I try to get advice from someone about what to do. | 1 | 2 | 3 | 4 |
| 5. I concentrate my efforts on doing something about it. | 1 | 2 | 3 | 4 |
| 6. I say to myself "this isn't real." | 1 | 2 | 3 | 4 |
| 7. I put my trust in God. | 1 | 2 | 3 | 4 |
| 8. I laugh about the situation. | 1 | 2 | 3 | 4 |
| 9. I admit to myself that I can't deal with it, and quit trying. | 1 | 2 | 3 | 4 |
| 10. I restrain myself from doing anything too quickly. | 1 | 2 | 3 | 4 |
| 11. I discuss my feelings with someone. | 1 | 2 | 3 | 4 |
| 12. I use alcohol or drugs to make myself feel better. | 1 | 2 | 3 | 4 |
| 13. I get used to the idea that it happened. | 1 | 2 | 3 | 4 |
| 14. I talk to someone to find out more about the situation. | 1 | 2 | 3 | 4 |
| 15. I keep myself from getting distracted by other thoughts or activities. | 1 | 2 | 3 | 4 |
| 16. I daydream about things other than this. | 1 | 2 | 3 | 4 |

| | | | | |
|-----------------------------------------------------------------------------------------------|---|---|---|---|
| 17. I get upset, and am really aware of it. | 1 | 2 | 3 | 4 |
| 18. I seek God's help. | 1 | 2 | 3 | 4 |
| 19. I make a plan of action. | 1 | 2 | 3 | 4 |
| 20. I make jokes about it | 1 | 2 | 3 | 4 |
| 21. I accept that this has happened and that it can't be changed. | 1 | 2 | 3 | 4 |
| 22. I hold off doing anything about it until the situation permits. | 1 | 2 | 3 | 4 |
| 23. I try to get emotional support from friends or relatives. | 1 | 2 | 3 | 4 |
| 24. I just give up trying to reach my goal. | 1 | 2 | 3 | 4 |
| 25. I take additional action to try to get rid of the problem. | 1 | 2 | 3 | 4 |
| 26. I try to lose myself for a while by drinking alcohol or taking drugs. | 1 | 2 | 3 | 4 |
| 27. I refuse to believe that it has happened. | 1 | 2 | 3 | 4 |
| 28. I let my feelings out. | 1 | 2 | 3 | 4 |
| 29. I try to see it in a different light, to make it seem more positive | 1 | 2 | 3 | 4 |
| 30. I talk to someone who could do something concrete about the problem. | 1 | 2 | 3 | 4 |
| 31. I sleep more than usual. | 1 | 2 | 3 | 4 |
| 32. I try to come up with a strategy about what to do. | 1 | 2 | 3 | 4 |
| 33. I focus on dealing with this problem, and if necessary let other things slide a little. | 1 | 2 | 3 | 4 |
| 34. I get sympathy and understanding from someone. | 1 | 2 | 3 | 4 |
| 35. I drink alcohol or take drugs, in order to think about it less. | 1 | 2 | 3 | 4 |
| 36. I kid around about it. | 1 | 2 | 3 | 4 |
| 37. I give up the attempt to get what I want. | 1 | 2 | 3 | 4 |
| 38. I look for something good in what is happening. | 1 | 2 | 3 | 4 |
| 39. I think about how I might best handle the problem. | 1 | 2 | 3 | 4 |
| 40. I pretend that it hasn't really happened. | 1 | 2 | 3 | 4 |
| 41. I make sure not to make matters worse by acting too soon. | 1 | 2 | 3 | 4 |
| 42. I try hard to prevent other things from interfering with my efforts at dealing with this. | 1 | 2 | 3 | 4 |
| 43. I go to movies or watch TV, to think about it less. | 1 | 2 | 3 | 4 |
| 44. I accept the reality of the fact that it happened. | 1 | 2 | 3 | 4 |
| 45. I ask people who have had similar experiences what they did. | 1 | 2 | 3 | 4 |
| 46. I feel a lot of emotional distress and I find myself expressing those feelings a lot. | 1 | 2 | 3 | 4 |
| 47. I take direct action to get around the problem. | 1 | 2 | 3 | 4 |
| 48. I try to find comfort in my religion. | 1 | 2 | 3 | 4 |
| 49. I force myself to wait for the right time to do something. | 1 | 2 | 3 | 4 |
| 50. I make fun of the situation. | 1 | 2 | 3 | 4 |
| 51. I reduce the amount of effort I'm putting into solving the problem. | 1 | 2 | 3 | 4 |
| 52. I talk to someone about how I feel. | 1 | 2 | 3 | 4 |
| 53. I use alcohol or drugs to help me get through it. | 1 | 2 | 3 | 4 |
| 54. I learn to live with it. | 1 | 2 | 3 | 4 |
| 55. I put aside other activities in order to concentrate on this. | 1 | 2 | 3 | 4 |
| 56. I think hard about what steps to take. | 1 | 2 | 3 | 4 |
| 57. I act as though it hasn't even happened. | 1 | 2 | 3 | 4 |
| 58. I do what has to be done, one step at a time. | 1 | 2 | 3 | 4 |
| 59. I learn something from the experience. | 1 | 2 | 3 | 4 |
| 60. I pray more than usual. | 1 | 2 | 3 | 4 |

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave.

| | Strongly Disagree | | Neutral/ Undecided | | | Strongly Agree | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------|---|--------------------|---|---|----------------|---|
| 1. When I want to feel more <i>positive</i> emotion (such as joy or amusement), I <i>change what I'm thinking about</i> . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I keep my emotions to myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. When I want to feel less <i>negative</i> emotion (such as sadness or anger), I <i>change what I'm thinking about</i> . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. When I am feeling <i>positive</i> emotions, I am careful not to express them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. When I'm faced with a stressful situation, I make myself <i>think about it</i> in a way that helps me stay calm. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I control my emotions by <i>not expressing them</i> . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. When I want to feel more <i>positive</i> emotion, I <i>change the way I'm thinking about the situation</i> . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I control my emotions by <i>changing the way I think about the situation I'm in</i> . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. When I am feeling <i>negative</i> emotions, I make sure not to express them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. When I want to feel less <i>negative</i> emotion, I <i>change the way I'm thinking about the situation</i> . | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Difficulties in Emotion Regulation Scale (*C)

Please indicate how often the following 36 statements apply to you by circling the appropriate number below.

| | Almost Never (0-10%) | Sometimes (11-35%) | About half of the time (36-65%) | Most of the time (66-90%) | Almost Always (91-100%) |
|----------------------------------------------------------------------------|-------------------------|-----------------------|---------------------------------------|---------------------------------|-------------------------------|
| 1. I am clear about my feelings. | 1 | 2 | 3 | 4 | 5 |
| 2. I pay attention to how I feel. | 1 | 2 | 3 | 4 | 5 |
| 3. I experience my emotions as overwhelming and out of control. | 1 | 2 | 3 | 4 | 5 |
| 4. I have no idea how I am feeling. | 1 | 2 | 3 | 4 | 5 |
| 5. I have difficulty making sense out of my feelings. | 1 | 2 | 3 | 4 | 5 |
| 6. I am attentive to my feelings. | 1 | 2 | 3 | 4 | 5 |
| 7. I know exactly how I am feeling. | 1 | 2 | 3 | 4 | 5 |
| 8. I care about what I am feeling. | 1 | 2 | 3 | 4 | 5 |
| 9. I am confused about how I feel. | 1 | 2 | 3 | 4 | 5 |
| 10. When I'm upset, I acknowledge my emotions. | 1 | 2 | 3 | 4 | 5 |
| 11. When I'm upset, I become angry with myself for feeling that way. | 1 | 2 | 3 | 4 | 5 |
| 12. When I'm upset, I become embarrassed for feeling that way. | 1 | 2 | 3 | 4 | 5 |
| 13. When I'm upset, I have difficulty getting work done. | 1 | 2 | 3 | 4 | 5 |
| 14. When I'm upset, I become out of control. | 1 | 2 | 3 | 4 | 5 |
| 15. When I'm upset, I believe that I will remain that way for a long time. | 1 | 2 | 3 | 4 | 5 |
| 16. When I'm upset, I believe that I'll end up feeling very depressed. | 1 | 2 | 3 | 4 | 5 |
| 17. When I'm upset, I believe that my feelings are valid and important. | 1 | 2 | 3 | 4 | 5 |
| 18. When I'm upset, I have difficulty focusing on other things. | 1 | 2 | 3 | 4 | 5 |
| 19. When I'm upset, I feel out of control. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|------------------------------------------------------------------------------------------|---|---|---|---|---|
| 20. When I'm upset, I can still get things done. | 1 | 2 | 3 | 4 | 5 |
| 21. When I'm upset, I feel ashamed with myself for feeling that way. | 1 | 2 | 3 | 4 | 5 |
| 22. When I'm upset, I know that I can find a way to eventually feel better. | 1 | 2 | 3 | 4 | 5 |
| 23. When I'm upset, I feel like I am weak. | 1 | 2 | 3 | 4 | 5 |
| 24. When I'm upset, I feel like I can remain in control of my behaviours. | 1 | 2 | 3 | 4 | 5 |
| 25. When I'm upset, I feel guilty for feeling that way. | 1 | 2 | 3 | 4 | 5 |
| 26. When I'm upset, I have difficulty concentrating. | 1 | 2 | 3 | 4 | 5 |
| 27. When I'm upset, I have difficulty controlling my behaviours. | 1 | 2 | 3 | 4 | 5 |
| 28. When I'm upset, I believe that there is nothing I can do to make myself feel better. | 1 | 2 | 3 | 4 | 5 |
| 29. When I'm upset, I become irritated with myself for feeling that way. | 1 | 2 | 3 | 4 | 5 |
| 30. When I'm upset, I start to feel very bad about myself. | 1 | 2 | 3 | 4 | 5 |
| 31. When I'm upset, I believe that wallowing in it is all I can do. | 1 | 2 | 3 | 4 | 5 |
| 32. When I'm upset, I lose control over my behaviours. | 1 | 2 | 3 | 4 | 5 |
| 33. When I'm upset, I have difficulty thinking about anything else. | 1 | 2 | 3 | 4 | 5 |
| 34. When I'm upset, I take time to figure out what I'm really feeling. | 1 | 2 | 3 | 4 | 5 |
| 35. When I'm upset, it takes me a long time to feel better. | 1 | 2 | 3 | 4 | 5 |
| 36. When I'm upset, my emotions feel overwhelming. | 1 | 2 | 3 | 4 | 5 |

State Emotion Regulation Inventory (*C)

Remember a distressing thought and recall how you managed the negative emotions you had experienced from this thought. Below is a list of statements. Please mark on the scale the extent to which you agree with each of the following statements regarding your negative thought, and the way you dealt with it.

| | Strongly Disagree | | Neutral | | | Strongly Agree | |
|-----------------------------------------------------------------------------------------|-------------------|---|---------|---|---|----------------|---|
| 1. I tried to think about other things. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I tried to re-evaluate the situation more positively. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I critically analyzed the possible implications of my thought. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. When the thought entered my head, I simply accepted it as it was. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I tried to call to mind other topics that were unrelated to the thought. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I looked for positive aspects of the situation | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I critically dealt with the significance of my thought and how it reflects on me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I allowed the thought to enter my head as it was. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I tried to think about something else instead of dealing with the thought. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I tried to change the way I think about the situation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I considered how my thought highlights problematic aspects of my current situation. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I allowed the thought to come up without delving into it or avoiding it. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I tried to worry about other things instead. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. I tried to see the situation in a more positive light. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. I critically analyzed the possible reasons for my thought. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. I allowed the thought to come up without putting in great effort to change it. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Procrastination (*C)(*P)

Below you will find a series of statements which people may use to describe themselves. Read each statement and decide whether or not it describes you. You are asked to rate yourself by indicating the extent to which each

statement is characteristic or uncharacteristic of you. The scale ranges from (1) "extremely uncharacteristic of me" to (5) "extremely characteristic of me." Note that (3) on the scale is neutral, that the statement is neither characteristic nor uncharacteristic of you.

| | Extremely uncharacteristic of me | Moderately uncharacteristic of me | Neutral | Moderately characteristic of me | Extremely characteristic of me |
|-----------------------------------------------------------------------------|----------------------------------|-----------------------------------|---------|---------------------------------|--------------------------------|
| 1. I generally delay before starting on work I have to do. | 1 | 2 | 3 | 4 | 5 |
| 2. I usually have to rush to complete a task on time. | 1 | 2 | 3 | 4 | 5 |
| 3. In preparing for some deadline, I often waste time by doing other things | 1 | 2 | 3 | 4 | 5 |
| 4. I am continually saying "I'll do it tomorrow" | 1 | 2 | 3 | 4 | 5 |

Alcohol Use Questionnaire (*C)(*P)

| | | | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1 Standard Drink is Equal to | | | |
|  One 12 oz can/bottle of beer |  One 5 oz glass of regular (12%) wine |  1 ½ oz (one shot) of hard liquor (e.g. rum, vodka, whiskey) |  1 mixed or straight drink with 1 ½ oz hard liquor |

1. Have you EVER had a drink of alcohol in your life?

No → Skip to page ... Yes Don't know

2. If YES: How old were you when you first drank alcohol? _____

3. How often do you normally drink alcohol now?

Number of times in a typical week _____

Number times in a typical month _____

Number of times in a typical year _____

4. What is the average number of alcohol drinks you have (on days when you drink)? _____

5. What is the maximum number of alcoholic drinks you have (on days when you drink)? _____

6. What is the greatest number of drinks you consumed in a 2-hour period **during the past 7 days**? _____ drinks

7. **ONLY ANSWER THIS QUESTION IF YOU ARE FEMALE.** **During the past 7 days**, how often did you have 4 or more drinks containing any kind of alcohol within a 2-hour period?

___ 0 times

___ 1 time

___ 2 times

___ 3 times

___ 4 times

___ 5 times

___ 6 times

___ 7 times

___ 8 times

___ 9 times

___ 10 times

___ 11 or more times

8. ONLY ANSWER THIS QUESTION IF YOU ARE MALE. **During the past 7 days**, how often did you have 5 or more drinks containing any kind of alcohol within a 2-hour period?

- | | |
|-------------|----------------------|
| ___ 0 times | ___ 6 times |
| ___ 1 time | ___ 7 times |
| ___ 2 times | ___ 8 times |
| ___ 3 times | ___ 9 times |
| ___ 4 times | ___ 10 times |
| ___ 5 times | ___ 11 or more times |

9. **During the past 7 days**, there were times when I rapidly drank a very large amount of alcohol within a 2-hour period. Choose one number below.

- 1 = Strongly disagree (i.e., I did not rapidly drink a very large amount of alcohol within a 2-hour period during the past 7 days)
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly agree

10. The average person would be amazed if s/he knew how much alcohol I consumed within a 2-hour period (**during the past 7 days**). Choose one number below.

- 1 = No
- 2 = Possibly
- 3 = Probably
- 4 = Very probably
- 5 = Without a doubt

11. **During the past 7 days**, there were times when I drank what other people would regard as an unusually large amount of alcohol within a 2-hour period. Choose one number below.

- 1 = Strongly disagree (i.e., I did not drink what other people would regard as an unusually large amount of alcohol within a 2-hour period)
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly agree

Cannabis Use Questionnaire (*C)(*P)

Cannabis includes marijuana, grass, pot, hashish, bubble hash, oil, resin, weed, chronic, etc.

1. Have you EVER used cannabis in your life?

- No → Go to page... Yes Don't know

2. If YES: How old were you when you first tried cannabis? _____

3. How often do you normally use cannabis now?

- Number of times in a typical day _____
- Number of times in a typical week _____
- Number times in a typical month _____
- Number of times in a typical year _____

4. How much cannabis do you typically use on a single occasion? (You can indicate the number of joints, grams, etc., that you use): _____

5. What is the maximum amount cannabis you use on a single occasion? (You can indicate the number of joints, grams, etc., that you use) _____

Other Substance/Drug Use Questionnaire (*C)(*P)

1. Have you EVER used any other substances/drugs (other than alcohol or cannabis) in your life?

- No → Go to page.. Yes Don't know

2. Check off all the other substances/drugs you have used in your life:

- | | | |
|---------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Tobacco cigarettes | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Over the counter cough/cold medication (not for a cold) |
| <input type="checkbox"/> Waterpipes/Hookahs | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Non-prescription use of opioid pain relievers |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Non-prescriptions use of ADHD medication (e.g., Ritalin) |
| <input type="checkbox"/> LSD | <input type="checkbox"/> Crack | <input type="checkbox"/> High caffeine energy drinks |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Ecstasy | |

Eating Disorder Diagnostic Scale (*C)(*P)

This is a scale designed to measure your thoughts and behaviours DURING THE PAST 7 DAYS. Read each item and decide whether you agree or disagree and to what extent.

| | Strongly Disagree | | | | | Strongly Agree | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|---|---|----------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. There were times when I ate what other people would regard as an unusually large amount of food (e.g., a litre of ice cream) given the circumstances. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. There were times when I felt I couldn't stop eating or control what or how much I was eating. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. There were times when I ate an unusually large amount of food and experienced a loss of control. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. There were times when I ate much more rapidly than normal. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. There were times when I ate until I felt uncomfortably full. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. There were times when I ate large amounts of food when I didn't feel physically hungry. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. There were times when I ate alone because I was embarrassed by how much I was eating. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Compulsive Exercise Test (*C)(*P)

| | Never True | | | | Always True | |
|--------------------------------------------------------------------------------------|------------|---|---|---|-------------|---|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel happier and/or more positive after I exercise. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. I exercise to improve my appearance. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. I like my days to be organised and structured of which exercise is just one part. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. I feel less anxious after I exercise. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. I find exercise a chore. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. If I feel I have eaten too much, I will do more exercise. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. My weekly pattern of exercise is repetitive. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. I do not exercise to be slim. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. If I cannot exercise I feel low or depressed. | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. I feel extremely guilty if I miss an exercise session. | 0 | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| 11. I usually continue to exercise despite injury or illness, unless I am very ill or too injured. | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. I enjoy exercising. | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. I exercise to burn calories and lose weight. | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. I feel less stressed and/or tense after I exercise. | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. If I miss an exercise session, I will try and make up for it when I next exercise. | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. If I cannot exercise I feel agitated and/or irritable. | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Exercise improves my mood. | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. If I cannot exercise, I worry that I will gain weight. | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. I follow a set routine for my exercise sessions, e.g. walk or run the same route, particular exercises, same amount of time, and so on | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. If I cannot exercise I feel angry and/or frustrated | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. I do not enjoy exercising. | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. I feel like I've let myself down if I miss an exercise session. | 0 | 1 | 2 | 3 | 4 | 5 |
| 23. If I cannot exercise I feel anxious. | 0 | 1 | 2 | 3 | 4 | 5 |
| 24. I feel less depressed or low after I exercise. | 0 | 1 | 2 | 3 | 4 | 5 |

Exercise habits (*C)(*P)

| | |
|--------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. How much time do you spend exercising during a typical week? | _____ hours _____ minutes |
| 2. How many kilometers do you run/jog during a typical week? | _____ kilometers |
| 3. How much time do you spend running or jogging on a typical week? | _____ hours _____ minutes |
| 4. How many times do you lift weight weights during a typical week? | _____ times |
| 5. How much time do you spend lifting weights during a typical week? | _____ hours _____ minutes |
| 6. How many times do you participate in aerobic activities during a typical week (e.g., kick boxing, zumba)? | _____ times |
| 7. How much time do you spend on aerobic activities during a typical week? | _____ hours _____ minutes |

Relationship demographics

| Indicate the current # of days/week (e.g., 7) you have contact with your romantic partner via each method below. | Geographical distance from romantic partner. Check the <u>one</u> option that best applies currently. |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| _____ in person | <input type="checkbox"/> live in same household |
| _____ on the phone | <input type="checkbox"/> live in university residence/dorm |
| _____ via Facetime/skype/video chat | <input type="checkbox"/> live in same city |
| _____ via email | <input type="checkbox"/> live in same province |
| _____ via instant messenger/text | <input type="checkbox"/> live in same country |
| _____ via mail | <input type="checkbox"/> live in different country |
| _____ other means of communication | |

Dyadic Adjustment Scale

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

| | Alwa ys Agree | Almos t Alway s Agree | Occasiona lly Disagree | Frequentl y Disagree | Almost Always Disagre e | Always Disagre e |
|------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------------------------|----------------------------|----------------------------------|------------------------|
| 1. Handling finances | 5 | 4 | 3 | 2 | 1 | 0 |
| 2. Matters of recreation | 5 | 4 | 3 | 2 | 1 | 0 |
| 3. Religious matters | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. Demonstrations of affection | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. Friends | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. Sex relations | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. Conventionality (correct or proper behavior) | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Philosophy of life | 5 | 4 | 3 | 2 | 1 | 0 |
| 9. Ways of dealing with parents or in-laws | 5 | 4 | 3 | 2 | 1 | 0 |
| 10. Aims, goals, and things believed important | 5 | 4 | 3 | 2 | 1 | 0 |
| 11. Amount of time spent together | 5 | 4 | 3 | 2 | 1 | 0 |
| 12. Making major decisions | 5 | 4 | 3 | 2 | 1 | 0 |
| 13. Household tasks | 5 | 4 | 3 | 2 | 1 | 0 |
| 14. Leisure time interests and activities | 5 | 4 | 3 | 2 | 1 | 0 |
| 15. Career decisions | 5 | 4 | 3 | 2 | 1 | 0 |
| | All of the time | Most of the time | More often than not | Occasiona lly | Rarely | Never |
| 16. How often do you discuss or have you considered divorce, separation, or terminating your relationship? | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. How often do you or your partner leave the house after a fight? | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. In general, how often do you think that things between you and your partner are going well? | 5 | 4 | 3 | 2 | 1 | 0 |
| 19. Do you confide in your partner? | 5 | 4 | 3 | 2 | 1 | 0 |
| 20. Do you ever regret that you married or are in the relationship with your partner? | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. How often do you and your partner quarrel? | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. How often do you and your partner "get on each other's nerves?" | 0 | 1 | 2 | 3 | 4 | 5 |
| | Every Day | Almos t Every Day | Occasiona lly | Rarely | Never | |
| 23. Do you kiss your partner? | 4 | 3 | 2 | 1 | 0 | |
| | All of them | Most of them | Some of them | Very few of them | None of them | |
| 24. Do you and your partner engage in outside interests together? | 4 | 3 | 2 | 1 | 0 | |
| <i>How often would you say the following events occur between you and your partner?</i> | Neve r | Less than | Once or twice a month | Once or twice a week | Once a day | More often |

| | | once a month | | | | |
|------------------------------------------|---|--------------|---|---|---|---|
| 25. Have a stimulating exchange of ideas | 0 | 1 | 2 | 3 | 4 | 5 |
| 26. Laugh together | 0 | 1 | 2 | 3 | 4 | 5 |
| 27. Calmly discuss something | 0 | 1 | 2 | 3 | 4 | 5 |
| 28. Work together on a project | 0 | 1 | 2 | 3 | 4 | 5 |

There are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship in the past few weeks.

| | Yes | No |
|-----------------------------|-----|----|
| 29. Being too tired for sex | 0 | 1 |
| 30. Not showing love | 0 | 1 |

31. The dots on the line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|-------------------|----------------|------------------|-------|------------|-----------------|---------|
| . | . | . | . | . | . | . |
| Extremely Unhappy | Fairly Unhappy | A Little Unhappy | Happy | Very Happy | Extremely Happy | Perfect |

32. Which of the following statements best describes how you feel about the future of your relationship? Circle one number beside a statement.

- 5 I want desperately for my relationship to succeed, and *would go to almost any length* to see that it does.
- 4 I want very much for my relationship to succeed, and *will do all I can* to see that it does.
- 3 I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
- 2 It would be nice if my relationship succeeded, but *I can't do much more than I am doing now* to help it succeed.
- 1 It would be nice if it succeeded, but *I refuse to do any more than I am doing now* to keep the relationship going.
- 0 My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

Perceived Relationship Quality Components Inventory

Please indicate what your current partner/relationship is like, answering each question that follows.

| | Not at all | | | | | | Extremely | | | | | | | |
|--------------------------------------------------|------------|---|---|---|---|---|-----------|---|---|---|---|---|---|---|
| 1. How satisfied are you with your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. How content are you with your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. How happy are you with your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. How committed are you to your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. How dedicated are you to your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. How devoted are you to your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. How intimate is your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. How close is your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. How connected are you to your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. How much do you trust your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. How much can you count on your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. How dependable is your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | | |
|------------------------------------------------|---|---|---|---|---|---|---|
| 13. How passionate is your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. How lustful is your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. How sexually intense is your relationship? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. How much do you love your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. How much do you adore your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. How much do you cherish your partner? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Conflict Resolution Inventory (*C)

Using the scale 1 = Never and 5 = Always, rate how frequently you use each of the following styles to deal with arguments or disagreements with your partner

| | Never | | | | Always |
|-------------------------------------------------------------------------|--------------|---|---|---|---------------|
| 1. Launching personal attacks. | 1 | 2 | 3 | 4 | 5 |
| 2. Focusing on the problem at hand. | 1 | 2 | 3 | 4 | 5 |
| 3. Remaining silent for long periods of time. | 1 | 2 | 3 | 4 | 5 |
| 4. Not being willing to stick up for myself. | 1 | 2 | 3 | 4 | 5 |
| 5. Exploding and getting out of control. | 1 | 2 | 3 | 4 | 5 |
| 6. Sitting down and discussing differences constructively. | 1 | 2 | 3 | 4 | 5 |
| 7. Reaching a limit, "shutting down", and refusing to talk any further. | 1 | 2 | 3 | 4 | 5 |
| 8. Being too compliant. | 1 | 2 | 3 | 4 | 5 |
| 9. Getting carried away and saying things that aren't meant. | 1 | 2 | 3 | 4 | 5 |
| 10. Finding alternatives that are acceptable to each of us. | 1 | 2 | 3 | 4 | 5 |
| 11. Turning the other person out. | 1 | 2 | 3 | 4 | 5 |
| 12. Not defending my position. | 1 | 2 | 3 | 4 | 5 |
| 13. Throwing insults and digs. | 1 | 2 | 3 | 4 | 5 |
| 14. Negotiating and compromising. | 1 | 2 | 3 | 4 | 5 |
| 15. Withdrawing, acting distant and not interested. | 1 | 2 | 3 | 4 | 5 |
| 16. Giving in with little attempt to present my side of the issue. | 1 | 2 | 3 | 4 | 5 |