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Attachment in relation to Affect Regulation and Interpersonal Functioning among Substance Use  
Disorder Inpatients

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### Abstract

**Background:** Attachment theory has been conceptualised as an affect regulation theory, proposing that attachment is associated with the expression and recognition of emotions as well as interpersonal functioning. In spite of these theoretical suggestions there has been scarce empirical research on this topic. Thus, the objective of the present study was to investigate potential associations between attachment, Negative Mood Regulation (NMR) expectancies, fear of intimacy and self-differentiation. **Methods:** The Revised Adult Attachment Scale (RAAS), the NMR Expectancies Scale, the Fear of Intimacy Scale and the Differentiation of Self Inventory were administered to a sample of 99 substance use disorder inpatients, recruited from drug and alcohol treatment centres in Queensland, Australia. **Results:** A negative association between anxious attachment and NMR expectancies was evident. Attachment accounted for significant variance in NMR expectancies and was also a strong predictor of fear of intimacy. The predictive utility of attachment also extended to self-differentiation, suggesting that attachment was strongly related to overall self-differentiation score, Emotional reactivity, Emotional cut-off and I position. **Conclusion:** These findings support broad attachment theory suggesting that attachment is associated with and predicts affect regulation abilities, difficulties with intimacy and intrapersonal as well as interpersonal functioning in a sample of substance use disorder inpatients. Thus, the inclusion and assessment of attachment appears to be important in the development of treatment programs for substance abusing individuals

## Introduction

Attachment is associated with the expression and regulation of emotion {Cassidy, 1994 #3; Mikulincer, 2007 #2; Thompson, 1999 #1}. Early attachment theory postulates that early bonding with a significant caregiver is essential for the development of internal working models for communication, regulation of emotions and interpersonal behaviour {Bowlby, 1973 #4; Sroufe, 1986 #5}. These early attachment experiences are associated with adult attachment styles. Adult attachment styles are relatively stable and influence attitudes, emotions, affect regulation and behavioural strategies in relationships {Shaver, 2002 #7; Mikulincer, 2007 #2; Gillath, 2007 #6}. Empirical evidence has indicated associations between insecure attachment, fear of intimacy and emotion regulation difficulties {Bekker, 2007 #8; Hazan, 1987 #9} and between secure attachment and a higher capacity for intimacy, emotional awareness and empathy {Feeney, 1996 #34; Laible, 2007 #10}. Substance abuse has been proposed to be a consequence of emotion regulation difficulties {Taylor, 1997 #11; Magai, 1999 #32} with individuals using alcohol/drugs to avoid intimacy or rejection, to ease pain, anger and ambivalence and possibly establish a “secure base” {Hofler, 1996 #12}. Accordingly, studies suggest that insecure attachment is associated with alcohol consumption, harmful drinking patterns and substance use disorders {Finzi-Dottan, 2003 #50; Cooper, 1998 #14; McNally, 2003 #22; Thorberg, 2006 #18; Vungkhanching, 2004 #13}.

Negative mood regulation (NMR) expectancies are beliefs regarding a person’s ability to terminate or alleviate a negative mood state {Catanzaro, 1990 #23}. The concept of NMR expectancies was developed within the framework of social learning theory {Rotter, 1954 #48}, but is also associated with self-regulation theory {Carver, 1998 #45}. High NMR presumably reflects the ability to cope successfully with bad moods, whereas having low NMR may lead to less efficacious or maladaptive ways of coping {Kassel, 2007 #28}. Evidence suggests that NMR expectancies predict avoidant coping, depression, physical symptoms and problem drinking {Catanzaro, 1994 #24; Catanzaro,

2004 #26; Davis, 2005 #27; Flett, 1996 #25}. In addition, NMR expectancies have been negatively associated with anxiety and depression, and positively associated with active coping strategies {Kassel, 2007 #28; Kassel, 2000 #30}. This suggests that high NMR may be associated with secure attachment, as securely attached individuals tend to seek comfort from others when emotionally upset, and utilise constructive coping mechanisms to decrease the intensity of distress {Mikulincer, 2007 #2}. By contrast, low NMR may potentially be associated with anxious attachment as well as substance abuse. However, no investigation to date has examined the relationship between attachment and NMR expectancies as well as the predictive utility of attachment in relation to NMR in a substance abusing sample, despite the fact that those with substance use disorders often report alcohol and drug use as a way of coping with bad feelings {McNally, 2003 #22}.

According to Bartholomew and Horowitz's {, 1991 #33} four-category model of attachment, insecure attachment is a fearful attachment style characterised by a fear of intimacy and rejection, high emotional reactivity and a self-belief associated with being deserving of rejection. Some have argued that fear of intimacy (FIS) is associated with mental health issues and substance use problems {Descutner, 1991 #39}. Descutner and Thelen defined FIS as "the inhibited capacity of an individual, because of anxiety, to exchange thoughts and feelings of personal significance with another individual who is highly valued" (p.219). FIS research to date has largely reported significant associations with loneliness, lack of self-disclosure, low social interaction and low relationship quality {Descutner, 1991 #39; Doi, 1993 #51}. Scarce evidence exists regarding the predictive utility of attachment in relation to FIS.

Differentiation of self is defined as the degree to which an individual is able to balance emotional and intellectual functioning, intimacy and autonomy in relationships {Bowen, 1976 #55; Bowen, 1978 #56}. Well-differentiated individuals are characterised by an ability to distinguish between

feelings and intellectual processes; experience intimacy with, and autonomy from, their partner; and exhibit good psychological adjustment {Kerr, 1988 #57;Kerr, 1988 #42}. Individuals with lower self-differentiation experience higher levels of chronic anxiety, emotion regulation difficulties, mood disturbances and substance abuse. Cross-sectional evidence suggests that self-differentiation is a cognitive factor associated with the use of effective problem solving skills to manage anxiety {Knauth, 2006 #78}. Furthermore, research has reported negative associations between self-differentiation, perceived stress and distress, and a positive association between self-differentiation and psychological well being {Greene, 1986 #66;Bohlander, 1999 #60;Knauth, 2006 #61;Murdock, 2004 #63}. A study in a community sample reported associations between insecure attachment and the four dimensions of the self-differentiation measure: Emotional reactivity (ER), Emotional cut-off (EC), I position (IP) and Fusion with others (FO). Insecure attachment explained 40% of the variance in ER, EC, IP and FO {Skowron, 2004 #40}. Self-differentiation involves the capacity to moderate affect, yet there is scarce knowledge about the relationship between attachment and self-differentiation in a substance abusing clinical sample, where affect regulation abilities are likely to be impaired.

In addition, previous studies have reported higher levels of mood regulation and interpersonal difficulties in substance abusers compared to controls {Thorberg, 2005 #76;Thorberg, 2006 #18;Lyvers, 2008 #77}. Attachment has been hypothesised to be associated with relationship functioning and mood regulation, yet little research has examined these relationships. As addiction has been proposed to be an attachment disorder {Flores, 2004 #83}, potential relationships of attachment with mood regulation and interpersonal functioning in substance abusers may potentially inform the development of future treatment approaches. Thus, the purpose of the present investigation was to examine the predictive utility of attachment with NMR expectancies, FIS and self-differentiation in a substance abusing population.

## **Method**

### ***Participants***

Participants were recruited from inpatient alcohol and drug rehabilitation centres in Queensland, Australia. The sample consisted of 57 males and 42 females with a mean age of 36.2 years ( $SD = 10.10$ ). Participants were at least 18 years old and were being treated for alcoholism, cannabis abuse, heroin dependence, amphetamine abuse or cocaine abuse. No incentive was offered for participation. The research investigation's protocol was approved by the Bond University Human Research Ethics Committee prior to data collection.

### ***Materials***

The Revised Adult Attachment Scale (RAAS) {Collins, 1990 #15;Collins, 1996 #16} is an 18-item measure of adult attachment style. It consists of three subscales: Close, Depend and Anxiety. The Close subscale measures the level of comfort the individual feels with closeness and intimacy. The Depend subscale assesses if the individual feels they can depend on others to be available when needed. The Anxiety subscale measures the level of anxiety the person feels about being rejected or unloved. High scores on Close and Depend, and low scores on the Anxiety dimension, indicate a secure attachment style {Collins, 1990 #15;Collins, 1996 #16}. Each item is scored on a 5-point Likert scale with some items being reverse scored. The RAAS has demonstrated adequate validity and reliability {Collins, 1990 #15}. In the present investigation, the Cronbach alphas were .86 for Anxiety, .63 for Depend and .56 for Close, respectively. It should be pointed out that the RAAS does not assess attachment styles, but continuous attachment dimensions hypothesised to underlie adult attachment {Collins, 1996 #16;Goldman, 2007 #73}.

The Negative Mood Regulation (NMR) scale {Catanzaro, 1987 #54;Catanzaro, 1990 #23} is a 30-item questionnaire designed to assess generalized expectancies to alleviate negative moods by an individual's own efforts. Subjects are asked to indicate the degree to which they believe their use of

various coping strategies can counteract a negative mood state. A high score indicates a strong belief in an individual's ability to alleviate their own negative affect. Each item is scored on a 5-point Likert scale. Research studies have established discriminant validity from depression, social desirability and locus of control {Catanzaro, 1994 #24; Catanzaro, 1990 #23; Mearns, 1991 #31} and reported sound psychometric properties {Catanzaro, 1990 #23; Mearns, 1991 #31}. In the current study, the Cronbach alpha was .88.

The Fear of Intimacy Scale (FIS) consists of 35 items measuring how inhibited an individual feels to share thoughts and feelings of personal significance in relation to another valued individual {Descutner, 1991 #39}. Each item is scored on a 5-point Likert scale. A high score on the FIS suggests a high fear of intimacy. The FIS has shown sound reliability and internal consistency {Descutner, 1991 #39; Terrell, 2000 #44}. In the current investigation, the Cronbach alpha was .87.

The Differentiation of Self Inventory (DSI) {Skowron, 1998 #49} is a 43-item scale designed to measure an individual's significant relationships and current relations with the family of origin using a 6-point Likert scale. The DSI consists of four subscales: Emotional reactivity (ER), I position (IP), Emotional cut-off (EC) and Fusion with others (FO). The ER subscale measures the degree to which the individual reacts to the environment with emotional flooding. The IP items describe the ability to adhere to one's convictions in spite of pressure. The EC subscale measures feelings of being vulnerable and threatened by intimacy in relation to others. The FO subscale reflects emotional over-involvement as well as over-identification with parents. Higher scores on all scales indicate greater differentiation of self. The DSI has shown acceptable psychometric properties {Skowron, 1998 #49; Skowron, 2000 #52; Tuason, 2000 #41}. The Cronbach alphas for DSI, ER, EC, IP and FO in the current study were .80, .64, .77, .76 and .48 respectively.

### ***Procedure***

Participants were recruited from inpatient alcohol and drug rehabilitation centres in Queensland, Australia. Potential participants were brought into a room together with the researcher and the director of the treatment centre, given information about the study and asked if they would like to participate. Clients not wanting to participate left the room whereas those interested in participation completed the questionnaires in groups of 20. Instructions specified that no identifying information was to be written on any of the questionnaires, ensuring anonymity of all responses. An explanatory statement with participation requirements and goals of the study was attached to the questionnaires. Participants had been abstinent 2-3 weeks prior to assessment (as evidenced by regular urine testing at the alcohol and drug treatment centres), thus avoiding residual alcohol/drug effects.

### **Results**

#### ***Hierarchical Regression Analyses***

A series of 7 hierarchical regression analyses (HRA) were undertaken to investigate the predictive utility of attachment in relation to NMR expectancies, FIS and self-differentiation. Analysis was conducted to ensure no violation of normality, linearity and multicollinearity of residuals {Tabachnick, 2007 #20}. Hypothesis testing began by examining the relative contribution of the sociodemographic variables (age, gender) and secondly the RAAS attachment dimensions Close, Depend and Anxiety towards NMR expectancies. Sociodemographic variables were entered in step 1 and showed that age and gender did not significantly contribute to predict NMR expectancies. The attachment dimensions were entered in step 2 and predicted 7.7% ( $R^2 = 0.077, p < .007$ ) of the variance in NMR. An inspection of the whole model revealed that Anxiety ( $\beta = -.35, p < .004$ ) was the only significant predictor of NMR expectancies as shown in Table 1.

The second HRA followed the same format as the previous regression analysis except that FIS was entered as the criterion variable. Age and gender did not account for any significant variance, but attachment predicted 27.8% ( $R^2 = 0.278$ ,  $p < .0005$ ) of the variance in FIS. In the overall model the Anxiety ( $\beta = .25$ ,  $p < .018$ ) and Close ( $\beta = -.42$ ,  $p < .0005$ ) dimensions added significant variance towards FIS (see Table 1).

In the third HRA self-differentiation was the criterion variable. No significant contribution of age and gender were found in model 1, and the attachment factors accounted for 31.8% ( $R^2 = 0.318$ ,  $p < .0005$ ) of variance towards total self-differentiation score (see Table 3). When the full model was examined Anxiety ( $\beta = -.43$ ,  $p < .0005$ ) and gender ( $\beta = -.19$ ,  $p < .027$ ) added significant variance towards self-differentiation. The Close ( $\beta = .20$ ,  $p > .05$ ) dimension also approached significance.

As shown in Table 2 the fourth HRA investigated the relationship between attachment and Emotional reactivity (ER). No significant contribution of age and gender were found in the first model, but attachment factors accounted for 22.4% ( $R^2 = 0.224$ ,  $p < .0005$ ) of variance towards ER. When the full model was examined Anxiety ( $\beta = -.47$ ,  $p < .0005$ ) and gender ( $\beta = -.22$ ,  $p < .016$ ) were significant predictors of ER.

In the fifth HRA the Emotional cut-off (EC) scale was entered as the criterion variable. Age and gender did not account for any significant variance in EC, but attachment predicted 37.2% ( $R^2 = 0.372$ ,  $p < .0005$ ) of the variance towards EC. In the overall model the Anxiety ( $\beta = -.33$ ,  $p < .001$ ) and Close ( $\beta = .41$ ,  $p < .0005$ ) dimensions added significant variance towards EC as presented in Table 3.

In the sixth HRS the relationship between attachment and I position (IP) was examined. No significant contributions of age and gender were found in the first model, but attachment factors

accounted for 15.7% ( $R^2 = 0.157, p < .001$ ) of variance towards IP. When the full model was inspected, the Close dimension ( $\beta = .25, p < .026$ ) and gender ( $\beta = -.20, p < .031$ ) significantly contributed towards IP (see Table 4). A seventh HRA was undertaken on the predictive utility of attachment towards Fusion with others (FO), however the model was non-significant.

## Discussion

This study examined associations between attachment, NMR expectancies, FIS and self-differentiation in clients undergoing inpatient treatment for substance use disorders. The results indicated a significant negative association between anxious attachment and NMR. Anxious attachment predicted 7.7% of the variance in NMR expectancies even after controlling for age and gender, suggesting that anxious attachment may be associated with lower abilities to regulate one's negative moods. This is in accordance with other research evidence {Collins, 1996 #16; Bekker, 2007 #8; Simpson, 1996 #38} and attachment theory {Mikulincer, 2007 #2; Main, 1996 #43} suggesting that insecurely attached individuals tend to show poor affect regulation. Accordingly, substance use may represent a mood regulating coping mechanism in those with low NMR expectancies.

The present investigation also found that attachment was a strong predictor of FIS, even after controlling for the effect of age and gender. More specifically, the Close dimension appeared to be the strongest contributor followed by Anxiety. Thus, the present results suggest that adult attachment is related to difficulties in intimacy and interpersonal functioning, in accordance with previous evidence that reported a significant association between insecure attachment and relationship problems as well as lower levels of trust, interdependence and commitment {Cyranowski, 2002 #68; Simpson, 1990 #72}. This is broadly in line with Bartholomew's attachment theory {Bartholomew, 1990 #35} proposing that individuals with a fearful attachment

style long for intimacy, but avoid close relationships for fear of rejection {Bartholomew, 1991 #33}. Thus, some substance abusers may self-medicate to reduce their fear of intimacy (see {Khantzian, 2003 #65}) or help them cope with intimacy in close relationships, at least for a short period of time.

The predictive utility of attachment also extended to self-differentiation, suggesting that anxious attachment, and to a lesser extent gender, contributed to the prediction of differentiation of self. More specifically, an inverse relationship between anxious attachment and differentiation of self was evident. Additionally, the results also found that gender accounted for some of the variance in self-differentiation, such that females had higher levels of self-differentiation compared to males. This suggests that females may be better at maintaining their autonomy and sense of self in interpersonal relationships (see {Bowen, 1978 #56;Skowron, 1998 #49}). Some have noted that attachment and self-differentiation are associated with various characteristics of interpersonal experiences, but share two underlying dimensions: the need for intimacy and the need for autonomy {Skowron, 2004 #40}. Attachment scores from the current study explained significant variance in self-differentiation. Given the present findings we speculate that attachment may be associated with the development of self-differentiation, as previous research has reported that attachment style appears to be stable across infancy, childhood, adolescence and early adulthood {Thompson, 1999 #1;Weinfield, 2004 #59}. However factor analytic studies should be undertaken to elucidate whether attachment and self-differentiation are separate constructs, and prospective research undertaken to clarify whether attachment is a causal factor of self-differentiation.

The present investigation also found that anxious attachment significantly predicted emotional reactivity (ER), with gender also contributing towards this prediction after controlling for age. These data support the predictive power of anxious attachment in relation to being more

emotionally reactive, having difficulties with emotion regulation and maladjustment in those with substance dependence {Skowron, 1998 #49}. Similarly, evidence indicates moderate to strong correlations between anxious attachment and ER {Skowron, 2004 #40;Thorberg, 2006 #18}. A gender difference was also evident in ER consistent with previous evidence reporting a significant association between being female and higher ER (Skowron & Friedlander, 1998).

The predictive utility of attachment was also related to Emotional cut-off (EC) after controlling for sociodemographic variables, with Close and Anxious attachment scores contributing to this prediction. This is in line with previous research suggesting a link between attachment and EC {Skowron, 2004 #40} in those with substance abuse and implies that attachment style is related to traits of emotional aloofness, anxiety, isolation from others and exaggerated independence {Nichols, 1998 #81;Skowron, 1998 #49}. EC may be associated with, or a consequence of alexithymia, a personality trait associated with difficulties in identifying and describing feelings, a lack of fantasy life and an externally oriented thinking style {Sifneos, 1973 #79}. Previous research has found significant relationships between insecure attachment, parental bonding and alexithymia {De Rick, 2006 #80;Thorberg, 2008 #82} and reported elevated prevalence rates of alexithymia in those with substance use disorders {Uzun, 2003 #74;Taylor, 1997 #11;Haviland, 1994 #69;Evren, 2008 #75}.

In addition, attachment was examined in relation to I position (IP), with the Close dimension and gender predicting variance in IP. This is a noteworthy finding as the present data support the autonomous role of attachment in influencing a personality characteristic such as IP. IP refers to an ability to maintain a strong sense of self, have flexible boundaries and remain calm under stress {Skowron, 1998 #49}, and secure attachment is associated with being comfortable with closeness, having high levels of empathy and emotional insight {Laible, 2007 #10;Lyvers, 2008 #77}. The

present data also indicated that females showed higher levels of IP, in contrast to Bowen's proposal of no gender differences in self-differentiation {Bowen, 1978 #56}. Given that gender roles have changed over the last three decades it is thus possible that gender differences in IP could be associated with this development, or there may be differences associated with sample type. Thus, future research needs to be undertaken to clarify any potential gender differences in the relationships between attachment, IP and self-differentiation.

The investigation of attachment in relation to Fusion with others (FO) yielded a non-significant result. This may suggest that attachment is not associated with FO, yet a more plausible explanation concerns potential validity issues of this subscale {Tuason, 2000 #41}. Previous research has indicated low internal consistency of the FO scale {Skowron, 1998 #49;Skowron, 2000 #52} and non-significant correlations with constructs such as psychological adjustment and stress {Skowron, 2004 #71}. By contrast, differentiation of self, ER, EC and IP scores were significantly associated with psychological adjustment and stress, and reliability analyses found high levels of internal consistency for these scales {Skowron, 2004 #71}. Given the psychometric limitations of the FO scale, exploratory factor analysis should be undertaken to find a more stable and reliable factor structure.

The findings of the current investigation highlight important implications for clinical practice.

Attachment patterns could to be targeted and measured before and during treatment, with a goal of establishing security based emotion regulation strategies (Mikulincer, Shaver & Pereg, 2003).

DeRick and Vanheule {, 2007 #67} suggested that individuals with alcohol use disorders could be classified according to attachment style before starting treatment. In light of the current findings, the present authors suggest that this also applies to drug abusing individuals, as attachment information

may assist in targeting some of the underlying mechanisms of affect regulation, fear of intimacy and level of self-differentiation.

Given the cross-sectional design of the present study, issues associated with causal direction are left open and need to be investigated in future prospective research. Furthermore, personality characteristics such as NMR, FIS and self-differentiation may also vary according to the sample examined, and future research should replicate and extend the present findings in analogue samples. Another limitation of the present study is the low internal consistency of the Close scale, potentially limiting the reliability of the present data. This is in contrast to reliability analyses in other studies {Collins, 1996 #16;Goldman, 2007 #73}, suggesting that future research is needed to determine if this is only an issue in substance disorder samples. In addition, the use of self-report measures of attachment, mood regulation abilities and self-differentiation may have yielded shared method variance and presentational biases, hence a multimethod approach to examine attachment and affect regulation could potentially assist in determining whether the present results are meaningful. Assessing various dimensions such as emotional awareness, insight and understanding may give a more complete picture of the role of attachment in the prediction of emotion regulation and interpersonal functioning {Kassel, 2007 #28;Gratz, 2004 #62;Bakermans-Kranenburg, 1993 #58}.

## **Conclusion**

Taken together this study has confirmed important relationships between attachment, NMR expectancies, FIS and self-differentiation. Future research should expand on the present findings and use categorical attachment measures to differentiate individuals based on attachment type in order to get a more complete understanding of potential differences in affect regulation and interpersonal styles, as this may be informative in the development of different treatment approaches for securely and insecurely attached substance abusing individuals.

**Authors' contributions**

Thorberg and Lyvers designed this study, and Thorberg organised and undertook the data collection. Thorberg wrote the first draft and Lyvers provided feedback and made changes to the draft. Thorberg revised the first draft and Lyvers provided feedback and made additional changes to the final draft. Both authors have contributed and approved the final manuscript.

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**Competing interests**

The authors declare that they have no competing interests.

Table 1. Hierarchical regression analyses predicting NMR expectancies and FIS.

Entry of predictor variables	B	Increase in <i>R</i>	Test of significance	P
NMR expectancies				
Step 1: Age, gender		0.04	F = .194, 2/97 df	0.824
Age	1.714		t = -0.414, 99 df	0.680
Gender	-.074		t = 0.471, 99 df	0.639
Step 2 Attachment		0.120	F = 2.662, 5/94 df	0.027
Depend	-1.901		t = -0.697, 99 df	0.488
Anxiety	-6.234		t = -2.979, 99 df	0.004
Close	1.259		t = 0.478, 99 df	0.634
FIS				
Step1: Age, gender		0.11	F = 0.523, 2/95 df	0.594
Age	-4.211		t = 0.235, 97 df	0.815
Gender	.049		t = -0.999, 97 df	0.320
Step 2 Attachment		0.304	F = 8.473, 5/92 df	0.0005
Depend	2.150		t = 0.765, 97 df	0.466
Anxiety	5.175		t = 2.399, 97 df	0.018
Close	-10.943		t = -4.030, 97 df	0.0005

Table 2. Hierarchical regression analyses predicting Self-differentiation and ER

Entry of predictor variables	B	Increase in <i>R</i>	Test of significance	P
Self-differentiation				
Step 1: Age, gender		0.030	F = 1.481, 2/97 df	0.232
Age	0.016		t = -0.72 99 df	0.942
Gender	-7.906		t = -1.720, 99 df	0.089
Step 2 Attachment		0.323	F = 10.229, 5/94 df	0.0005
Depend	1.099		t = 0.366, 99 df	0.715
Anxiety	-9.844		t = -4.275, 99 df	0.0005
Close	5.708		t = 1.969, 99 df	0.052
Emotional Reactivity				
Step1: Age, gender		0.040	F = 2.022, 2/97 df	0.138
Age	-0.022		t = -0.282, 99 df	0.779
Gender	-3.132		t = -1.987, 99 df	0.050
Step 2 Attachment		0.223	F = 6.703, 5/94 df	0.0005
Gender	-3.452		t = -2.457, 99 df	0.016
Depend	0.747		t = 0.677, 99 df	0.500
Anxiety	-3.717		t = -4.389, 99 df	0.0005
Close	-0.503		t = -.472, 99 df	0.638

Table 3. Hierarchical regression analyses predicting EC and IP

Entry of predictor variables	B	Increase in <i>R</i>	Test of significance	P
<b>Emotional Cut-off</b>				
Step 1: Age, gender		0.002	F = 0.086, 2/97 df	0.918
Age	-0.019		t = -0.181, 99 df	0.857
Gender	-0.808		t = -0.371, 99 df	0.711
Step 2 Attachment		0.402	F = 12.707, 5/94 df	0.0005
Depend	-0.124		t = -0.092, 99 df	0.927
Anxiety	-3.583		t = -3.468, 99 df	0.001
Close	5.454		t = 4.194, 99 df	0.0005
<b>I Position</b>				
Step 1: Age, gender		0.039	F = 1.993, 2/97 df	0.142
Age	0.013		t = 0.134, 99 df	0.893
Gender	-3.853		t = -1.994, 99 df	0.049
Step 2 Attachment		0.160	F = 4.682, 5/94 df	0.001
Gender	-3.913		t = -2.190, 99 df	0.031
Depend	1.099		t = 0.783, 99 df	0.436
Anxiety	-1.459		t = -1.354, 99 df	0.179
Close	3.059		t = 2.256, 99 df	0.026