

# Attachment Styles, Emotional Dysregulation and Anxiety Among Young Adults: A Mediational Study

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## Abstract

**Objective:** The present study aimed to examine the relationships among attachment styles, emotional dysregulation, and anxiety in emerging adults, with a focus on whether emotional dysregulation accounts for the association between attachment insecurity and anxiety.

**Method:** A sample of 199 college and university students aged 18–25 years participated in the study. Participants completed the Adult Attachment Scale (AAS), the Difficulties in Emotion Regulation Scale–16 (DERS-16), and the Beck Anxiety Inventory (BAI). Pearson correlation and regression analyses were conducted to examine associations among variables. Gender differences were also assessed.

**Results:** Attachment insecurity was positively associated with both emotional dysregulation and anxiety. Emotional dysregulation emerged as a strong predictor of anxiety, and the direct relationship between attachment and anxiety became non-significant when emotional dysregulation was included in the regression model, suggesting that emotional dysregulation accounts for this association. Subscale analysis indicated that limited access to effective emotion regulation strategies was the strongest predictor of anxiety. No significant gender differences were observed.

**Conclusion:** The findings suggest that emotional dysregulation plays a central role in explaining the relationship between attachment insecurity and anxiety in emerging adults. These results highlight the importance of targeting emotion regulation processes in interventions aimed at reducing anxiety.

**Keywords:** attachment styles, emotional dysregulation, anxiety, emerging adulthood, gender differences

## Introduction

Mental health concerns among young adults have increasingly become a central focus of psychological research, particularly within the developmental period referred to as emerging adulthood. This phase, typically spanning ages 18 to 25 years, is characterized by substantial transitions in identity, education, career development, and interpersonal relationships (Arnett, 2000, 2015). Although this period provides opportunities for autonomy and self-exploration, it is also marked by instability and uncertainty, which can contribute to heightened psychological vulnerability (Schulenberg et al., 2004). Consequently, emerging adults frequently report elevated levels of distress, with anxiety emerging as one of the most prevalent mental health concerns globally (Kessler et al., 2005; Patel et al., 2007).

Anxiety in emerging adulthood is a multidimensional construct encompassing cognitive, emotional, physiological, and behavioral components. It is typically characterized by excessive worry, heightened arousal, and difficulty coping with uncertainty (American Psychiatric Association [APA], 2022). While

moderate anxiety can be adaptive, chronic or excessive anxiety is associated with impairments in academic functioning, interpersonal relationships, and overall well-being (Beesdo et al., 2009). Importantly, research indicates that the onset of anxiety disorders frequently occurs during adolescence and early adulthood, highlighting the importance of identifying early psychological mechanisms that contribute to its development (Kessler et al., 2005; Stein et al., 2017).

Although external stressors such as academic pressure, social evaluation, and future uncertainty contribute to anxiety, these factors alone do not adequately explain individual differences in vulnerability (Compas et al., 2017). Contemporary research has therefore shifted toward examining internal psychological processes that shape emotional responses to stress. Among these, attachment theory and emotion regulation have emerged as critical frameworks for understanding anxiety vulnerability (Mikulincer & Shaver, 2007; Gross, 2015).

Attachment theory, originally proposed by Bowlby (1969, 1988), provides a developmental framework for understanding emotional and relational functioning. According to this perspective, early interactions with caregivers contribute to the formation of internal working models that guide expectations about the self, others, and relationships (Bowlby, 1988; Bretherton, 1992). These internal representations influence how individuals seek support, interpret relational experiences, and regulate emotional responses across the lifespan (Collins & Read, 1990; Mikulincer & Shaver, 2007).

Ainsworth et al. (1978) extended attachment theory by identifying distinct patterns of attachment based on caregiver responsiveness, including secure, anxious, and avoidant styles. Subsequent research has demonstrated that these patterns persist into adulthood, influencing emotional functioning and interpersonal behavior (Hazan & Shaver, 1987; Fraley & Shaver, 2000). In adult attachment research, these patterns are typically conceptualized along two dimensions: attachment anxiety and attachment avoidance (Brennan et al., 1998).

Individuals high in attachment anxiety tend to exhibit hyperactivation of the attachment system, characterized by fear of abandonment, excessive reassurance-seeking, and heightened emotional reactivity (Hazan & Shaver, 1987; Wei et al., 2006). In contrast, individuals high in attachment avoidance often engage in deactivating strategies, such as emotional suppression, distancing, and self-reliance, to minimize perceived vulnerability (Mikulincer & Shaver, 2007; Fraley & Shaver, 2000). Despite their differences, both forms of attachment insecurity are associated with maladaptive emotional functioning and increased psychological distress, including anxiety (Wei et al., 2006; Marganska et al., 2013).

A central mechanism through which attachment influences psychological outcomes is emotion regulation. Emotion regulation refers to processes by which individuals monitor, evaluate, and modify their emotional responses in order to achieve adaptive functioning (Gross, 1998, 2015). Effective emotion regulation involves awareness, acceptance, and flexible modulation of emotional experiences. In contrast, emotional dysregulation is characterized by difficulties in emotional awareness, heightened reactivity, poor impulse control, and limited access to adaptive strategies (Gratz & Roemer, 2004; Bjureberg et al., 2016).

Emotional dysregulation has been increasingly conceptualized as a transdiagnostic factor underlying a range of psychological disorders, particularly anxiety (Aldao et al., 2010; Sloan et al., 2017). Individuals who struggle to regulate emotions effectively are more likely to perceive stressors as overwhelming and uncontrollable, leading to persistent worry and heightened physiological arousal (Mennin et al., 2005). Such difficulties can maintain and exacerbate anxiety over time, highlighting the importance of emotion regulation processes in understanding anxiety vulnerability.

Developmentally, attachment experiences play a foundational role in shaping emotion regulation capacities. Caregivers act as external regulators during early childhood, providing support and guidance in managing emotional distress (Cassidy, 1994; Thompson, 1994). Through repeated interactions, individuals internalize these regulatory processes, gradually developing independent emotion regulation skills (Sroufe, 1996). However, inconsistent or emotionally unavailable caregiving may disrupt this process, resulting in maladaptive regulation patterns that persist into adulthood (Mikulincer et al., 2003). Empirical research supports the link between attachment insecurity and emotional dysregulation. Individuals with anxious attachment tend to rely on hyperactivating strategies such as rumination and emotional amplification, whereas those with avoidant attachment engage in suppression and emotional disengagement (Mikulincer et al., 2003; Shaver & Mikulincer, 2007). Both strategies are associated with reduced emotional flexibility and effectiveness, increasing vulnerability to psychological distress (Gross & John, 2003; Aldao et al., 2010).

In parallel, a robust body of literature has established a strong association between emotional dysregulation and anxiety. Difficulties in emotion regulation have been linked to increased worry, heightened stress sensitivity, and maladaptive coping behaviors (Beesdo et al., 2009; Sloan et al., 2017). Emotional dysregulation contributes to anxiety by impairing individuals' ability to manage emotional responses effectively, thereby intensifying and prolonging distress (Mennin & Farach, 2007).

Given these associations, emotional dysregulation may serve as a key explanatory mechanism linking attachment insecurity to anxiety. From this perspective, attachment patterns represent distal vulnerability factors rooted in early relational experiences, whereas emotion regulation processes operate more proximally to influence emotional responses (Mikulincer & Shaver, 2007; Mennin & Farach, 2007). When individuals with insecure attachment encounter stress, maladaptive regulation strategies may increase emotional intensity and reduce coping effectiveness, thereby contributing to anxiety symptoms.

Recent empirical studies have provided support for this mediational pathway, demonstrating that emotion regulation difficulties partially or fully explain the relationship between attachment insecurity and anxiety-related outcomes (Read et al., 2018; Lewczuk et al., 2021; Meng, 2023). These findings highlight the importance of examining attachment and emotion regulation within an integrated framework rather than as independent predictors.

Despite these advances, relatively few studies have examined these relationships within emerging adult populations in non-Western contexts. Cultural factors may influence attachment patterns, emotional expression, and coping strategies, emphasizing the need for context-specific research (Patel et al., 2007). Additionally, many studies have focused on global measures of emotional dysregulation, with less attention given to its specific components.

Emotion regulation is a multidimensional construct, encompassing processes such as emotional clarity, impulse control, acceptance, and access to effective strategies (Gratz & Roemer, 2004). Examining these components individually may provide a more nuanced understanding of anxiety. In particular, perceived lack of access to regulation strategies may play a critical role, as it directly influences individuals' ability to cope with distress.

Furthermore, the role of gender in these relationships remains inconsistent across studies. While some research suggests higher levels of anxiety among females, other studies indicate minimal differences, particularly in young adult populations (Hyde, 2014; Beesdo et al., 2009). Investigating gender differences within this framework can help clarify whether these psychological processes operate similarly across males and females.

In light of these considerations, the present study aims to examine the relationships among attachment styles, emotional dysregulation, and anxiety in emerging adults. Specifically, the study investigates whether emotional dysregulation explains the association between attachment insecurity and anxiety. Additionally, gender differences in these variables are explored. By integrating attachment theory with emotion regulation frameworks, the study seeks to contribute to a more comprehensive and process-oriented understanding of anxiety.

The findings of this study have important theoretical and clinical implications. From a theoretical perspective, identifying emotional dysregulation as a central mechanism linking attachment to anxiety supports transdiagnostic models of psychopathology (Aldao et al., 2010). From a clinical perspective, these findings highlight the importance of interventions targeting emotion regulation skills, such as cognitive-behavioral and mindfulness-based approaches, in reducing anxiety among young adults (Gross, 2015; Mennin & Farach, 2007).

## Method

### Participants

The present study included a sample of 199 young adults aged between 18 and 25 years. All participants were currently enrolled in undergraduate or postgraduate academic programs across various colleges and universities. This age range was selected to represent emerging adulthood, a developmental period associated with significant emotional and psychological transitions (Arnett, 2000).

The sample comprised both male and female participants from diverse academic backgrounds, including humanities, social sciences, and professional courses. Participants were recruited using a convenience sampling technique, primarily due to accessibility and feasibility within the academic setting. While convenience sampling may limit generalizability, it is commonly used in exploratory and correlational research involving student populations.

### Measures

#### Adult Attachment Scale (AAS)

Attachment styles were assessed using the Adult Attachment Scale developed by Collins and Read (1990). The scale consists of 18 self-report items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The AAS measures three dimensions of attachment: closeness, dependence, and attachment anxiety, which collectively reflect patterns of secure and insecure attachment in adult relationships.

The closeness subscale assesses comfort with intimacy, the dependence subscale measures trust in others and willingness to rely on them, and the anxiety subscale reflects fear of rejection and abandonment. Higher scores on the anxiety dimension indicate greater attachment insecurity. The scale has demonstrated acceptable internal consistency, with Cronbach's alpha coefficients typically ranging between .70 and .85 across different samples. It has also shown good construct validity and has been widely used in research on adult attachment and emotional functioning.

#### Difficulties in Emotion Regulation Scale – 16 (DERS-16)

Emotional dysregulation was measured using the Difficulties in Emotion Regulation Scale – 16 (Bjureberg et al., 2016), a brief version of the original DERS developed by Gratz and Roemer (2004). The DERS-16 consists of 16 items rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always).

The scale assesses multiple dimensions of emotional dysregulation, including lack of emotional clarity, difficulties in goal-directed behavior, impulse control difficulties, non-acceptance of emotional responses, and limited access to effective emotion regulation strategies. Higher scores indicate greater difficulties in emotion regulation.

The DERS-16 has demonstrated strong psychometric properties, including high internal consistency ( $\alpha \approx .90$ ) and good convergent validity with related constructs such as anxiety and emotional distress. Its brevity makes it particularly suitable for research settings where multiple measures are administered.

### **Beck Anxiety Inventory (BAI)**

Anxiety symptoms were assessed using the Beck Anxiety Inventory (Beck et al., 1988), a widely used self-report measure designed to assess the severity of anxiety symptoms over the past week. The BAI consists of 21 items, each describing a common symptom of anxiety, including physiological, cognitive, and affective components.

Participants rate the extent to which they have been bothered by each symptom on a 4-point Likert scale ranging from 0 (not at all) to 3 (severely). Total scores range from 0 to 63, with higher scores indicating greater severity of anxiety symptoms.

The BAI has demonstrated excellent internal consistency ( $\alpha > .90$ ) and good test–retest reliability. It is considered particularly effective in distinguishing anxiety from depressive symptoms and has been extensively validated across clinical and non-clinical populations.

### **Procedure**

Data collection was carried out using both online and offline modes to ensure broader accessibility and participation. For the online mode, a structured questionnaire was created using Google Forms and distributed through academic networks and social platforms. For offline data collection, printed versions of the questionnaire were administered in classroom settings.

Participants were first provided with an informed consent statement outlining the purpose of the study, the voluntary nature of participation, assurance of confidentiality, and their right to withdraw at any time without penalty. Only those who provided consent were allowed to proceed with the study.

Following consent, participants completed a demographic information section, which included basic details such as age, gender, and educational status. Subsequently, participants responded to the Adult Attachment Scale, the DERS-16, and the Beck Anxiety Inventory.

The average time required to complete the questionnaire ranged from approximately 10 to 15 minutes. No personally identifying information was collected, and all responses were recorded anonymously. Offline responses were later coded and entered into the dataset for analysis.

### **Data Analysis**

Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Prior to analysis, the data were screened for completeness and accuracy. Cases with incomplete responses were excluded to ensure data quality.

Descriptive statistics, including means and standard deviations, were computed to summarize the characteristics of the study variables. Pearson product–moment correlation analysis was conducted to examine the relationships among attachment styles, emotional dysregulation, and anxiety.

To examine predictive relationships, regression analyses were performed. First, a simple linear regression analysis was conducted to assess whether attachment significantly predicted anxiety. Second, emotional dysregulation was examined as a predictor of anxiety. Finally, a multiple regression analysis was conducted in which both attachment and emotional dysregulation were entered simultaneously to examine whether emotional dysregulation accounts for the relationship between attachment and anxiety. Additionally, subscale-level regression analyses were conducted to identify the relative contribution of different components of emotional dysregulation to anxiety. Independent samples *t*-tests were performed to examine gender differences across the study variables. Statistical significance was set at  $p < .05$  for all analyses.

### **Ethical Considerations**

The study was conducted in accordance with established ethical guidelines for psychological research. Participation was voluntary, and informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity were ensured by not collecting identifying information. Participants were informed of their right to withdraw from the study at any point without any consequences. Given that the questionnaires included items related to emotional experiences and anxiety, participants were provided with a brief debriefing note encouraging them to seek professional support if they experienced any discomfort. All data were used solely for academic and research purposes.

### **Results**

#### **Preliminary Analyses**

Descriptive statistics were computed to examine the central tendencies and variability of the study variables, including attachment, emotional dysregulation, and anxiety. Overall, participants reported moderate levels across these constructs, indicating sufficient variability for further statistical analysis. Pearson product-moment correlation analysis was conducted to examine the relationships among the primary variables. As shown in Table 1, attachment was positively and significantly associated with emotional dysregulation ( $r = .28, p < .01$ ), indicating that higher levels of attachment insecurity were related to greater difficulties in emotion regulation. Attachment was also positively associated with anxiety ( $r = .19, p < .01$ ), suggesting that individuals with higher attachment insecurity reported higher anxiety symptoms. A stronger positive relationship was observed between emotional dysregulation and anxiety ( $r = .53, p < .01$ ). This finding indicates that individuals who experience greater difficulty in regulating emotions are more likely to report elevated levels of anxiety. The strength of this association highlights the potential importance of emotional dysregulation as a key psychological process underlying anxiety.

#### **Regression Analyses**

To further examine the predictive relationships among the variables, a series of regression analyses were conducted.

#### **Attachment as a Predictor of Anxiety**

A simple linear regression analysis was performed to assess whether attachment significantly predicted anxiety. The model was found to be statistically significant,  $F(1, 197) = 7.68, p = .006$ . Attachment

emerged as a significant predictor of anxiety,  $B = 0.39$ ,  $SE = 0.14$ ,  $\beta = .19$ ,  $t = 2.77$ ,  $p = .006$ . The model accounted for approximately 4% of the variance in anxiety ( $R^2 = .04$ ), indicating a modest but significant relationship.

### **Emotional Dysregulation as a Predictor of Anxiety**

A second regression analysis was conducted to examine the predictive role of emotional dysregulation. The model was highly significant,  $F(1, 197) = 77.09$ ,  $p < .001$ . Emotional dysregulation emerged as a strong predictor of anxiety,  $B = 0.53$ ,  $SE = 0.06$ ,  $\beta = .53$ ,  $t = 8.78$ ,  $p < .001$ . This model accounted for approximately 28% of the variance in anxiety ( $R^2 = .28$ ), indicating a substantial contribution of emotional dysregulation to anxiety symptoms.

### **Combined Model: Attachment and Emotional Dysregulation**

To examine whether emotional dysregulation accounts for the relationship between attachment and anxiety, a multiple regression analysis was conducted with both attachment and emotional dysregulation entered simultaneously as predictors.

The overall model was statistically significant,  $F(2, 196) = 38.76$ ,  $p < .001$ , explaining 28% of the variance in anxiety ( $R^2 = .28$ ). Within this model, emotional dysregulation remained a significant predictor of anxiety,  $B = 0.52$ ,  $SE = 0.06$ ,  $\beta = .52$ ,  $t = 8.20$ ,  $p < .001$ . In contrast, attachment was no longer a significant predictor,  $B = 0.10$ ,  $SE = 0.13$ ,  $\beta = .05$ ,  $t = 0.76$ ,  $p = .448$ .

The reduction in the effect of attachment from significant in the simple regression model to non-significant in the multiple regression model suggests that emotional dysregulation accounts for the association between attachment and anxiety. This pattern is consistent with an explanatory or mediational framework, indicating that the influence of attachment on anxiety may operate through emotion regulation processes.

### **Subscale Analyses**

To further explore the relative contribution of specific dimensions of attachment and emotional dysregulation, additional regression analyses were conducted at the subscale level.

A multiple regression analysis including attachment subscales (closeness, dependence, and anxiety) and emotional dysregulation subscales was performed to predict anxiety. The overall model was statistically significant,  $F(8, 190) = 11.28$ ,  $p < .001$ , explaining approximately 32% of the variance in anxiety ( $R^2 = .32$ ).

Among all predictors, limited access to effective emotion regulation strategies emerged as the only significant independent predictor of anxiety,  $B = 0.84$ ,  $SE = 0.31$ ,  $\beta = .31$ ,  $t = 2.66$ ,  $p = .008$ . This finding suggests that individuals who perceive themselves as lacking effective strategies to manage emotional distress are more likely to experience higher levels of anxiety.

Other subscales, including attachment dimensions and additional components of emotional dysregulation, did not contribute uniquely to the model when all variables were considered simultaneously. This indicates that while these factors may be associated with anxiety at a bivariate level, their predictive effects may overlap with broader emotion regulation processes.

### **Gender Differences**

Independent samples  $t$ -tests were conducted to examine potential gender differences in attachment, emotional dysregulation, and anxiety. The results indicated no statistically significant differences between

male and female participants across all study variables (all  $p > .05$ ).

These findings suggest that attachment patterns, emotion regulation difficulties, and anxiety levels were comparable across genders within the present sample.

## Discussion

The present study examined the relationships among attachment styles, emotional dysregulation, and anxiety in emerging adults, with particular emphasis on the explanatory role of emotional dysregulation. The findings provide a coherent and theoretically meaningful pattern, indicating that attachment insecurity is associated with both heightened emotional dysregulation and increased anxiety, and that emotional dysregulation accounts for the relationship between attachment and anxiety. These results contribute to a growing body of literature emphasizing the importance of underlying psychological mechanisms in understanding anxiety, particularly during the developmental period of emerging adulthood.

The positive association observed between attachment insecurity and anxiety is consistent with attachment theory, which posits that early relational experiences shape emotional and cognitive responses to stress (Bowlby, 1988; Mikulincer & Shaver, 2007). Individuals with insecure attachment tend to develop internal working models characterized by uncertainty, mistrust, and negative self-evaluations, which may predispose them to heightened anxiety in response to interpersonal and environmental challenges (Collins & Read, 1990; Wei et al., 2006). In particular, attachment anxiety has been associated with hyperactivation of the attachment system, leading to increased vigilance toward perceived threats, emotional intensity, and fear of rejection. Similarly, attachment avoidance, although characterized by emotional distancing, involves suppression and disengagement that may limit effective emotional processing, thereby contributing to underlying distress (Fraley & Shaver, 2000; Marganska et al., 2013). The present findings support these theoretical perspectives by demonstrating that insecure attachment is linked to greater anxiety among young adults.

However, a key contribution of the present study lies in demonstrating that this relationship is not direct but is instead explained by emotional dysregulation. When emotional dysregulation was included in the regression model, the previously significant association between attachment and anxiety became non-significant. This pattern suggests that emotional dysregulation serves as a central process through which attachment insecurity influences anxiety. This finding aligns with contemporary extensions of attachment theory, which emphasize emotion regulation as a primary function of the attachment system (Cassidy, 1994; Shaver & Mikulincer, 2007).

From a developmental perspective, attachment relationships provide the foundation for the acquisition of emotion regulation skills. Caregivers act as external regulators, helping individuals manage distress and develop adaptive coping strategies (Thompson, 1994; Sroufe, 1996). Over time, these regulatory processes are internalized, forming the basis of independent emotional functioning. In cases of insecure attachment, however, this process may be disrupted, resulting in maladaptive regulation strategies that persist into adulthood (Mikulincer et al., 2003). The present findings support this developmental framework by highlighting the role of emotional dysregulation as a mechanism linking early relational patterns to later emotional outcomes.

The strong association between emotional dysregulation and anxiety observed in this study further reinforces its role as a transdiagnostic factor. Previous research has consistently demonstrated that difficulties in emotion regulation are associated with a wide range of internalizing disorders, including anxiety and depression (Aldao et al., 2010; Sloan et al., 2017). Individuals who struggle to regulate

emotions effectively may experience heightened emotional reactivity, reduced tolerance for distress, and reliance on maladaptive coping strategies such as avoidance, suppression, and rumination (Mennin et al., 2005). These processes can contribute to the maintenance and escalation of anxiety symptoms over time. The present findings extend this literature by demonstrating that emotional dysregulation not only predicts anxiety but also explains its association with attachment insecurity.

Importantly, the findings can be interpreted within a process-oriented framework in which attachment insecurity represents a distal vulnerability factor, while emotional dysregulation functions as a proximal mechanism influencing emotional outcomes (Mikulincer & Shaver, 2007; Mennin & Farach, 2007). This perspective allows for a more nuanced understanding of anxiety, shifting the focus from static personality traits to dynamic psychological processes. Rather than viewing attachment insecurity as directly causing anxiety, the present study suggests that its impact operates through difficulties in managing emotional experiences.

The subscale analysis provides additional depth to this understanding by identifying specific components of emotional dysregulation that contribute to anxiety. Among the various dimensions examined, limited access to effective emotion regulation strategies emerged as the strongest independent predictor of anxiety. This finding is particularly important, as it highlights the role of perceived coping efficacy in emotional functioning. Individuals who believe they lack effective strategies to manage emotional distress may be more likely to experience persistent worry and heightened arousal, even in relatively manageable situations. This interpretation is consistent with previous research indicating that deficits in regulation strategies are closely linked to anxiety symptoms (Gratz & Roemer, 2004; Bjureberg et al., 2016).

Moreover, this finding aligns with cognitive models of anxiety, which emphasize the role of perceived control and coping ability in emotional responses (Barlow, 2002). When individuals perceive themselves as unable to regulate their emotions effectively, they may interpret situations as more threatening and uncontrollable, thereby increasing anxiety. The identification of this specific component underscores the importance of examining emotion regulation as a multidimensional construct rather than a single global variable.

Another notable finding of the present study is the absence of significant gender differences across attachment, emotional dysregulation, and anxiety. While some previous studies have reported higher levels of anxiety among females, particularly in clinical samples (Beesdo et al., 2009), other research suggests that such differences may be minimal or context-dependent (Hyde, 2014). The current findings support the latter perspective, indicating that these psychological processes may operate similarly across genders within a young adult student population.

One possible explanation for this finding is that emerging adulthood represents a developmental stage in which both males and females are exposed to similar environmental stressors, such as academic demands and career uncertainty. Additionally, changing social norms regarding emotional expression may contribute to reduced gender differences in emotional functioning. This finding has important implications, as it suggests that interventions targeting emotion regulation may be equally applicable across genders in this population.

The findings of the present study have important theoretical implications. By demonstrating that emotional dysregulation accounts for the relationship between attachment insecurity and anxiety, the study supports integrative models that combine attachment theory with emotion regulation frameworks. This contributes to a more comprehensive understanding of anxiety as a process shaped by both developmental and

emotional factors. Furthermore, the results align with transdiagnostic approaches that emphasize common underlying mechanisms across psychological disorders (Aldao et al., 2010).

From a clinical perspective, the findings highlight the importance of targeting emotion regulation in interventions aimed at reducing anxiety among young adults. Interventions that focus on enhancing emotional awareness, increasing distress tolerance, and improving access to adaptive coping strategies may be particularly effective (Gross, 2015). Approaches such as cognitive-behavioral therapy, dialectical behavior therapy, and mindfulness-based interventions have demonstrated effectiveness in improving emotion regulation and reducing anxiety symptoms (Mennin & Farach, 2007; Sloan et al., 2017). The identification of specific regulation deficits, such as limited access to strategies, may further inform the development of targeted interventions.

Despite these contributions, several limitations should be acknowledged. The cross-sectional design of the study limits the ability to draw causal inferences regarding the relationships among variables. Longitudinal research is needed to examine the temporal sequence of attachment, emotional dysregulation, and anxiety. Additionally, the reliance on self-report measures may introduce biases related to social desirability and shared method variance (Podsakoff et al., 2003). Future research could incorporate multi-method approaches, including observational and physiological measures of emotion regulation.

The use of a convenience sample of college students also limits the generalizability of the findings. Future studies should examine these relationships in more diverse populations, including clinical samples and individuals from different cultural backgrounds. Furthermore, future research may explore potential moderating variables, such as resilience, social support, and coping styles, to better understand the conditions under which these relationships are strengthened or weakened.

In conclusion, the present study provides evidence that emotional dysregulation accounts for the association between attachment insecurity and anxiety in emerging adults. By highlighting the central role of emotion regulation processes, the findings support a mechanism-based understanding of anxiety and underscore the importance of targeting regulatory capacities in both research and clinical contexts.

## Conclusion

The present study examined the relationships among attachment styles, emotional dysregulation, and anxiety in emerging adults. The findings indicate that attachment insecurity is associated with higher levels of anxiety; however, this relationship appears to operate primarily through difficulties in emotion regulation. Emotional dysregulation emerged as a strong predictor of anxiety and accounted for the association between attachment and anxiety in the regression model.

Among the components of emotional dysregulation, limited access to effective regulation strategies demonstrated the most significant contribution, highlighting the importance of perceived regulatory capacity in understanding anxiety. The absence of gender differences further suggests that these processes may function similarly across male and female young adults.

Overall, the findings support a process-oriented understanding of anxiety in which emotional regulation plays a central role. By emphasizing modifiable psychological mechanisms, the study underscores the potential value of interventions focused on strengthening emotion regulation skills to reduce anxiety in emerging adulthood.

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