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RELATIONSHIP BETWEEN ATTACHMENT STYLES AND EMOTIONAL REGULATION

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Abstract. The aim of this research was to measure the relationship between different attachment styles and emotional dysregulation in a sample of 607 subjects 18-89 years old, Spanish-speaking, who voluntarily participated in the research. The measurement instruments used were the attachment style questionnaire (CaMir) and the Difficulties in Emotional Regulation questionnaire (DERS). Using descriptive statistics and a multiple linear regression model, a significant correlation was found between difficulty in emotional regulation and two styles of insecure attachment: avoidant and anxious. With the t of student we checked whether there were differences between the different genders (male and female) in terms of emotional regulation difficulties, but the data was not significant, so we deduced that there were no differences in emotional regulation between men and women according to the DERS questionnaire in the analysis.

Keywords: Attachment styles, emotional dysregulation, research, analysis

RELACIÓN ENTRE ESTILOS DE APEGO Y REGULACIÓN EMOCIONAL

Resumen. El objetivo de esta investigación fue medir la relación entre los diferentes estilos de apego y la desregulación emocional en una muestra de 607 sujetos de entre 18 a 89 años de edad, de habla hispana, que participaron voluntariamente en la investigación. Los instrumentos de medida utilizados fueron el cuestionario sobre

estilo de apego (CaMir) y el cuestionario de Dificultades en la Regulación Emocional (DERS). Mediante estadísticos descriptivos y un modelo de regresión lineal múltiple se encontró una correlación significativa entre dificultad en la regulación emocional y dos estilos de apego inseguro: evitativo y ansioso. Con una *t* de student se analizó si existían diferencias entre los distintos géneros (hombre y mujer) en cuanto a las dificultades en la regulación emocional, pero los datos no fueron significativos, por lo se dedujo que no existen diferencias en cuanto a la regulación emocional entre hombres y mujeres según el cuestionario DERS en el análisis.

Palabras clave: Estilos de apego, desregulación emocional, investigación, análisis

Introduction

Both attachment and emotional regulation have been two constructs widely studied for decades. Within the field of attachment there are several authors with well accepted and scientifically consolidated theories: Bowlby (1969/1980), Fonagy and Allison (2014) and Holmes and Slade (2018). In the area of emotional regulation there are Gross (1999), Hervás and Jódar (2008), Hervás and Moral (2017). But despite this, there are few studies that measure the relationship between these two variables, or those that exist, are restricted to very specific groups such as university students or child groups (Feldman, 2015, Galaz, Manrique, Ayala, Mota & Díaz-Loving, 2019; Garrido-Rojas, 2006).

During the 1940s, the psychoanalyst and psychiatrist John Bowlby (1969/1980) realized that most of the adolescents with a history of delinquency whom he treated had had an unstructured childhood, with many separations and early losses (Holmes & Slade, 2018). This premise led him to elaborate the hypothesis that the human being is born with a basic biological need for attachment and relationship whose condition and stability will be the result of his evolutionary successes, in relation to others and purely clinical (Holmes & Slade, 2018).

Within the relational sphere of human beings, Bowlby's attachment theory (1969/1980) stands out for its great rigor and diffusion. In his trilogy of books Attachment (1969), Separation (1973) and Loss (1980), the author lays the foundations of one of the current theoretical frameworks in neuroscience, psychiatry and psychology.

According to Holmes and Slade (2018), attachment theory was the result of the mixture between ethology and psychoanalysis. This author conceives attachment as a universal human need by which affective ties are formed that the individual can count on in stressful situations, with the benefit of obtaining security and protection. This approach began as a theory between parents

and children, but a few years after its publication it was exported to understand the relationships between adults (Hazan & Shaver, 1987; Shaver & Hazan, 1988).

Holmes and Slade (2018) understand attachment, like Bowlby, as an interaction between the child and the parents that, based on the relational exchange, allows the individual to build beliefs about others and about himself. These models are called internal operating models, and they are responsible for the differences between attachment styles. The mental representation that the individual makes of the attachment will influence their own ability to decide if they are worthy of affection, and this in turn is related to the degree of anxiety produced by the contempt on the part of the attachment figure.

Mary Ainsworth was very supportive of Bowlby in the creation of attachment theory. He developed a technique called Strange Situation Procedure [SEP, Strange Situation]. Twenty-six children were followed up with their mothers until the first year of life, with the aim of measuring the quality of attachment between mothers and children (Ainsworth, Waters & Wall, 1978). This technique made it possible to discover the presence from birth of an entangled behavior system through which the infant informs the caregiver of the need for comfort and security. She devised a situation in which the child (one year old) was left without her mother for three minutes, first with a stranger and then alone. This experiment allowed establishing the basis of three types of attachment: secure attachment, children who have received loving and sensitive care after SEP find comfort and support in their caregiver to later continue with the exploration. Avoidant attachment, these children show an inhibition of their emotional responses, after the experience they avoid contact with the parent. In anxious attachment, caregivers show inconsistent reactions that prevent the minor from calming down and resuming his exploratory activity (Ainsworth, Waters & Wall, 1978).

Mary Main, Ainsworth's disciple, continued her mentor's research and discovered two new areas of research: In the first, she transferred the basic assumptions of attachment between caregivers and children to adult attachment (Main, Kaplan, & Cassidy, 1985). In the second, she created the existence of a fourth style of attachment, the disorganized one, in which the minor alternates between avoidance and the search for the parent.

Bartholomew and Horowitz (1991) based on Bowlby and Ainsworth established a model of four attachment styles: safe, anxious, avoidant and fearful, in which two dimensions, anxiety and avoidance, underlie. The secure attachment style is associated with low levels of anxiety and

avoidance. Anxious attachment style is characterized by high levels of anxiety and low levels of avoidance. The avoidance style is related to low levels of anxiety and high levels of avoidance. Lastly, the fearful style is consistent with high levels of anxiety and avoidance.

After years of study, it has been determined that the psychological and relational objective of secure attachment is to form a course of epistemic trust in the child (Fonagy, & Allison, 2014). For the caregiver, this means the formation of an environment in which the child appreciates that he is accepted, that he has support and trust from the attachment figure and not just the ability to explore. Epistemic distrust is the result of an insecure or disorganized upbringing, it causes the child to develop invalid strategies that lead to isolation, imitation or assimilation of models that are not adequate (Laland, 2017).

The attachment style molded in childhood not only has an impact at this stage, but also at a personal level in adulthood, on the quality of intimate relationships established by adults (Jurado, Sánchez & San Martín, 2018).

Currently, the brain and hormonal mechanisms that underlie these attachment styles are being investigated. The hypothalamic-pituitary-adrenal axis (HPA) is related to stress (Francis et al., 1999), when a person suffers some trauma in early childhood, the reaction they will have to stress in the future is defined, if the subject is not well regulated, can respond to relatively everyday situations with excess activation, difficulties in childhood form the HPA axis and the stress response system (Bonet, 2017).

The pleasure and reward systems (dopamine), as well as the mechanisms that control pleasure, located in the limbic system, help in the survival of the species by producing satisfaction from eating, drinking or reproducing, but they also regulate our social relationships, producing us internal well-being or disappointment (López, 2018). The excitation of the hormonal systems (oxytocin) also enables the child's attachment relationship with the caregiver (Feldman, 2015). Cortical activity and emotion parameters are formed from an early age and are subject to parental care, these early experiences modulate the neurocircuit of emotions (Callaghan & Tottenham et al; 2016).

Emotional regulation began to be investigated within the framework of evolutionary psychology, paying special attention to the infant stage, especially in extrinsic regulatory processes, these are the result of the link with others, since they are very prominent in this stage (Gross & Thompson, 2006).

Later, the research on emotional regulation focused on the adult stage, based on the fact that these regulatory processes continue to evolve and undergo changes with age (Zimmerman & Iwanski, 2014).

In this research, the focus of study has been primarily focused on adult regulation processes, but dependent on the parenting style in childhood.

Both regulatory processes, extrinsic and intrinsic, are essential as they interpenetrate throughout the life cycle, however this research focused on this second type of regulation, since it is the one that depends entirely on the person (Eisenberg, Spinrad & Eggum, 2010; Gross & Thompson, 2006).

According to Gross (1999), emotional regulation is based on “those processes by which people exert an influence on the emotions we have, on when we have them, and on how we experience and express them” (Gross, 1999, p. 275). For others it is about the ability of individuals to adjust their cognition, emotions, and behavior in order to satisfy both intrinsically and extrinsically their demands (McClelland, Ponitz, Messersmith, & Tominey, 2010). The acquisition of these regulatory skills is an important factor of development throughout life, especially in relation to early childhood (Blair, & Diamond, 2008). A multitude of factors influence self-regulation, including neurophysiological maturation, parenting, and peer socialization (Edossa, Schroeders, Weinert, & Artelt, 2017). Consequently, numerous studies examining the development of behavioral and emotional self-regulation during childhood have focused on external social aspects, especially parenting styles (Eisenberg, Chang, Ma & Huang, 2009).

Many of these definitions do not make a clear distinction between when emotional regulation is an adaptive process and when it is not (Hervás & Moral, 2017), this is something to take into account since conflictive behaviors are becoming more and more noticeable, either autolytic or produced by substance use (McNally, Palfai, Levine, & Moore, 2003; Gratz, 2003; Price, et al., 2019). When we refer to the concept of emotional regulation, we understand that it is mainly an adaptive process, since the energy that we direct to change a negative or intense emotional state can be adaptive and successful, but it can also become useless or even harmful (Hervás & Moral, 2017).

One of the most widely accepted models of emotional regulation is that of Gross (1999), the Processual Model of Emotional Regulation understands that this construct can be observed depending on the place in which the regulatory capacity is integrated within the process of

formation of the emotions (Gross, 1999). This process comprises several phases: Situation, attention, interpretation and response. The subject can establish a set of strategies for emotional regulation. These strategies are divided into two large groups: regulation directed at the antecedents of emotion and regulation in emotional response (figure 1).

Within each section, Gross proposes several options to deal with situations and modulate their emotional regulation (selection of the situation, modification of the situation, attention, cognitive change and response modulation).

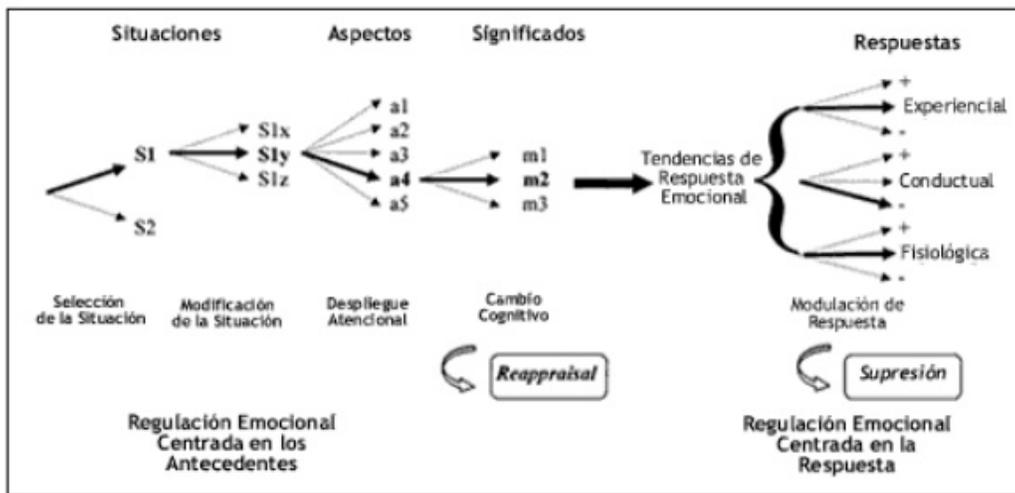


Figure 1. Emotional Self-Regulation Model (Barret and Gross, 2001; Gross, 2002; Gross and John, 2003).

Another of the great models of emotional regulation that have a place today is the Emotional Regulation Model based on Emotional Processing (Hervás, 2011). It suggests that the intense or traumatic emotions to which the subject may be exposed are not the only ones that require emotional processing, but that this process achieves benefits with all emotions. Hervás proposes six processes that allow adequate emotional processing (figure 2), and therefore, good emotional regulation. The processes can also occur in the opposite direction, in those cases the emotional regulation will not be adequate.

This model proposes the value of managing the emotions that have been activated, since they are the ones that can promote or hinder the process of emotional regulation and the consequent adaptation of the subject (Hervás & Jódar, 2008).

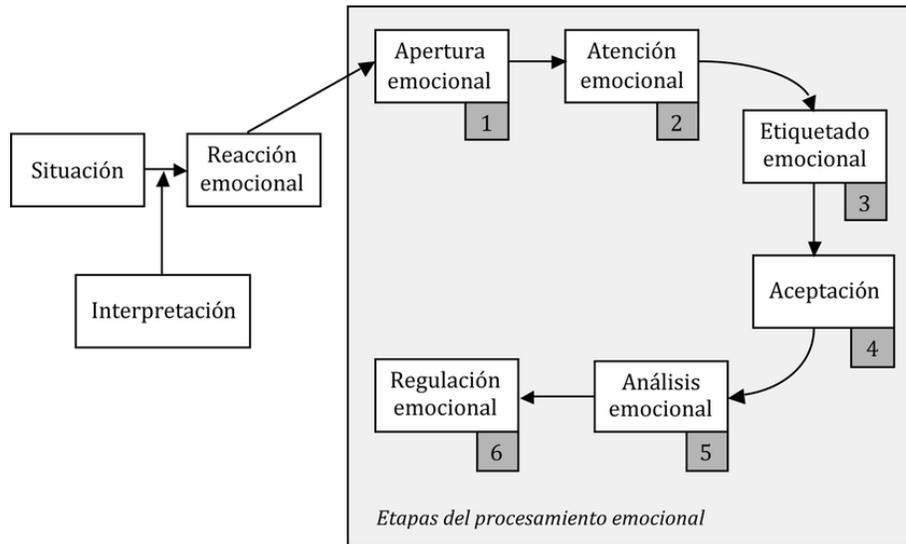


Figure 2. Model of Emotional Regulation Based on Emotional Processing (Hervás, 2011).

Emotional dysregulation is defined according to Hervás and Vázquez (2006) as the manifestation of a decrease in the activation and / or effectiveness of the regulatory skills used by an individual when faced with negative affective states. As we have just seen in the model of Hervás (2011), emotional dysregulation begins when there are failures in the regulatory system.

Emotional dysregulation has a damaging effect on the emotional balance of human beings, skills such as acceptance, tolerance and active modification of negative emotions are particularly important for the good outcome of mental health and clinical treatment (Berking et al., 2008).

Within the clinical setting, emotional dysregulation is present in many psychological disorders such as substance abuse (Fox, Axelrod, Paliwal, Sleeper, & Sinha, 2007; Wills, Simons, Sussman, & Knight, 2016; Fox, Milivojevic, Blaine, & Sinha, 2018), anxiety (Davis, Miernicki, Telzer, & Rudolph, 2019; Ein-Dor, Mikulincer & Shaver 2011; Leen-Feldner, Zvolensky, & Feldner, 2004; Vujanovic, Zvolensky, & Bernstein, 2008;), depressive disorders (Joormann & Stanton, 2016; Thomassin, Suveg, Davis, Lavner, & Beach, 2017), eating disorders (Brownell & Walsh, 2017; Bydlowski et al., 2005), borderline personality disorder (Gratz, Rosenthal, Tull, Lejuez, & Gunderson, 2006; Kuo, Fitzpatrick, Metcalfe, & McMain, 2016) and ADHD (Bunford, Evans, & Wymbs, 2015; Ryckaert, Kuntsi, & Asherson, 2018).

As a general objective of the research, it is sought to find out to what extent having an attachment style or another interferes with emotional dysregulation. The hypothesis that arises starts from the basis according to which people who have an insecure attachment will have more problems in their emotional regulation than people with a secure attachment.

As specific objectives, it seeks to detect the existing differences according to attachment styles and if some types are more influential than others in the variable, on the other hand it will be explored if there are significant differences in emotional regulation depending on gender.

Methodology

Participants

To carry out our research, a large group of subjects older than 18 years ($n = 607$) was evaluated. Of the total sample 410 subjects were women (67.5%), 193 men (31.8%) and 4 of non-binary gender (0.7%). The ages of the study participants ranged from 18 to 89 years. The mean age was 34 years, with a standard deviation of 12,944. 9.2% of the sample has a diagnosis of mental disorder (56 people). Regarding marital status, 53.5% of the subjects reported being married (325 people), 21.3% of the sample (129 subjects) take drugs.

All accepted the informed consent form of the study. Subjects were randomly selected, without geographic, economic or study restrictions. The snowball technique was used, and the participants were contacted through mobile applications. The inclusion criteria were set to be over 18 years of age.

People who refused to accept informed consent were immediately excluded.

Instruments

The research was carried out in a cross-sectional manner, the data were collected in a period of one month, considering the measures of the DERS questionnaire as the dependent variable and the attachment style (CaMir-R) as the independent variable.

Emotional dysregulation was evaluated using the Difficulties in Emotional Regulation questionnaire (DERS; Gratz & Roemer, 2004), using the Spanish adaptation of Hervás and Jódar (2008). This scale measures the different factors in emotional dysregulation through 28 items with a 5-point Likert-type scale (“Almost never” 0-10% to “Almost always” 90-100%). The items are grouped into 5 major factors: emotional lack of control, understood as the difficulties experienced

by the person in the face of negative emotions; rejection, referring to the tendency to show negative emotional responses to an unpleasant feeling or the range of responses for not accepting distress. Interference, assessed as difficulty concentrating or achieving goals when negative emotions are perceived; emotional inattention, referring to the problems to attend and to be aware of the emotions, and finally confusion understood as the difficulty to understand the emotions that are experienced. The internal consistency indices for the adapted scale range between .73 and .91 (Hervás & Jódar, 2008). In our study, the internal consistency indexes (Cronbach's alpha) were the following for the different factors: Lack of control .91. Rejection .92. Interference .90. Inattention .84 and Confusion .87. We performed this analysis on both measurement instruments to verify the reliability of the data obtained.

The independent variable attachment styles was evaluated with the CaMir questionnaire (Pierrehumbert et al., 1996). This questionnaire is based on the evaluations made by the subject on both past and present experiences within family functioning. It consists of 32 items which are divided into seven dimensions: Security, referring to the appreciation of having felt and feeling loved by the attachment figures, having confidence in them and knowing that they are available when needed. Family concern, which alludes to the perception of great anxiety about the separation from loved ones and of an enormous current concern for attachment figures. Parental interference, this dimension is centered on the memory of having been overprotected in childhood, having been a fearful child and having been afraid of being abandoned. Value of the authority of the parents, or the positive evaluation that the subject makes regarding the family values of authority. Parental permission, memories of having felt a lack of limits and guidance from the caregiver in childhood. Self-sufficiency and resentment against parents, this dimension measures rejection towards feelings of dependency and affective correspondence, and resentment towards loved ones. And finally, childhood trauma or memories of having suffered from unavailability, violence, and threats from attachment figures during childhood.

It is a widely used measuring instrument both in the clinic and in research due to its good reliability and validity. In this study, the Spanish version of Balluerka et al, (2011) CaMir-R was used, whose internal consistency indexes ranged between .60 and .85.

In our study we obtained an internal consistency (Cronbach's alpha) within the following dimensions: Safety .92. Family concern .82. Self-sufficiency and resentment against parents .63. Childhood trauma .87.

Procedure

To incorporate the sample into the study, a questionnaire sent through Google Forms was used, using the snowball technique to the general population over 18 years of age.

Information was provided about the objectives of the study, emphasizing the voluntary, anonymous and confidential nature of their participation. Prior assent of the informed consent, the questionnaire was applied digitally.

The study was approved by the Ethics Committee of the community. The research meets all ethical criteria for informed consent.

As an added ethical guarantee, the informed consent part included the possibility of contacting the research team in case of possible doubts about the study.

Statistical analysis

The statistical analyzes performed were as follows: A descriptive analysis of the variables used (means, standard deviations, number of subjects, etc.) was performed. On the other hand, statistical inference analyzes were performed (hypothesis testing for Pearson's correlation, multiple linear regression models and comparison of hypotheses of two means).

Results

For the variables Total Ders, Safe Camir, Anxious Camir, Avoidant Camir and Disorganized Camir, the means and standard deviations were obtained as shown in table 1. These variables were also obtained with the corresponding Pearson correlations with their statistical significance (table 1) .

Table 1
Means, Standard Deviations and Pearson's Correlation Matrix (n = 607)

	Half	(DE)	1	2	3	4	5
1 Total DERS	59.76	(20.354)	1.000				
2 Camir Seguro	29.26	(5.920)	-.221**	1,000			
3 Anxious Camir	19.49	(5.172)	.244**	.166**	1.000		
4 Evitative Camir	12.01	(3.284)	.387**	-.516**	.172**	1.000	
5 Camir Desorg.	10.50	(5.332)	.238**	-.567**	-.049	.476**	1.000

Note: **p<0.01

In this study there are no significant differences in total DERS according to sex.

($t_{601} = -0,833; p = 0,405$).

Initially, a regression model was adjusted on the total DERS variable, taking as predictor variables the following: Safe Camir, Anxious Camir, Avoidant Camir and Disorganized Camir. In said initial model, the variables Safe Camir and Disorganized Camir were not significant ($p > 0.05$), so these variables were eliminated. Subsequently, a multiple linear regression model was adjusted only with the significant variables (Anxious Camir and Avoidant Camir).

This second estimated multiple linear regression model has been significant ($F_{2,604} = 67,221; p < 0,001; R_{adj}^2 = 0,179$). The variable Camir Anxious was statistically significant ($t_{604} = 4,896; p < 0,01; \beta_1 = 0,72; IC_{95\%}: [0,431; 1,008]; R_{semipar} = 0,18$). The variable Camir avoidant was also statistically significant ($t_{604} = 9,513; p < 0,01; \beta_2 = 2,202; IC_{95\%}: [1,748; 2,657]; R_{semipar} = 0,35$).

Discussion, conclusions and future lines of work

The main objective of this article is to carry out an investigation about the relationships that have been found between different attachment styles and problems in emotional regulation. The studies that exist about attachment are very extensive and current (Holmes & Slade 2018; Jurado, Sánchez & San Martín, 2018), but interest in the subject arises due to the scarce existence of scientific literature that unites these two variables.

The study has obtained results that support the presence of a relationship between the different attachment styles and emotional regulation. However, it would be convenient to analyze the changes according to the types of attachment from a broader framework.

In the first regression analysis, the Safe CaMir variable was eliminated as it was not statistically significant. This agrees with the initial hypothesis, since individuals who have a secure attachment do not encounter difficulties when it comes to regulating themselves emotionally when compared to subjects with insecure attachment. This result is also found in previously consulted articles (Garrido-Rojas, 2006; Galaz, Manrique, Ayala, Mota & Díaz-Loving, 2019).

The Disorganized CaMir variable was also eliminated in the first regressive analysis due to non-statistical significance. This assumes that our starting hypothesis is partially fulfilled, since it is part of insecure attachment styles, therefore, within the study, it can be assumed that only

insecure avoidant and anxious attachments are related to emotional dysregulation, not the disorganized style. This may be due to several factors: The first of them is that these people's regulatory strategies allow them to distance themselves in situations that require it, and thus deactivate that affective frustration produced by negative stressors (Mikulincer & Shaver, 2008). The second of the reasons is that subjects who have a disorganized attachment will show regulatory strategies in a variable way, that is, on some occasions they will show high levels of anxiety and on other occasions of avoidance, which may allow emotional regulation with various emotional strategies. These data allow us to suppose that there are no differences in emotional dysregulation within the secure and insecure disorganized attachment styles, but we must also suppose that it will have a greater cost in a negative sense in the mental health of the latter. These two variables could be an enriching source of scientific study in the future.

Analyzing the multiple linear regression, it can be drawn the conclusion that the variables Anxious CaMir and Avoidant CaMir were significant, but if we observe the data, the avoidance variant has more weight when explaining the difficulties in emotional regulation.

According to the initial hypotheses, the anxious attachment style, due to its hypervigilance, has shown to have higher levels of emotional dysregulation than the disorganized style, this means that these types of people tend not to know how to handle negative moods (Ein-Dor, Mikulincer & Shaver 2011). This type of anxious style is also characterized by the tendency to mental rumination and the rapid reminiscence of negatively charged memories. For Hervás (2011), emotional dysregulation begins when there are errors in the regulatory system, and the fact of interpreting a hostile situation, when it is not, is one of the first steps in the chain.

The avoidance style has a greater weight in the study, being the group with the highest levels of emotional dysregulation. Within the clinical setting, recent studies support the relationship between emotional dysregulation and depression (Joormann & Stanton, 2016; Thomassin, Suveg, Davis, Lavner, & Beach, 2017), it would be of great interest to detect the extent to which people who present Avoidant styles attachment disorders present depression as a recurrent clinical disorder.

Another result that we found in the study is the non-relationship of differences between men and women in terms of emotional regulation. In recent studies such as that by Galaz, Manrique, Ayala, Mota & Díaz-Loving (2019), differences associated with sex were found in this

area, but the sample was limited to adolescents, it seems that differences in adulthood tend to disappear .

One of the limitations of this study is found within the tests, specifically in the CaMir questionnaire, where we obtained an internal consistency (Cronbach's alpha) below what is considered acceptable. This score is considered low for a statistic of this type, since it is no longer acceptable if less than seventy is obtained. This may be due to the fact that there are few items that measure the factor that has given this score, and therefore it is not evaluated as broadly as others. In the reference test in this study by Balluerka et al, (2011) CaMir-R the internal consistency indexes obtained a lower score than that of this study.

Another limitation of the study is that it does not focus on a single group, that is, the study by Balluerka et al, (2011) focuses on adolescents, but the results of this research are generalizable to the entire adult population (already that one of the inclusion criteria is to be older than 18 years), without making distinctions between age groups within this group, and this may have biased the sample. Although it is true that the mean age was 34 years in the study, people up to 89 participated.

Many studies examining the development of behavioral and emotional self-regulation during childhood have focused on external social aspects, especially parenting styles (Eisenberg, Chang, Ma & Huang, 2009), but in this study Internal personal characteristics have mainly been evaluated, this may be another limitation. Putting the focus of attention only on the individual and not on the external agents that surround him can make the study incomplete. Many factors influence self-regulation, including neurophysiological maturation, parenting, and peer socialization (Edossa, Schroeders, Weinert, & Artelt, 2017), due to which subsequent studies should focus on internal and external variables.

It is convenient to point out that the findings of this study have been generated by a sample of subjects of very different ages and nationalities. Due to this, it would be interesting to measure the same variables in populations by age or by region, or with a clinical population.

This research in no way establishes causal relationships between the variables, since it only sought to explore the relationship between two variables (attachment styles and emotional regulation), being interesting in the future to discover other variables that are related to these.

From a clinical point of view, the results found in the present study may be the starting point for conducting research whose main objective is to detect and understand, from the theoretical framework of attachment, which difficulties in emotional regulation occur more

frequently. notable in certain pathologies, in order to have the possibility of designing differential intervention plans more focused on certain types of disorders.

On the other hand, it would be useful to know why the variance of Avoidant Insecure Attachment has more weight in the study than Anxious attachment, that is, to detect the factors that determine these attachments and to analyze their relationship with emotional dysregulation in more depth.

This study, despite its limitations of reliability and social desirability, provides reliable and valid data about the relationship between attachment styles and emotional regulation, and may be a starting point for future research, for example, to investigate why the Disorganized (insecure) attachment type has not shown poor emotional regulation.

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ANNEXED

Appendix 1

Informed consent for the participant

Information and consent sheet

I am writing to you to inform you about this research that is being carried out on the variables that influence addictive behavior in various Latin American countries and Spain, in which you are invited to participate. Our intention is to provide you with adequate and sufficient information so that you can evaluate and judge whether or not you want to participate in the study.

VOLUNTARY

PARTICIPATION

You should know that your participation in this study is voluntary and completely anonymous, and you can decide not to participate. In case you decide to participate in the study you can change your decision and leave the form at any time, it will not have any negative consequences.

GENERAL

DESCRIPTION

OF

THE

STUDY

This study tries to analyze what factors may be contributing to the development of emotional regulation, studying the role of factors such as attachment and mentalization. The impact of emotional regulation on anger and aggressive driving behaviors is also analyzed.

EVALUATION

PROTOCOL

In none of the questions that we are going to ask you are there good or wrong answers, so we ask that you try to answer as honestly as possible. The time required to complete the evaluation protocol is approximately 15-20 minutes per questionnaire. For any questions or comments about the study, you can contact any of those responsible for the project:

Dra. Mireia Oliva: mireia.oliva@uneatlantico.es
Dra. Pamela Parada: pamela.parada@uneatlantico.es
Dr. David Herrero: david.herrero@uneatlantico.es

Consent and anonymous character. I have read the information provided and I give my consent for the use of the data obtained through the questionnaires, being aware that this form is anonymous. Signature: yes

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